

A Rare Case of Compound Palmar Ganglion

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Abstract

A 26 year old female presented with a mass of approximately 7 x 3 cm on the flexor aspect of right wrist since 4 years. FNAC was done which was suggestive of ganglionic cyst. The patient underwent excision under block and mass was sent for histopathological examination which showed chronic granulomatous inflammatory pathology with rice bodies suggestive of compound palmar ganglion. The patient was then managed with anti tubercular therapy.

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I. Introduction

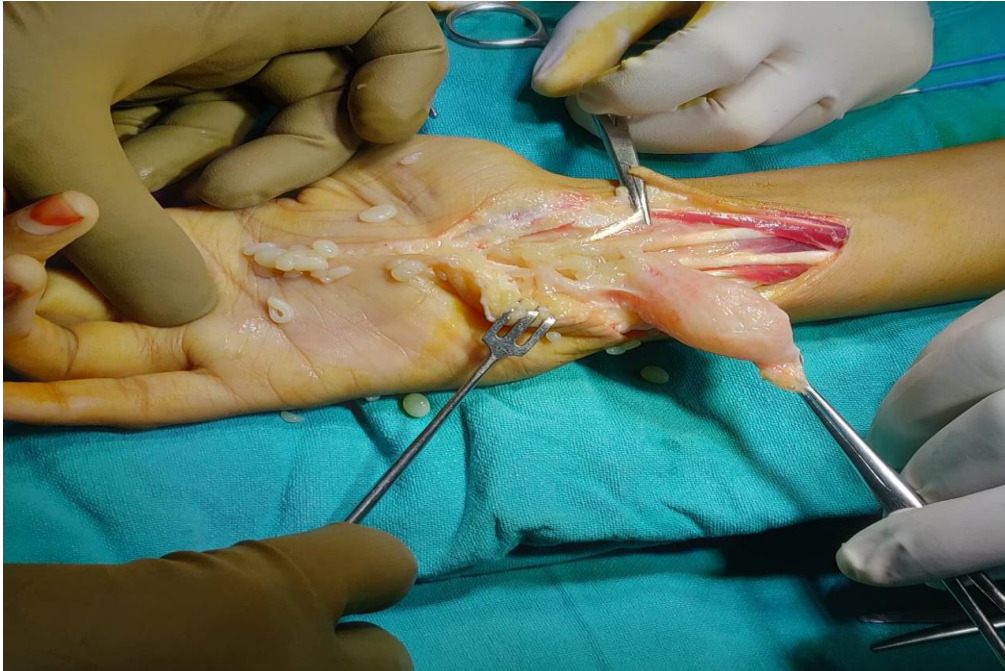
Compound palmar ganglion is an old term to signify tuberculous tenosynovitis of the ulnar bursa at the wrist. It is very rarely seen nowadays.[1] The diagnosis of tuberculous synovitis is usually delayed as it mimics many other conditions, which can lead to complications. Many complications of tuberculous tenosynovitis have been reported in the literature due to delayed presentation and diagnosis.

Tuberculous tenosynovitis of the wrist or "compound palmar ganglion" is an uncommon lesion that requires early recognition and treatment for the best possible prognosis. It is an infrequent cause of chronic inflammation of the tendon sheaths about the hand and wrist, but it can destroy the enclosed tendons.[2]

Tuberculosis (TB) is still endemic in many developed countries. Involvement of the hand and wrist at presentation is extremely rare, and the diagnosis is often missed. Operative findings of "rice bodies, millet seeds, or melon seeds" are highly suggestive of tuberculous tenosynovitis.[3]

II. Case Report

A 26 year female presented with a mass in right wrist since 4 years associated with pain and tenderness with a proximal spread. There was no motor or sensory loss. The patient underwent MRI right distal forearm and hand which was suggestive of giant cell tumor of tendon sheath. FNAC done for the mass showed features in favour of Ganglionic Cyst. The patient underwent excision with Z shaped incision extending 3 cm proximal and 4 cm distal to wrist joint on the palmar aspect of right wrist. On table excised swelling showed multiple small, fatty, firm, gelatinous material (egg like) which was sent for histopathological examination which showed chronic granulomatous inflammatory pathology with rice bodies suggestive of compound palmar ganglion. The patient was managed by anti tubercular therapy and other supportive medications along with regular aseptic dressings. Scar healed well post op with complete motor function of tendon.



Ganglion with egg like bodies



Excised mass



Z shaped incision

III. Discussion

Tuberculosis (TB) is an infectious disease usually caused by *Mycobacterium tuberculosis* (MTB) bacteria. Tuberculosis generally affects the lungs, but can also affect other parts of the body. Most infections show no symptoms, in which case it is known as latent tuberculosis. [4]

Extrapulmonary TB occurs more commonly in people with a weakened immune system and young children. In those with HIV, this occurs in more than 50% of cases.[5]

Compound palmar ganglion is a tubercular manifestation of flexor tenosynovitis of the wrist. Chronic flexor tenosynovitis of the wrist, commonly of tuberculous origin is also called compound palmar ganglion.

Though the incidence is very less, it is not uncommon in developing countries. The clinical picture is very typical and is always confirmed by histopathology. The disease can progress and result in a gross destruction of structures around the wrist and hence requires excision without delay.

The palmar synovial bursa, covered by a dense palmar fascia, is not a common site for tuberculosis. But once infected, it can cause inflammation of all tendon sheaths about the hand and wrist resulting in median nerve compression. It can also lead to destruction of underlying bones if left untreated. Early recognition and complete surgical excision of the diseased tissue along with appropriate anti-tubercular therapy gives a better prognosis.

Rice bodies occurring in joints affected by tuberculosis were first described in 1895. Rice bodies are a common finding in many rheumatic diseases such as rheumatoid arthritis, systemic lupus erythematosus, and seronegative arthritides, as well as infectious diseases such as nonspecific arthritis, tuberculosis, and atypical mycobacterial infections. They may also be found in osteoarthritic joints. The cause of rice body formation remains obscure, but is most likely an unusual complication of chronic bursitis. [6]

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