

Case Report : A Case Of Left Shoulder Pigmented Villonodular Synovitis (PVNS) Presented With Septic Arthritis

QN Woo (1) ; YS Kor (1) ; Jasvinder S (1) ; Prashant N (2)

(1) Orthopaedic Department , Hospital Taiping ; (2) Orthopaedic Department, Hospital Pulau Pinang

INTRODUCTION :

Pigmented villonodular synovitis (PVNS) is a benign proliferative disorder of the synovium of unknown aetiology. It usually presents in adults between the ages of 30 and 40 years of age. (1) The most commonly involved joint has been the knee, followed by the hip and the ankle [2]. The diffuse type is reportedly three times more common than the localized type [3]. We report a rare case of left shoulder pigmented villonodular synovitis complicated with septic arthritis.

REPORT :

Madam Z is a 53 years old lady with underlying hypertension, end stage renal failure presented with intermitted left shoulder pain for the past 2 years with sudden worsening of shoulder pain for 2 days. On Examination, noted generalised shoulder swelling with extension to neck and global limitation in range of movement. The shoulder appeared to be swollen and warm to touch. Presence of dilated veins however no skin changes or sinus noted. Hence patient was arranged for left shoulder arthroscopy washout.

Incidental findings intraoperatively, noted hyperpigmented synovium of the proximal humerus with eroded head. Around 100cc of frank pus was evacuated intraoperatively. Culture and Histopathology sample came back to be diffuse type of pigmented villonodular synovitis.

Post operatively, patient again presented with left shoulder painful swelling with limited range of movement. Gramstain reported to be negative. Hence, she was planned to have radiosynovectomy later.

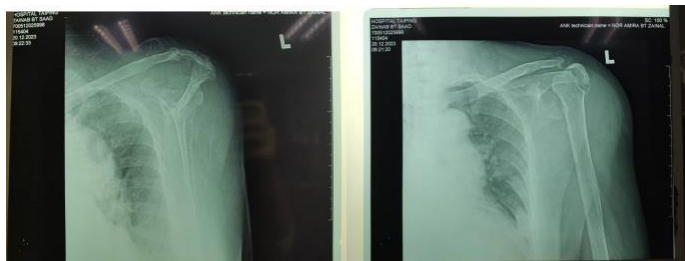


Figure A(1) and A(2) showing changes over the humeral head of left shoulder



Figure B : Ultrasound of left shoulder showing collection

DISCUSSION :

Pigmented Villonodular Synovitis is a benign type of synovial tumour of unknown aetiology. The common presentation of this patient include pain, swelling and stiffness of the joint. The presentation mimic degenerative or mechanical cause, hence the diagnosis is often delayed. The aim of treatment in pigmented villonodular synovitis is to remove all the tumour. The gold standard of treatment remain open or arthroscopic subtotal synovectomy. However, this is difficult to achieve as complicated with infection. Hence, the main direction of treatment remain eradicate of infection and excision of the tumour in view of prevention of recurrence.

REFERENCES

1. Duncan N, Rajan R. Case report of pigmented villonodular synovitis arising from the calcaneocuboid joint in a 12 year old male. *Foot (Edinb)*. 2015 Mar;25(1):59-61. doi: 10.1016/j.foot.2014.11.003. Epub 2014 Nov 25. PMID: 25510167.
2. Villonodular synovitis: pigmented and nonpigmented variations. Miller WE. <http://www.ncbi.nlm.nih.gov/pubmed/6289471>. *South Med J*. 1982;75:1084-1086. [PubMed] [Google Scholar]