

GANGLION AT THE WRIST: AN UNCOMMON PRESENTATION OF RHEUMATOID ARTHRITIS

^{*1}N. S. Neki, ²Ankur Jain, Mohit Manav and Rohit Bajaj

^{*1}Professor, ²Junior Resident,

Department of Medicine Govt Medical College/ Guru Nanak Dev Hospital, Amritsar, India - 143001.

Article Received on
12 Sep 2015,

Revised on 03 Oct 2015,
Accepted on 26 Oct 2015

***Correspondence for**

Author

Dr. N. S. Neki

Professor, Department of
Medicine Govt Medical
College/ Guru Nanak Dev
Hospital, Amritsar, India -
143001.

ABSTRACT

Wrist ganglions are typically found on the dorsal or volar aspect of the wrist. Ulnar-sided dorsal ganglions are less common and, when present, usually arise from the scapholunate joint and spread ulnarly. They are rarely found in some cases of rheumatoid arthritis.

KEYWORDS: Rheumatoid arthritis(RA); ganglion.

CASE REPORT

A 60 years old male presented to the emergency dept with the chief complaints of swelling of the wrist joint since 2 months which was of insidious onset, gradually progressive on the dorsoulnar aspect of the left wrist. Patient history was unremarkable except for known case of rheumatoid arthritis on treatment in the form of methotrexate, leflunomide and folic acid. There was no remote history of trauma to the wrist. He was a security guard by profession.

Physical examination revealed a soft, translucent 3x3 cm mass on the dorsoulnar aspect of the wrist(Fig 1). He did not have any sensory deficits or evidence of distal radioulnar joint instability. Active and passive motion of the wrist and digits was full.

His hemogram was within normal limits except elevated ESR(45mm at the end of 1 hour). Other tests like renal function tests, liver function tests were unremarkable. Plain films of the left wrist showed an accessory ossicle distal to the ulnar styloid beneath the soft-tissue mass. It was excised which showed the stalk of the mass was found to originate from the pseudarthrosis between the ulnar styloid and the accessory ossicle. The stalk of the mass was

found to originate from the pseudo-arthritis between the ulnar styloid and the accessory ossicle. Gelatinous contents consistent with a ganglion were visualised within the mass which was sent for histopathology. After which a diagnosis of ganglion cyst was confirmed.

Following surgery, the patient was seen back in the outpatient department. He had no complaints and was working without any problems. He maintained full symmetrical active and passive motion compared with the contralateral wrist and was nontender about the well-healed incision. There was no evidence of recurrence of the mass. There were no sensory deficits.

Fig1.



Fig:-Ganglion at left wrist

DISCUSSION

Rheumatoid arthritis is a systemic inflammatory disease with a widespread clinical and serological presentation and functional impairment. Synovial inflammation leads to joint damage that progresses from mild cartilage degeneration to severe joint erosion.^[1] Extra-articular manifestations often occur, of which rheumatoid nodules are the most common, occurring in approximately 20-30% of patients.^[2] Ganglions of the wrist and hand are relatively common, representing 50% to 70% of all tumors in the wrist and hand^[3] but ulnar sided dorsal ganglions are uncommon.^[4]

The wrist ganglions are generally symptomatically unimpressive. It is probable that pressure changes within the radiocarpal joint influence the formation of these ganglions. The most

common site for ganglions of the wrist and hand is on the dorsum, originating from the joint capsule around the scapholunate ligament in most cases.^[5]

Biyani and colleagues^[6] observed that the accessory ulnar styloid variant is a rare finding in rheumatoid arthritis (RA) and that these conditions are not associated. They studied 800 asymptomatic wrists, found 612 patients with the standard ulnar styloid process, and described 5 morphologic variants in the remaining 188 patients.

Of the 800 patients, only 2 had accessory ossicles. Bade and colleagues^[7] found that, the ganglions are significantly common in RA, especially in young people. The symptoms seen in early RA involve pathologic activation of the synovium of the prestyloid recess resulting in ulnar-sided pain.

REFERENCES

1. Smolen JS et al. The need for prognosticators in rheumatoid arthritis. Biological and clinical markers: where are we now? *Arthritis Research and Therapy.*, 2008; 10: 208.
2. Sanders TG, Linares R, Su A, Rheumatoid nodule of the foot: MRI appearances mimicking an indeterminate soft tissue mass, *Skeletal Radiol.*, 1998; 27: 457-60.
3. Nelson CL, Sawmiller S, Phalen GS. Ganglions of the wrist and hand. *J Bone Joint Surg Am.*, 1999; 54: 1459-64.
4. Young L, Bartell T, Logan SE. Ganglions of the hand and wrist. *South Med J.*, 1999; 81: 751-60.
5. Angelides AC, Wallace PF. The dorsal ganglion of the wrist: its pathogenesis, gross and microscopic anatomy, and surgical treatment. *J Hand Surg Am.*, 1999; 1: 228-35.
6. Biyani A, Mehara A, Bhan S. Morphological variations of the ulnar styloid process. *J Hand Surg Br.*, 1990; 15: 352-54.
7. Bade H, Koebke J, Klumpp M. Accessory ossifications in the ulno-carpal wrist region. *Ann Anat.*, 1996; 178: 263-68.