

## RECCURENT NORA'S LESION OF MIDDLE PHALANX OF RIGHT LITTLE FINGER FOLLOWING LOCAL EXCISION: A RARE CASE

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**Introduction:** Benign Parosteal Osteochondromatous proliferation (BPOP) is an uncommon benign tumor of small bones of hand and foot. It has a high rate of local recurrence (20-55%). In Malaysia, no case was reported on Nora's lesion. Imaging of BPOP can be misled with variety of neoplastic lesions. Most of the literature described local intralesional excision surgery. Some authors suggested a wider excision in order to prevent recurrence. We present a case of recurrent right little finger Nora's lesion and treated with marginal excision.

**Discussion:** A 40 year-old lady presented with four months history of atraumatic painless recurrent swelling of the right little finger following local excision surgery which she had 2 years history of. A firm to hard mass with the size of 2x2cm which fixed to the underlying structure but not to skin. There was well-healed scar. The right hand function is intact. X-Ray showed soft tissue mass with pedunculated calcified lesion arising from the periosteal aspect of an intact cortex of the middle phalanx of left little finger. MRI reported as a flexor tenosynovial GCT. First Excision biopsy was performed. HPE had irregular maturation of cartilage mixed with chondro-osteoid material. There is numerous bizarre, binucleated chondrocytes in the soft tissue in keeping with BPOP. Second surgery, presence of extensive scar tissue and the mass was adhered to the FDS, A2, A3, and C1 pulleys. Marginal excision of tumor with tenolysis of the FDS and adhesiolysis of A2, A3, and C1 pulleys was performed. HPE had similar findings. Patient recovered well and no recurrent at 12 weeks follow-up.

**Conclusion:** Diagnosis based on imaging is still a challenge. HPE is helpful to obtain tissue diagnosis. Wide excision surgery is recommended to avoid recurrence. However, In phalangeal bone of hand lesion, surgical option is limited to marginal excision in order to preserve function.