



OSTEOCHONDROMA OF MIDDLE PHALANX OF FINGER: A CASE REPORT

Orthopaedics

Dr. Sandal Shaju	Pg Resident, 3rd Department Of Orthopaedics, Dr. D. Y. Patil Medical College, Hospital And Research Institute, Kadamwadi Kolhapur, Maharashtra, India
Dr. Sachin Phirke	Professor, Department Of Orthopaedics, Dr. D. Y. Patil Medical College, Hospital And Research Institute, Kadamwadi Kolhapur, Maharashtra, India
Dr. Abhishek Chabukswar	Pg Resident, 3rd Department Of Orthopaedics, Dr. D. Y. Patil Medical College, Hospital And Research Institute, Kadamwadi Kolhapur, Maharashtra, India
Dr. S. A. Lad*	Professor And Hod, Department Of Orthopaedics, Dr. D. Y. Patil Medical College, Hospital And Research Institute, Kadamwadi Kolhapur, Maharashtra, India *Corresponding Author

ABSTRACT

Osteochondroma is a cartilaginous & a commonest bone tumour that most commonly develops in the second decade of life & is benign in nature, typically involves the metaphysis of the long bones, most common site being around the knee joint. Around 40% of them occur at the distal femur or proximal tibia, proximal humerus is the next common site. If occurs in the phalanx, it is either seen in the proximal or distal phalanges. Here we report a very rare case of osteochondroma occurring in the 5th finger middle phalanx of left hand.

KEYWORDS

Osteochondroma, phalanx of finger, excision.

INTRODUCTION:

Osteochondroma is a benign cartilaginous tumour which usually grows away from the joint, it consists of a pedicle & is covered with a cartilaginous cap. Because of this cartilaginous cap, it is large to feel but appears small on X-ray. Commonly seen in the age group of 10-25 years of age [1]. Multiple osteochondromas are inherited & is usually referred to as hereditary multiple exostosis. Solitary osteochondromas are usually primary or secondary, primary occurs due to a developmental anomaly & secondary occurs following trauma. Unlike primary osteochondromas, secondary lesions can be found in phalanges of the hand & the feet their peak incidence being 3rd & 4th decade of life [2]

Case Report:

A 52year old male, farmer by occupation presented to the OPD with complaints swelling over the left 5th finger middle phalanx. There was no pain & the swelling was small to start with but had gradually increased over the period of 1.5 years. He gave no history of trauma to the finger.

On examination the left hand showed irregular swelling on the 5th finger over the ulnar aspect of the middle phalanx, which was bony hard, non-tender & non mobile. The skin over the swelling was normal & no pressure symptoms were seen. The movements in the proximal & distal phalanx were normal. There was no similar swelling in the other parts of the body.

X-ray left hand showed irregular growth from the middle phalanx of left 5th finger, growing away from the joint with a clear cut demarcation between the swelling & the phalanx. The proximal & distal phalanx appeared normal.

Excision of the bony swelling was carried out under ring block & the excised mass was sent for histopathological examination

DISCUSSION:

Osteochondroma is considered to be the commonest benign bone tumour, it comprises around 10-15% of all bone tumours & 45% of all the benign bone tumours [2]. Usually occurring in the metaphyseal region of long bones but can also affect the flat bones [3]. It can be sessile or pedunculated. Mostly they are asymptomatic but typical features when present includes pain from irritation, a painless mass, & a pathological fracture of the stalk [4]. These lesions rarely grow after skeletal maturity [5]

There is an extremely rare chance of malignant conversion to chondrosarcoma about less than 1% in a solitary lesion. However, in

osteochondromatosis or hereditary multiple exostoses where multiple bones are involved. In this condition the risk of malignant transformation is significantly greater than in the solitary form, so close attention should be given to new symptoms occurring in this patients [6]. Mainstay treatment includes surgical excision of lesion that causes pain, deformity, restricted range of movements or for cosmetic reasons.

The occurrence of osteochondroma in the small bones of feet & hand are rare, these are usually secondary osteochondroma & the main cause is trauma [2].

Pre Oprative Clinical Images



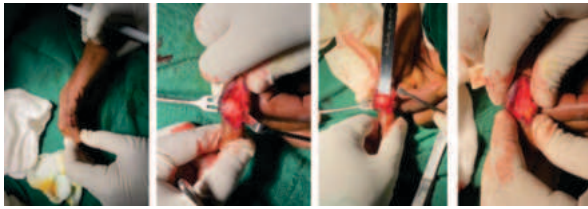
Image no: 1



Image no: 2



Image No: 3 X-ray Hand

Intra Oprative Images.**Image no 4****Image no 5****Image no 6****Image no 7**

Conflict Of Interest- Authors declares no conflict of interest.

Acknowledgement-

I would like to extend my gratitude to my Guide Dr. Sachin Phirke Professor of the department of Orthopedics, who have helped me in the completion of this research paper. Special thanks Dr. S.A. Lad Head of Department and Dr. Abhishek Chabukswar, also my parents for constantly supporting and encouraging me for this Research work. I would also like to thank my colleagues and juniors for their timely help.

REFERENCES:

1. Goo Hyundai Baek, MD; Seung Hwan Rhee, MD; Moon Sang Chung, MD; Young Ho Lee, MD; Hyun Sik Gong, MD; Eung Shick Kang, MD; Jane Kwang Kim, MD: J Bone Joint Surg Am, 2010 May; 92 (5): 1137 -1143.
2. Prasad Vadlamani, Kali Vara, and B. Ravi Babu. "Osteochondroma of middle phalanx of finger: a case report." Journal of Evolution of Medical and Dental Sciences, vol. 4, no. 26, 30 Mar. 2015
3. Kirmani TT, Qazi MM, Kangoo KA. Osteochondroma of the proximal phalanx of toe presenting as widening of third web space- a rare case report. The Foot 2020.
4. Maciej J K. Simon; Pia pogoda; Felix Hivelborn. BMC; Musculo-skeletal disorders 2014;15-182.
5. Karasick D, Schweitzer ME, Eschelman DJ. Symptomatic osteochondromas: imaging features. AJR Am J Roentgenol. Jun 1997; 168(6):1507-12. Murphey MD, Choi JJ, Kransdorf MJ, Flemming DJ, Gannon FH. Imaging of osteochondroma: variants and complications with radiologicpathologic correlation. Radiographics. Sep-Oct 2000; 20(5):1407-34. El-Khoury GY, Bassett GS. Symptomatic bursa formation with osteochondromas. AJR Am J Roentgenol. Nov 1979; 133(5):895-8.
6. Nogier A, De Pinieux G, Hottya G, Anract P. Case reports: enlargement of a calcaneal osteochondroma after skeletal maturity. Clin Orthop Relat Res. Jun 2006; 447:260-6.