

Original article

Improvement in quality of life after surgery for glomus tumors of the fingers

Évaluation de l'amélioration de la qualité de vie après chirurgie des tumeurs glomiques des doigts

D. Faisan Smilevitch^{a,*}, B. Chaput^{a,b}, J.-L. Grolleau^a, M. Rongieres^b, P. Mansat^b

^a Service de chirurgie plastique et reconstructrice, CHU Toulouse-Rangueil, 1, avenue du Professeur-Jean-Poulhès, 31059 Toulouse, France

^b Service d'orthopédie-traumatologie et urgences mains, CHU Toulouse-Purpan, place du Dr-Baylac, 31059 Toulouse, France

Received 8 December 2013; received in revised form 31 May 2014; accepted 14 July 2014

Available online 15 August 2014

Abstract

Glomus tumors are benign and rare tumors that develop through a neuro-myo-arterial glomus. Complete surgical excision of the tumor remains the standard intervention. Due to the difficulty of diagnosis, management is often late, resulting in poor quality of life. This study aimed to assess improvement in quality of life after surgery in patients with glomus tumors. We performed a retrospective study from 1992 to 2011 to analyze 23 glomus tumors of the upper limbs in 22 patients. Pain was systematically the predominant symptom. Quality of life and disability were assessed preoperatively and postoperatively using two questionnaires in 11 patients: the Medical Outcome Study Short Form (SF-36 French version) and the Cochin Hand Functional Disability Scale. An evaluation of the visual analog scale (VAS) completed the study. The average age of patients was 48 years with a sex ratio of 0.28. The location of the tumor was in the fingers in 20 (87%) cases. The average delay between onset of symptoms and surgery was 8.5 years. Patients consulted an average of 2.8 practitioners. The average preoperative VAS was 8.7, whereas it was 0.8 postoperatively. Eleven patients were evaluated using the assessment scales, a mean of 11 years after surgery. Pain disappeared in 10 patients (91% of cases). A limitation of physical effort before surgery was found in five (45%) patients, while one patient (9%) had such limitation for a long period after surgery ($P = 0.006$). The improvement in fine motion was also significant ($P = 0.03$). Surgery had a positive impact on the emotional life of three patients (27%). Discomfort arose in the social life of four (36%) patients before surgery vs. one (9%) after surgery. Glomus tumors are rarely diagnosed during the first visit, leading to misdiagnosis and deterioration in quality of life, a cause of chronic pain, and limitations in activity. The significant improvement in quality of life provided by surgery necessitates earlier diagnosis of this tumor.

© 2014 Elsevier Masson SAS. All rights reserved.

Keywords: Glomus tumors; Quality of life; Misdiagnosis; Mos-SF36

Résumé

Les tumeurs glomiques sont des lésions bénignes et rares qui se développent aux dépens des glomus neuro-myo-artériels. L'exérèse chirurgicale complète de la tumeur reste la référence. Difficiles à diagnostiquer, leur prise en charge est souvent tardive, laissant se dégrader progressivement la qualité de vie. Cet article a pour but d'évaluer l'amélioration de la qualité de vie après chirurgie. Une étude rétrospective menée de 1992 à 2011 a permis d'analyser 23 tumeurs glomiques du membre thoracique chez 22 patients. La douleur était le symptôme prédominant chez tous les patients. La qualité de vie des patients ainsi que le handicap ont été évalués en préopératoire et en postopératoire à l'aide de deux questionnaires chez 11 patients : le Medical Outcome Study Short Form (MOS-SF 36, version française) et l'Échelle d'incapacité fonctionnelle de la main de Cochin (EFMC). Une évaluation de la douleur par échelle visuelle analogique (EVA) a complété l'étude. L'âge moyen des patients était de 48 ans avec un sex ratio de 0,28. La localisation était digitale dans 20 cas (87 %). Le délai entre l'apparition des symptômes et la chirurgie était de 8,5 ans. Les patients avaient consulté en moyenne 2,8 praticiens. La douleur moyenne préopératoire sur l'EVA était de 8,7/10, alors qu'en postopératoire, elle était notée à 0,8/10. Les échelles d'évaluation ont été soumises à 11 patients avec un recul moyen de 11 ans après la chirurgie. Les douleurs avaient disparu chez 10 patients (91 % des cas). Une limitation des efforts physiques avant la chirurgie était mentionnée par cinq patients (45 %), contre un (9 %) à distance ($p = 0,006$). L'amélioration était également significative pour les mouvements fins ($p = 0,03$). La chirurgie avait eu un impact positif sur la vie sentimentale pour trois patients (27 %). Avant la chirurgie, une gêne dans la vie sociale existait chez quatre patients (36 %), contre un (9 %) après chirurgie. Les tumeurs glomiques ne sont que rarement diagnostiquées lors des consultations de première intention, laissant de

* Corresponding author.

E-mail address: delfaisan@gmail.com (D. Faisan Smilevitch).

nombreux patients en errance diagnostique à l'origine d'une dégradation de la qualité de vie, entre douleur chronique et limitation des activités. L'amélioration significative de la qualité de vie après la chirurgie doit inciter à un diagnostic plus précoce de cette pathologie.

