

Gouty Flexor Tenosynovitis – A Case Report

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INTRODUCTION:

Gouty tophi are typically present over an articulation of a joint. However, there are also extra-articular presentations of this condition; nerve entrapment, dermatitis, tendon infiltration, contractures, skin ulcerations, sinus tracts with active draining and as tenosynovitis.

CASE REPORT:

A 88 year old gentleman, with underlying Hypertension and Diabetes Mellitus, presented with pain and swelling over his left hand. He has also complained of inability to extend his left index finger. The condition existed for 2 weeks prior to seeking treatment.

Clinically, the left hand was grossly swollen, erythematous and tender, extending from the left index finger to the wrist joint. The index finger was in flexed attitude, and upon passive extension the patient experienced excruciating pain. There was also an area of boggy over the palmar spaces of the hand.

Plain x-rays showed no significant bony abnormalities of the left hand.

Pre-operatively, a clinical diagnosis of infective flexor tenosynovitis of the left index finger with palmar spaces abscess was made. The patient was scheduled for incision and drainage.

Intra-operatively, Bruner's incision made over the index finger extending to the wrist. The tendon sheath overlying the flexor tendons of the index and middle finger were thickened. The transverse carpal ligament was thickened with gouty tophi deposition.

Tenosynovectomy done over the flexor tendons, transverse carpal ligament released and debrided. The flexor digitorum superficialis and profundus of the index and middle finger were infiltrated with gouty tophi. Both were debrided and samples were sent for histopathological examination.

Post operatively, the patient recovered well. The serum uric levels were elevated. Appropriate treatment was started for gout.

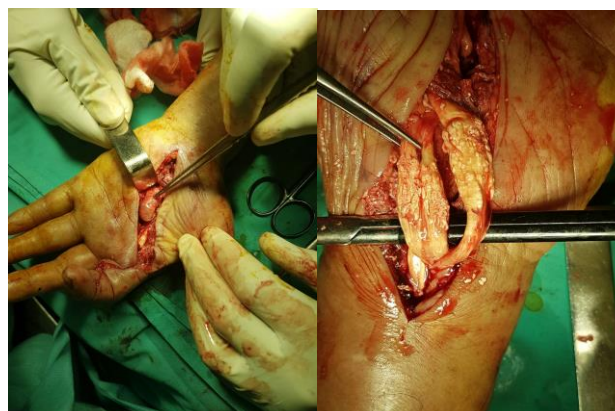


Figure 1 – Thickened synovium

Figure 2 – Gouty tophi infiltration into tendons

DISCUSSIONS:

Generally, patients with the underlying history of gout, presenting of hand or wrist deformity may prompt as a suspicion index for a tendon tophi. In our case, the tophi within the tendon was the initial presentation of gout. Extra-articular gouty tophi should be a consideration with a patient with multiple co-morbidities.

CONCLUSION:

Awareness of this disease entity would be beneficial to lead a better detection and management of this condition. Early treatment results in better outcome of the limb functional outcome.

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