Clinical vignette

Ultrasonographic diagnosis of posterior interosseous nerve entrapment due to ganglion cyst in a patient with rheumatoid arthritis

A 74-year-old man with RA was seen due to weakness in the fingers of his right hand. He was receiving LEF (20 mg/day) and prednisolone (10 mg/day) treatment. Physical examination showed weakness (1/5) of the finger extensors (drop finger). Laboratory tests yielded increased CRP (6.4 mg/l, normal range 0–3), ESR (56 mm/h, normal range 0–20) and RF (192 IU/ml, normal range 0–14) levels. Electrodiagnostic evaluations were consistent with severe and partial neuropathy of the right posterior interosseous nerve (PIN). US imaging clearly demonstrated a ganglion cyst compressing the PIN (Fig. 1). As the ganglion could not be drained, US-guided intervention was finalized with intrasosseal betamethasone injection. The patient refused surgery, as his pain (but not weakness) subsided.

A ganglion or synovial cyst is a benign tumour-like mass that usually occurs near the joints or tendon sheaths, most commonly in the wrist and hand [1]. Although they are usually asymptomatic, they can manifest with various complaints, especially if they cause any sort of nerve entrapment [2]. Herein we show that US is a convenient imaging tool for illustrating not only the clinical conditions related to RA (rheumatoid nodules, synovial cysts, etc.) but also secondary/pertinent complications of such manifestations, i.e. peripheral nerve compression.

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References
