

통증 및 근골격재활

게시일시 및 장소 : 10 월 18 일(금) 08:30-12:20 Room G(3F)

질의응답 일시 및 장소 : 10 월 18 일(금) 10:00-10:45 Room G(3F)

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Recurrent Wrist Pain Mimicking the Carpal Tunnel Syndrome

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Introduction

Ganglion cysts are benign cystic masses which occur in association with musculoskeletal structures. They are the most common soft-tissue mass of the hand and wrist. Volar wrist ganglion cysts account for 18% to 20% of all ganglion cysts of the hand and wrist, and they generally occur just radial to the flexor carpi radialis tendon. The purpose of this report is to describe a case of long segmental ganglion cyst underneath the flexor tendon around the carpal tunnel causing recurrent volar wrist pain.

Case report

A 48-year-old male was referred to the Department of Rehabilitation for the left wrist pain at palmar crease. Until this clinical visit, he had a past history of receiving peri-neural injection for carpal tunnel syndrome and had pain relief in some degree. At this time, he presented with intermittent numbness in the left hand, and worsening pain with grasping. This symptom has waxed and waned since it began 4 years ago without a specific event including trauma. On clinical examination, no external signs or palpable masses around volar side wrist were present, but the patient had mild tenderness at around carpal tunnel. He had no pain to force ulnar or radial side of the wrist, but provoked pain with active flexion or passive extension of the fingers as well as full flexion or extension of the wrist. Also, Phalen's test and Tinel's sign were negative. The plain film of the wrist revealed the ulnar positive variance. Since ultrasonography around left wrist before 4 years ago showed no definite abnormality and the symptom was sustained, wrist MRI examination was performed at this time. MRI showed a 5.3cm multi-lobulated segmental ganglion cyst underneath the flexor digitorum profundus tendon, which is originating from the carpal tunnel to the 3rd intermetacarpal space as well as a thinning of the triangular fibrocartilage complex. In addition, nerve-conduction studies of the left median nerve and electromyography were intact although he complaint intermittent hand numbness. During follow-up, management options including surgical excision were discussed with the patient. However, the patient reported slight relief of symptoms while taking NSAIDs and modifying his daily activity; therefore, he selected for conservative management and delayed his operation schedule.

Conclusion

This study presents with a long segmental ganglion cyst in the carpal tunnel. The possibility of a space-occupying lesion should be kept in mind in differential diagnosis of recurrent wrist pain, and MRI can aid in the definitive diagnosis.

Keywords: ganglion cyst; wrist pain; a rare location