

# Correlation of collagen composition of the connective tissues and the prevalence of carpal tunnel syndrome (CTS).

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To clarify the etiology of CTS and prognostic factors for the development of CTS.

<b>Ethical review</b>	Approved WMO
<b>Status</b>	Pending
<b>Health condition type</b>	Tendon, ligament and cartilage disorders
<b>Study type</b>	Interventional

## Summary

### ID

NL-OMON29850

### Source

ToetsingOnline

### Brief title

Collagen composition in relation to the carpal tunnel syndrome

### Condition

- Tendon, ligament and cartilage disorders
- Peripheral neuropathies

### Synonym

compression syndrome median nerve, CTS

### Research involving

Human

### Sponsors and support

**Primary sponsor:** St. Antonius Ziekenhuis

**Source(s) of monetary or material Support:** TNO-PG te Leiden

## Intervention

**Keyword:** Carpal Tunnel Syndrome, Collagen, Connective tissue composition, Joint Stiffness

## Outcome measures

### Primary outcome

Stiffness, connective tissue composition, CTS

### Secondary outcome

Physical activities, body water.

## Study description

### Background summary

The exact etiology of CTS remains yet unknown. A rise in carpal tunnel pressure is well documented, but why this phenomenon happens is unknown in most patients.

Pathophysiological spoken there is an absolute or relative narrowing of the carpal tunnel and as a result of this a compression of the median nerve.

We postulate, that a stiffer flexor retinaculum (roof of carpal tunnel) will be less compliant and as a consequence the pressure in the carpal tunnel will rise more quickly in stiff patients resulting in CTS-complaints.

A relation between connective tissue composition and joint stiffness is proven. Possibly this relationship extends to a relation between connective tissue composition, joint stiffness and the prevalence of CTS.

### Study objective

To clarify the etiology of CTS and prognostic factors for the development of CTS.

### Study design

Two groups, a CTS-patient group and a control group, are being compared, with regard to 1. Stiffness, which will be measured by a standardised method with a goniometre. 2. Physical activities, measured by a standardised questionnaire. 3. Body water, measured by multifrequency bio-impedance measurement. 4. Connective tissue composition, analysis of a skin biopsy.

## Intervention

CTS group, excision facial neavus, plus carpal tunnel release with a biopsy of the flexor retinaculum.

Control group, excision facial naevus.

## Study burden and risks

CTS group, regular out-patient clinic visit on account of CTS complaints. One-off extra visit, taking 20-30 minutes in which a stiffness measurement is done, a questionnaire is taken and a body water measurement is done. Next visit contains the operation in which a facial naevus will be excised and a carpal tunnel release is being performed.

Control group, regular out-patient clinic visit on account of facial naevus. One-off extra visit, taking 20-30 minutes in which a stiffness measurement is done, a questionnaire is taken a body water measurement is done and an EMG-investigation is done. Next visit contains the operation in which a facial naevus will be excised.

## Contacts

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### Scientific

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## Trial sites

### Listed location countries

Netherlands

## Eligibility criteria

### Age

Adults (18-64 years)

Elderly (65 years and older)

### Inclusion criteria

Group 1. Clinical CTS supported by positive EMG and a positive Boston Questionnaire, plus a benign naevus in the face.

Group 2. Healthy female persons, benign naevi in the face plus absence of CTS determined by EMG.

### Exclusion criteria

Group 1. Malign tumors in the face, hypo/hyperthyroidea, diabetes, reumatoid arthritis, pregnancy, body mass index (BMI)>30, anatomical deviations in hand or wrist, muscle/skeleton affections.

Group 2. Malign tumors in the face, hypo/hyperthyroidea, diabetes, reumatoid arthritis, pregnancy, body mass index (BMI)>30, anatomical deviations in hand or wrist, muscle/skeleton affections.

## Study design

### Design

Study type:	Interventional
Intervention model:	Other
Allocation:	Non-randomized controlled trial
Masking:	Open (masking not used)

**Primary purpose:** Basic science

### Recruitment

NL	
Recruitment status:	Pending
Start date (anticipated):	01-10-2006
Enrollment:	20

Type: Anticipated

## Ethics review

Approved WMO

Date: 14-12-2006

Application type: First submission

Review commission: MEC-U: Medical Research Ethics Committees United (Nieuwegein)

## Study registrations

### Followed up by the following (possibly more current) registration

No registrations found.

### Other (possibly less up-to-date) registrations in this register

No registrations found.

### In other registers

Register	ID
CCMO	NL11545.100.06