

Case Report

Glomus tumour of finger tip: a case report

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ABSTRACT

Glomus tumour is usually benign tumour usually accounts for a small percentage of hand tumours. Sometimes diagnosis may be delayed for years which cause significant morbidity to the patient. I present here a case of a 40 year old female with one year history of pain in her right ring finger which was diagnosed as glomus tumour and was surgically removed and was histopathological result was consistent with glomus tumour.

Keywords: Glomus tumour, MRI hand

INTRODUCTION

Glomus tumour is a rare benign neoplasm. It accounts for about 1 - 4 % of tumours in the hand. It arises from glomus body which is a neuroarterial structure¹ believed to function in thermal regulation. The average age at presentation is from 30 to 50 years of age, although can occur at any age. Typical time from onset of symptoms to the correct diagnosis is seven years.²

CASE REPORT

A 40 year old female came to the outpatient department with history of pain at the tip of right ring finger for the past one year. No history of any preceding trauma. She gives history of worsening of her symptoms on coughing and sneezing, but there is no history suggestive of root pains. She describes the as a localised one to a point on the right index finger near its tip over the distal phalanx. No history of any skin discolouration. She gives some worsening of pain on exposure to cold but no history typical of Raynaud's phenomenon. No history of fever or any rash or ulcer.

On examination there was a sharp localised point of tenderness over the right ring finger near the tip. No local

rise of temperature or any discolouration. Patient was afebrile & there were no regional lymph node enlargement. Systemic examination was normal.

Blood investigations including CBC, ESR, LFT & RFT were within normal limits. X-ray of the right hand (Figure 1) was taken which showed scalloped distal phalanx of ring finger. Possibility of glomus tumour was considered. So an MRI of right hand (Figure 2 & 3) was done which proved the diagnosis of glomus tumour.



Figure 1: X-ray hand showing scalloped distal phalanx of ring finger.

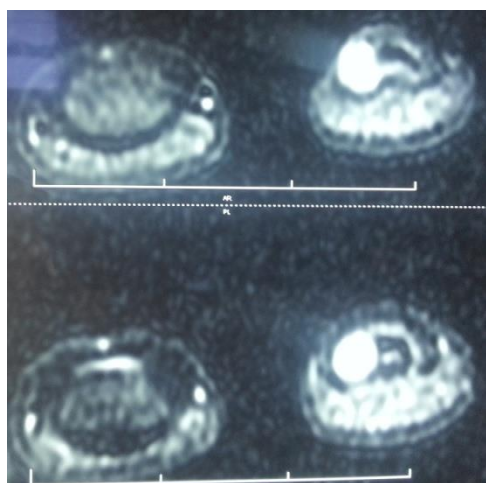
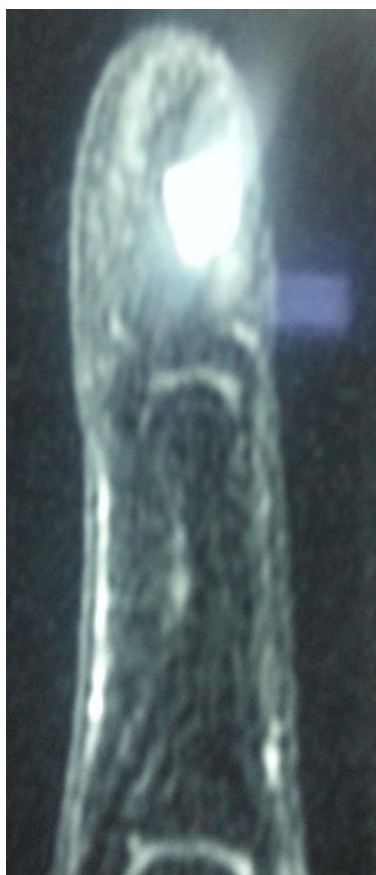


Figure 2 & 3: MRI pictures of glomus tumour of finger tip.

Patient was referred to hand surgeon & excision was done. Patient became fully asymptomatic following surgery.

Biopsy result of the specimen showed fibrovascular tissue with a neoplasm composed of sheets & nests of round cell with uniform round nuclei around vascular channels which is consistent with the diagnosis of glomus tumour.

DISCUSSION

Glomus tumour is a rare benign condition. It accounts only for a small percentage of hand tumours. This benign tumour causes considerable morbidity to the patient because of the usual delay in diagnosis. History & careful physical examination helps to narrow down the differential diagnosis. Although the classic triad of moderate pain, temperature sensitivity, and point tenderness has been described, these are nonspecific and not all may be present.³ Furthermore, because the mass is usually less than 7 mm in diameter, it is very difficult to palpate. Plain radiograph mostly will be normal. Bony erosions usually occur in later stages of the disease. MRI is the investigation of choice.⁴ Surgical removal of the lesion will lead to complete cure. There is only low rate of recurrence.²

REFERENCES

1. Carroll RE, Berman AT. Glomus tumors of the hand. *J Bone Joint Surg.* 1972;54A(4):691-703.
2. David H Kim. Glomus Tumor of the Finger Tip and MRI Appearance. *Iowa Orthop J.* 1999; 19:136-8.
3. Rettig AC, Strickland JW. Glomus tumor of the digits. *J Hand Surg.* 1977;2A(4):261-5.
4. Matloub HS, Muoneke VN, Prevel CD, Sanger JR, Yousif NJ. Glomus tumor imaging: use of MRI for localization of occult lesions. *J Hand Surg* 1992;17A:472-5.

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