The situation luckily didn't get out of hand A case of Phalangeal Microgeodic Syndrome

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CASE-REPORT

Male, 26y

Painless swelling digit IV-V right hand since 1w

History

- Similar episode 2m ago, spontaneous resolution
- No general symptoms, recent illness, Raynaud signs
- Brother: reumatoid arthritis

Clinical examination

- Redness + swelling
- · No other skin abnormalities
- · Normal capillary refill & peripheral pulsations

Further investigations

- · Blood analysis: negative auto-immune serology
- <u>Capillaroscopy</u>: normal
- <u>Radiography/ultrasound</u>: soft tissue swelling, no (teno)synovitis
- <u>MRI (*T2 image*)</u>:
- Bone marrow edema
- Soft tissue swelling



DISCUSSION

Phalangeal Microgeodic Syndrome (PMS) = Transient Phalangeal Osteolysis

General

- Benign, self-limiting (3-6m)
- Mostly children (mean age 4,5y)

Clinical manifestation

- Swelling +/- redness +/- mild pain
- Mostly fingers, sometimes toes
- Mostly middle phalanx, followed by proximal phalanx

Complications

Rare; pathological fracture, phalangeal shortening, angulation deformity

CONCLUSION

We present this case because we have the impression that PMS is still an **unknown entity** which might be **underdiagnosed**. It is important to recognize PMS in time to **protect patients** from more (sometimes invasive) **investigations**.

Pathogenesis

Unclear, most accepted theory: (<u>Cold injury</u>) leading to a <u>vasospasm</u> which causes <u>vascular</u> insufficiency and <u>bone necrosis</u>

Diagnosis

- Clinical findings + radiography (showing small geode-like areas of osteolysis with sclerotic rim)
- Doubt / normal X-ray?
- Do an MRI:
 - · More sensitive & specific than radiography
 - Confirm the diagnosis & shows the true extent of PMS

Treatment

Conservative

REFERENCES

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