

PEDUNCULATED HEMORRHAGIC CYST OF A NEWBORN

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Introduction: A healthy new born baby boy was referred during newborn screening for a hanging globular mass from his right thumb filled with hemorrhagic fluid. He was the second child born out of an uneventful pregnancy, and the first with this presentation.

Discussion: Examination revealed a firm 15mm elongated bean shape outgrowth over the radial aspect of right thumb. The lesion appears pedunculated, globular, partially compressible and hemorrhagic. Reassurance was given to parents and the growth was not intervened for a conservative approach. During clinic visit after 3 weeks, mother claimed that the lesion slowly dried up & fell off after 5 days of life. There were no bleeding throughout & nothing was tied at the base of cyst. A 0.5x0.5cm crusty dry scar was visible otherwise child was moving thumb actively.

Conclusion: Polydactyly is characterized by the presence of extra digits and is the most common digital anomaly of the hand with a prevalence of 5 -19 per 10000 live births. Polydactyly can be isolated (autosomal dominant) or syndromic (autosomal recessive). It is classified on the basis of the anatomical location of the extra digit into preaxial (first digit-thumb or great toe), postaxial (5th digit) and central (3 central digits) In our report, a pre-axial polydactyly presented in a unusual form of hemorrhagic cyst which may also be treated with surgical excision or suture ligation of the pedicle. Suture ligation may disrupt the vascular supply leading to dry gangrene followed by auto-amputation of the extra digit. Wart-like scars, residual bumps, or neuromas may complicate ligation. Conservative approach as such in our report may also be a wise choice as the outcome outweighs any risk or complications. This is a rare presentation and may be treated without surgery.