© 2014 Elsevier Masson SAS. Tous droits réservés.

Mots clés : Tumeurs glomiques ; Errance diagnostique ; Qualité de vie ; Mos-SF36

1. Introduction

Glomus tumors are benign, rare tumors, representing approximately 5% of soft tissue tumors of the hand [1]. They develop within the glomus neuro-myo-arterial [2] system, mostly in the hand at the subungual region (Fig. 1A and B). The reference treatment remains complete resection of the tumor. However, symptoms are often unclear, even when there is significant pain, and diagnosis is often late, causing many patients to be misdiagnosed for months or even years, during which the quality of life of the patient is degraded. Chronic pain evolves in the upper limb and causes disability and handicap.

We evaluated the quality of life in patients treated surgically for a glomus tumor of the upper limb. No studies in the literature have investigated degradation in the quality of life caused by glomus tumors or the actual improvements achieved following surgical treatment. The course of these patients, the start of their

symptoms, and their therapeutic management were analyzed and functional quality of life scales were assessed. The main objective of this study was to understand why degradation in the quality of life is the most disabling factor of this disease and to what extent surgical management could improve it.

2. Materials and methods

This was a retrospective study performed in a university department of orthopedic surgery, traumatology and hand surgery in Toulouse between 1992 and 2011. Inclusion criteria included all patients undergoing resection of a glomus tumor of the upper limb during this period. We excluded patients undergoing removal of other tumors of the upper extremities during the study period or those who had a glomus tumor in a location other than an upper limb.

Twenty-two patients treated for 23 glomus tumors with histological confirmation were included. All patients consulted a physician due to persistent painful symptoms. The disappearance of pain, a possible recurrence or second location, and aesthetics including the appearance of nail dystrophy were evaluated during the consultations. Then the patients were reviewed in consultation or contacted by telephone to estimate their quality of life as well as degree of disability. This evaluation was performed using validated quality of life and disability questionnaires: The Cochin Hand Functional Disability Scale (Appendix 1) [3] and the Medical Outcome Study Short Form (MOS SF-36) French version (Appendix 2) [4,5]. An assessment of the visual analog scale (VAS) completed the study.

The statistical analysis was performed using XLSTAT software (XLSTAT, Inc., Belmont MA, USA). Data were compared using Student's *t*-test. Statistical significance was defined as $P < 0.05$.

3. Results

The average age of the patients (18 women and 5 men) was 48 years (range, 26–72 years) at the time of surgery. The glomus tumor was located on the thumb in two patients (8%), the index finger in three (13%), the major finger in five (22%), the annular finger in six (26%), and the auricular finger in four (17%). Seventeen (74%) tumors were on the left and six (26%) were on the right. The extra-digital forms included a tumor located on the second inter-metacarpal space and two on the forearm. The subungual location was the most common with 14 (70%) digital tumors.

The average time between onset of symptoms and surgery was 8 years 6 months (range, 0.5–30 years). On average, each patient consulted 2.8 health professionals, including treating physicians,

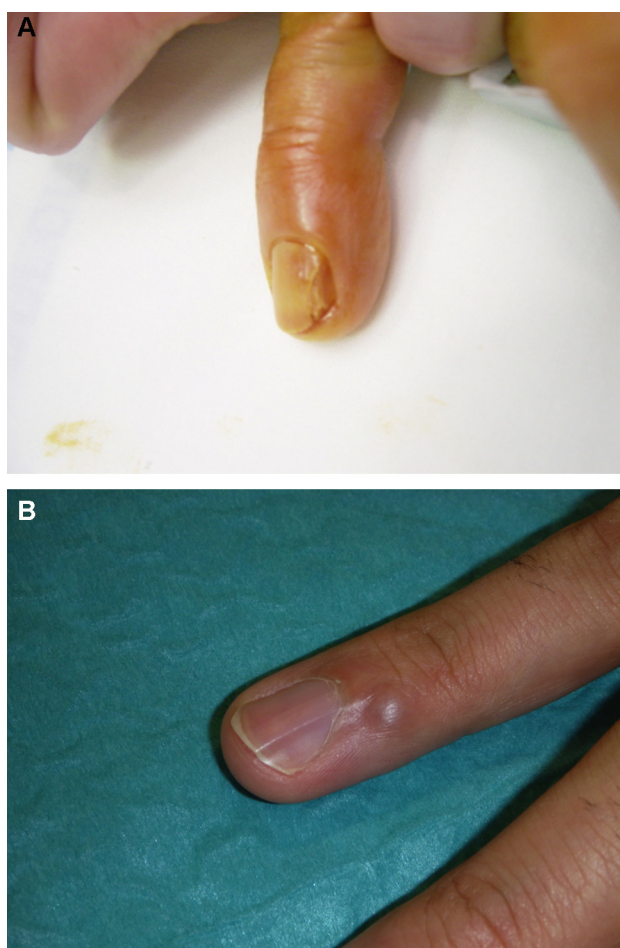


Fig. 1. Glomus tumors of index (A) and ring (B) fingers.

Download English Version:

<https://daneshyari.com/en/article/4048818>

Download Persian Version:

<https://daneshyari.com/article/4048818>

[Daneshyari.com](https://daneshyari.com)