Ultrasound-Assisted Percutaneous Trigger Finger Release: It is Safe

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To The Editor:

In the paper “Ultrasound-Assisted Percutaneous Trigger Finger Release: Is it Safe?, (Hand (N Y). 2008; Oct 2. [Epub ahead of print]) ,” Paulius KL and Maguina P concluded that ultrasound-guided PTFR can be complicated by flexor tendon lacerations, potential injury to neurovascular bundles, and incomplete division of the A1 pulleys and does raise questions regarding the safety and efficacy of percutaneous trigger finger release, even when adding ultrasound guidance. The authors may indeed be right in their study design and results. The statement we take issue with in the introduction of this paper is: “In an innovative effort to improve the safety of PTFR, Jou and Chern

introduced ultrasound imaging as an adjunct for guiding the needle. Their series reported 97% of patients with complete resolution of symptoms and what they subjectively felt was increased safety.” The statement was incorrect and misleading: our method does not use a needle to divide the pulley and release the trigger digit. It uses a specially made hook knife. In addition, while we agree that our feelings about the increased safety of our procedure are, to some extent, subjective, they are not based on having divided a mere 40 pulleys in cadaver hands but on having performed the procedure hundreds of times on live patients actually suffering from trigger digit [1, 2]. We practiced on many more cadaver hands before using the technique in our clinics. We have never damaged any neurovascular bundle or tendon; that is what the ultrasound assistance and using a hook knife instead of a needle are for, to prevent such iatrogenic damage, and this has been the case during the past 7 years with over 3,000 trigger-digit releases.

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