

Haemangioma in relation to the synovium of the sheath of the Flexor Pollicis Longus

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Citation

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Abstract

Haemangioma of the tendon sheaths in thumb is rare. We report a case of a 15 year old girl with a slowly growing, painful haemangioma of the synovium of tendon sheath of Flexor Pollicis Longus of her dominant hand in which the tumour had not infiltrated the tendon.

CASE HISTORY

A 15 year old girl came to our hospital with complaints of a painful swelling on the inner aspect of her right thumb. She had noticed the swelling 5 months back but the pain had started only one month back. The swelling was slowly growing in size. It was present on the medial half of the thumb. The skin over the swelling had a bluish hue. The swelling was tender though the phalanges were non-tender on palpation of their lateral aspects. It was slightly compressible on pressure. Flexion at interphalangeal joint was painful. Rest of the movements at the thumb were full range and pain free. Radiographs showed no bony lesion but a soft tissue shadow as expected. She was diagnosed as a case of Haemangioma and admitted for excisional biopsy.

On surgical exploration the tumour was seen as dark red fleshy mass originating from the tendon sheath of flexor pollicis longus (Fig 1 and Fig 2). The tendon itself was not infiltrated by the tumour. The tumour along with the tendon sheath was excised without sacrificing the tendon (Fig 3). Biopsy of the swelling confirmed the diagnosis of Haemangioma.

Figure 1

Figure 1

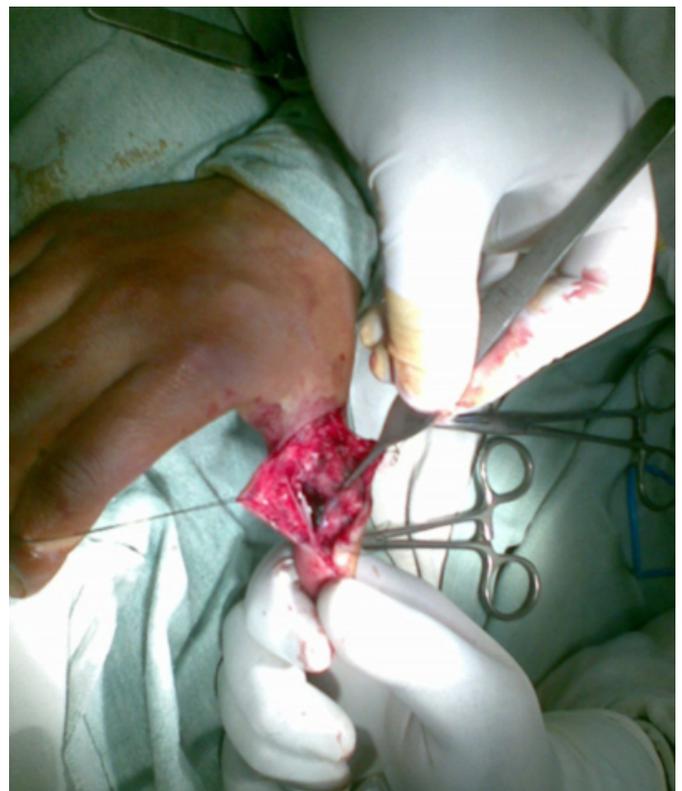


Figure 2

Figure 2



Figure 3

Figure 3



DISCUSSION

Haemangioma in relation to tendon sheaths in thumb is very rare. Only a few cases have been reported in literature with Haemangioma in relation to tendon sheaths in hand. Only one case has been reported with tumour infiltrating the tendon₁. The cases without tendon infiltration are completely resected with functional recovery₂. The recent haemorrhage corresponds to the sudden increase in size, while the papillary endothelial hyperplasia accounts for the persistence and gradual enlargement of the lesion₃.

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