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Mass of the thenar eminence hiding idiopathic massive rice bodies formation with a compression of the median nerve: Case report and review of the literature

Fekhaoui Mohammed Reda^{a,*}, Grimi Talal^a, Boufettal Moncef^b, Bassir Reda-Allah^b, Lamrani Moulay Omar^a, Berrada Mohammed Saleh^a

^a Department of Trauma and Orthopaedic Surgery, Ibn Sina University Hospital, Faculty of Medicine, Mohammed V University, Rabat, Morocco

^b Department of Anatomy, Faculty of Medicine, Mohammed V University, Rabat, Morocco

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ABSTRACT

INTRODUCTION: Rice bodies are described as fibrin bodies usually found among patients with inflammatory joint diseases, tuberculous arthritis, and tuberculous tenosynovitis, but they are rarely found among non-tuberculosis patients.

CASE PRESENTATION: We report a case of a 69-year-old with a 2-year history of swelling and pain of the thenar eminence of the left hand with paresthesia in the territory of the median nerve. Surgical exploration revealed multiple rice bodies.

DISCUSSION: Several authors have speculated on the nature of rice bodies. Their presence is highly suggestive of tuberculous tenosynovitis. One case of a primary brucellar tenosynovitis has been reported. In Morocco, brucellosis and tuberculosis remain a significant problem, with synovial chondromatosis and pigmented villonodular synovitis as differential diagnoses.

CONCLUSION: The patient had no history of tuberculosis, rheumatic disease, joint trauma, or infectious disease. Despite extensive evaluation, the etiology of the rice bodies could not be identified, and no underlying pathology was found.

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1. Introduction

Rice bodies are well known to orthopedic surgeons, rheumatologists, and other specialists interested in inflammatory joint diseases [1]. They are described as fibrin bodies found in 25% of inflamed joints during surgery and aspiration procedures [2,3] but also among patients with tuberculous arthritis and/or tuberculous tenosynovitis [4]. However, rice bodies are rarely seen among non-tuberculosis patients. We report a case of 69-year-old man with a mass of the thenar eminence and compression of the median nerve. The patient was cared for in the department of trauma and orthopedic surgery of the Ibn Sina university hospital in Rabat. To the best of our knowledge, this is the first such case in Morocco, and only a few cases have been reported in the literature. This work has been reported in line with the SCARE criteria [5].

2. Case presentation

A 69-year-old, right-handed, man living in a rural area and formerly employed by the textile industry was referred by a physician to the department of trauma and orthopedic surgery of our University Hospital with a 2-year history of progressive swelling and pain of the left hand. The patient had been in repeated contact with animals but had no history of tuberculosis, rheumatic disease, joint trauma, or infectious disease. In the physical examination, a soft mass of the left thenar eminence measuring 2 × 5 cm, with no sign of local inflammation, was found (Fig. 1). Wrist and hand motion were preserved. He presented paresthesia in the median nerve territory. We suspected an infectious or rheumatic disease, and a tumor was not excluded. Laboratory data, including complete blood count, erythrocyte sedimentation rate, C-reactive protein, rheumatoid factor, antinuclear antibody, and anti-cyclic citrullinated protein antibody, were normal. Brucellosis serology and a tuberculin reaction test were negative, and a chest radiogram was normal. Radiography showed a soft-tissue mass shadow without any apparent calcification (Fig. 2). Magnetic resonance imaging showed a regular thickening of the finger flexor sheath on both sides of the carpal tunnel measuring 25 × 45 mm with multiple

* Corresponding author.

E-mail address: rfekhaoui@icloud.com (F. Mohammed Reda).



Fig. 1. Clinical image showing the mass of the thenar's lodge of the left hand.

rice bodies (Fig. 3). The radiological diagnosis was synovial chondromatosis. One week later, the decision to perform exploratory surgery was made. The patient was placed in a supine position with the left upper limb on a support. Then, surgical exploration was performed under loco-regional anesthesia. A 10-in. curved incision was made on the ulnar side of the thenar crease, the presence of multiple rice bodies was noted visually. The rice bodies were removed, and a thorough excision of the sheath was performed, respecting the neurovascular structures. The carpal tunnel was also released (Fig. 4). Histopathological examination revealed a chronic non-specific synovitis, and results of culture and PCR for tuberculosis were negative. The surgical treatment allowed us to relieve the patient's symptoms without additional medical treatments, and his recovery was uneventful without any postoperative complications. The patient regained good function after 4 months (Fig. 5). One-year follow-up revealed no underlying disorder.

3. Discussion

In 1895 Riese described the first case of rice bodies in association with tuberculosis [1]. The incidence of these formations is less than



Fig. 2. Radiography of the hand and wrist showing a soft-tissue mass shadow without any apparent calcification.

50% of cases of tuberculous tenosynovitis [4], and their presence in the joint fluid of patients with rheumatoid arthritis may be more common than hitherto suspected [3].

Several authors have speculated on the nature of rice bodies. Albrecht et al. indicated that fibrous rice bodies represent an end product of synovial inflammation, proliferation, and subsequent secondary degeneration [3]. Cheung et al. suggested that rice bod-

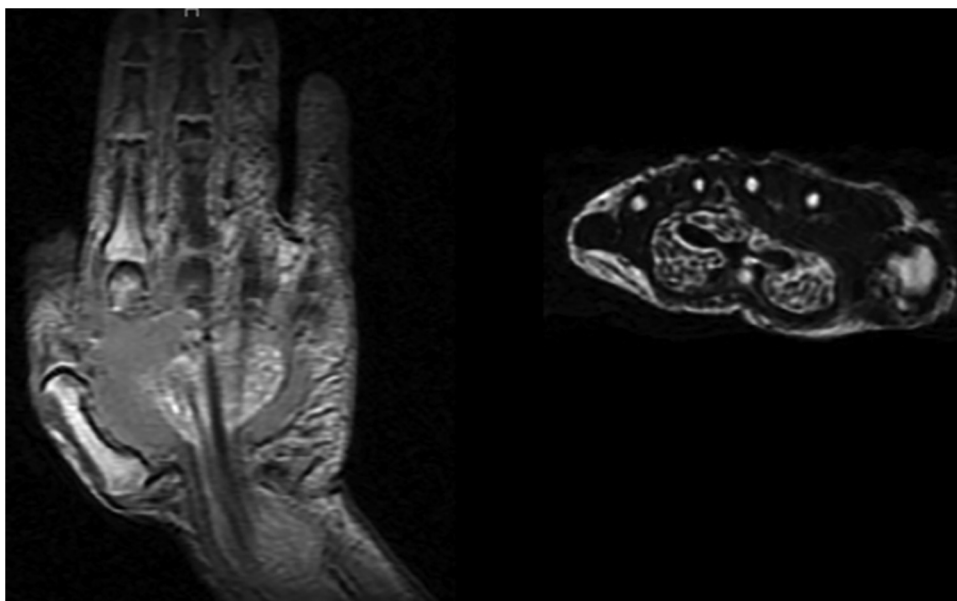


Fig. 3. Coronal and axial views of magnetic resonance images showing thickening of the finger flexor sheath on both sides of the carpal tunnel.

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