

A CASE REPORT : FINGER FLEXION CONTRACTURE DUE TO TOPHACEOUS GOUT OVER THE WRIST

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Introduction: Tophaceous gout may occur intra or extra articularly. However, there are limited reports regarding deposition of tophi over flexor tendon that leads to finger contracture. We report a case of a man with left middle finger contracture due to infiltration of tophaceous gout within FDS and FDP tendon of left middle finger.

Discussion: A 42 year old man with underlying chronic tophaceous gout presented to us with left middle finger flexion contracture since 1 year prior. Initially what started with small swelling over the wrist region, later progressively limited his middle finger extension. On examination, his left middle finger was in fixed flexion position at metacarpophalangeal and proximal interphalangeal joints. Wrist examination revealed swelling measuring 2x2cm over volar aspect just proximal to the wrist crease. It was non tender and fixed to the underlying structures (Figure 1). There was no punctum nor overlying skin changes. His serum uric acid was fairly controlled within 300µmol/L- 700µmol/L. Intraoperatively, there was whitish chalky infiltration of both FDS & FDP tendon of left middle finger just proximal to the entrance into carpal tunnel. Median nerve was spared. (Figure 2). Debulking of the tophi to restore the form, size and shape of flexor tendon was done together with carpal tunnel release. Histopathological evaluation concluded findings as tophaceous gout. After surgery, patient had his normal left middle finger motion restored.

Conclusion: Gout patients who are not treated have a 19-30% chance of developing gouthy tophi in the wrist during their lifetime.(2) Surgical debulking are required to improve gliding of tendon but primarily medical management to treat gout remains the gold standard. Short-term outcomes are good(1) but the risk of rupture and recurrence remain if medical control is not achieved.