population, with girls demonstrating a higher prevalence (0.066–0.094%) and incidence (84.8 per 100 000 person-years) than boys (0.060–0.075% and 70.7, respectively).
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■ This study is the first systematic review and meta-analysis to evaluate the rate of spontaneous resolution in pediatric trigger thumbs. It pooled data from 11 Level III studies published between 1974 and 2021, and found that the reported rate of spontaneous resolution increases significantly in thumbs that were followed for more than 2 years (58.9% for those followed >2 years vs. 26.8% for those followed <2 years). This provides further evidence that conservative management with extended observation alone is a valid first-line treatment, and provides evidence-based guidance that can be used when counseling patients on the natural course of this condition.
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■ This study is the largest published survey of pediatric trigger thumb treatment practice patterns, including 766 respondents with varying fellowship training backgrounds (444 hands surgery, 167 pediatric orthopedic surgery, and 155 congenital hand surgery). Respondents were presented with case-based scenarios involving 6-month-old, 18-month-old, and 3-year-old patients. They found that hand fellowship-trained surgeons were more likely than pediatric orthopedic fellowship-trained surgeons to offer surgical intervention for 3-year-old patients with flexible trigger thumbs (39 vs. 23%). In comparison to congenital hand surgeons, hand fellowship trained surgeons were also more likely to offer surgical intervention for 3-year-olds with painless limitation in active extension (63 vs. 49%), painful triggering (88 vs. 79%), and locked digits (90 vs. 81%). This study demonstrates that the heterogeneity in treatment strategies for pediatric trigger thumb is influenced by subspecialty training, and highlights the need for further research to create evidence-based guidelines for this patient population.