

CASE REPORT

SOFT-TISSUE CHONDROMA IN A FINGER : A CASE REPORT

A. A. FARAJ

We present a case of soft tissue chondroma arising from the soft tissues of the index finger of the right dominant hand. Although asymptomatic, the swelling gave rise to concern both for the patient and the hand surgeon. There was a relatively large osteoblastic lesion in relation to the volar aspect of the distal interphalangeal joint. The lesion was excised, the histological findings were those of a chondroma.

The site, the radiological appearance and the lack of any connection of this tumor to the underlying joint, bone and tendon is extremely rare. Despite concerns of an aggressive neoplastic disease, the lesion was benign on histology and did not recur.

Key words : chondroma ; phalanx ; finger ; soft tissue.
Mots-clés : chondrome ; phalange ; doigt ; tissu mou.

CASE REPORT

A 46-year-old right-handed patient presented with two years history of right index finger swelling arising in the region of the distal phalanx. Although asymptomatic, as it became gradually bigger, it gave rise to concern. There was no history of trauma or any medical problems.

The patient was able to fully extend the finger ; however, flexion of the distal interphalangeal joint was not full because of the intervening mass. There were no neurovascular problems of the finger.

Radiograph of the affected finger and magnetic resonance imaging (MRI) showed that the lesion was extraskeletal and osteoblastic ; its nature was however not clear.

The lesion was entirely removed and no connection to underlying tendon, bone or joint was found.

The histopathology report was benign chondroma of the soft tissue. At one year follow-up, there was no evidence of recurrence.

DISCUSSION

Chondroma of the soft tissue is rare ; it is usually composed of mature hyaline cartilage (2). It can arise from synovium (1, 2), tendons (3, 5) and occasionally from the soft tissue of the hand, unrelated to the tendons or joints (4). It may appear following trauma (4). In the majority of cases however it arises spontaneously (1-6).

Chondroma of the soft tissue is usually asymptomatic and has no sex predominance (1). The differential diagnosis is with giant cell tumor of the tendon sheath, which is usually seen on the palmar surface of the digits. Like chondroma, it is a slow-growing tumor and is associated with recurrence (3). Giant cell tumor, however, is not usually associated with calcification. Lipoma, neural tumors, ganglions and metastatic lesions are among some other differential diagnoses.

Histopathological examination of soft tissue chondroma shows features similar to chondroblastoma of the bone and the distinction is often difficult (2).

We report the current case because of its rarity and its situation on the volar aspect of the distal

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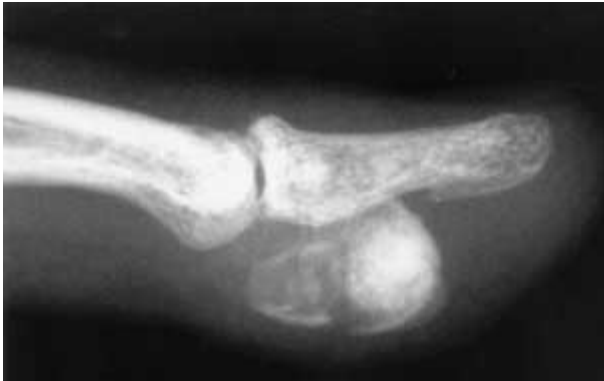


Fig. 1. — Lateral radiograph of the right index finger showing a large relatively well localized osteoblastic lesion in relation to the volar aspect of the distal phalanx.



Fig. 2. — MRI scans of the finger, showing an osteoblastic lesion of the distal phalanx that is wrapping around the flexor profundus at the region of the distal interphalangeal joint. The lesion is not invading the tendon or its sheath.

phalanx. Soft-tissue chondroma affecting the finger usually arises from the flexor tendon and is situated on the volar aspect of the middle or proximal phalanx. There was no recurrence of the lesion following excision. Histological examination is indicated to exclude other pathology.

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SAMENVATTING

A. A. FARAJ. Weekdeel chondroma van de eindpulpa van de vinger. Gevalstudie.

Een asymptomatisch weekdeel verkalkt chondroma, gelocaliseerd op het distale lid van de rechter dominante wijsvinger wordt beschreven.

De zwelling verontrustte patiënt en chirurg. Het ging om een vrij grote osteoblastische tumor ter hoogte van de volaire zijde van het distaal interfalangeaal gewricht, en vrees bestond, ook na MRI, dat het hier om een aggressief neoplastisch proces ging.

Het letsel werd uitgesneden: de histologische diagnose luidde benigne chondroma. Er trad geen recidief op.

De localisatie, het radiologisch uitzicht en de afwezigheid van enige connectie met het onderliggend gewricht zijn ongewoon.

RÉSUMÉ

A. A. FARAJ. Chondrome des tissus mous au niveau d'un doigt: présentation d'un cas.

L'auteur rapporte un cas de chondrome des tissus mous qui s'est développé au niveau de l'index droit chez un patient droitier. Il existait un gonflement asymptomatique mais qui inquiétait le patient et le chirurgien. Les radiographies ont montré une lésion ostéoblastique relativement volumineuse en rapport avec la face antérieure de l'articulation inter-phalangienne distale. La lésion a été excisée. L'aspect histologique était celui d'un chondrome.

La lésion rapportée présente plusieurs éléments de rareté: sa localisation, son aspect radiologique et l'absence de toute connexion entre la lésion et l'articulation sous-jacente, l'os et le tendon. La lésion s'est avérée bénigne à l'histologie et elle n'a pas récidivé.