

A Rare Presentation Of Diffuse Pigmented Villonodular Synovitis (PVNS) Of The Wrist.

Chandirasegaran C; Shams A; J Gunasagar J; Khoo SS; Shivdas S; Tunku Sara
Department Of Hand and Microsurgery, University Malaya Medical Center, Kuala Lumpur

INTRODUCTION:

PVNS is a benign aggressive neoplastic condition which manifests as localized or diffuse lesion. Clinical presentation is non-specific and MR (Magnetic Resonance) imaging is crucial to establish a diagnosis. Besides reporting an extremely rare occurrence of a diffuse type PVNS in a wrist joint, primarily we want to highlight the importance of early detection and prompt management to prevent progressive destruction of the joint and loss of function.

CASE REPORT:

A 51 year old lady presented with ulnar sided left wrist pain for 1 year. The pain which was initially gradual in onset, progressively worsened in severity. Clinically, ulnar styloid tenderness was elicited and fovea sign was positive. Piano key sign and ulnar ballotement test was positive. Radiograph of the wrist was normal. MR imaging of the wrist showed mass like nodular thickening of the synovium in the distal radio-ulnar joint (DRUJ) extending to the wrist joint which was suggestive of PVNS. Patient underwent left wrist total synovectomy in our center. Intra-operatively brownish synovial lesion surrounded the ulnar head and extended to the carpal bones. Early degeneration of the articular cartilage of the ulnar head and DRUJ was seen. Ulnar head subluxation was evident and DRUJ pinning was done. Histopathological examination confirmed the diagnosis of diffuse type PVNS. After 6 weeks, the DRUJ wire was removed. 3 months post-operatively, patient regained left wrist functional range of motion with stable DRUJ and no restriction in activities of daily living.

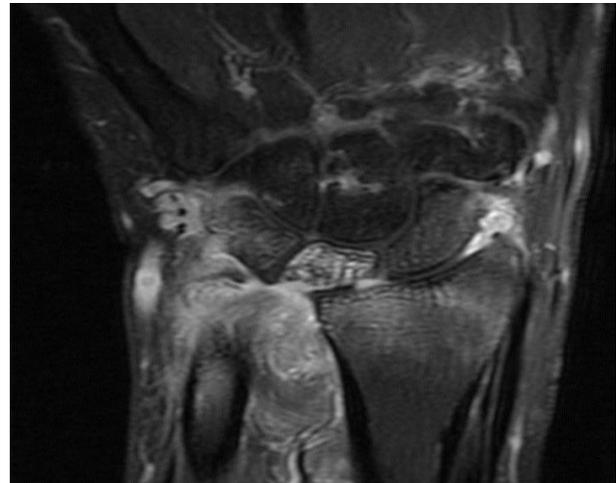


Figure 1: Coronal T2- weighted MR image showing nodular synovial lesion at DRUJ extending to the wrist joint and carpal bones.



Figure 2: Photograph of the resected specimen shows brownish appearance due to hemosiderin deposition which is the hallmark macroscopic appearance of PVNS.

CONCLUSION:

Surgical resection is the definitive treatment in diffuse PVNS with lower recurrence rate noted after total synovectomy. It is vital to promptly establish the right diagnosis and initiate early treatment to prevent progressive destruction of the involved joint and reduce rate of recurrence.

REFERENCE:

1.Murphey et al. Pigmented Villonodular Synovitis with Radiologic-Pathologic Correlation. RadioGraphics.2008;28:1493–1518.