



Trigger Finger Mimicking Sesamoid Bone: A Cause of Diagnostic Delay

Tetik Parmağı Taklit Eden Sesamoid Kemik: Bir Tanısal Gecikme Nedeni

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To the Editor;

A 65-year-old, right-handed female patient presented with a history of finger pain and difficulty of motion for 6 months, applied to our clinic. She complained of severe pain and clicking when making extension position to the first finger. Through the above symptoms; her life and work quality decreased considerably. She did not report any trauma to her hand before symptoms onset. Her pain was not responsive to non-steroidal anti-inflammatory drugs or any other drugs. She has applied to some other clinics several times. Her finger was injected with corticosteroid two months ago. The medical history was otherwise noncontributory. On the physical examination; there were pain and tenderness on first metacarpophalangeal (MCP) joint at the right hand. Physical examination did not exist warmth, edema and colour changing. In addition there was no active peripheral arthritis finding. According to the above findings, a X-ray examination was planned (Figure 1) and it



Figure 1. X-ray examination showed a sesamoid bone located at the ulnar side of the first metacarpophalangeal joint

showed clearly; a sesamoid bone located at adjacent of the first MCP joint. Fifteen minutes of transcutaneous electrical nerve stimulation and 10 minutes of therapeutic exercise, including extensor-flexor tendon stretching and self-massage were given her. After the physical therapy programme, a decrease in symptoms were observed. Sesamoid bones are usually small ovoid shaped bones and can vary in shape and size (1). Sesamoid bones, emerge on the palmar and plantar articular surfaces where tendons run in close proximity to bones and joints (2). Trigger finger, also called the stenosing flexor tenosynovitis, is a common hand pathology and without treatment, there may be a gradual worsening of symptoms to severe pain and locking of the digit in flexion (3). Due to anatomic localisation of sesamoid bones, they may mimic trigger fingers. This situation should be kept in mind due to treatments of the above diseases are different and the blinded injections of steroids to the sesamoid bones are not effective for decreasing symptoms and could damage the bones and soft tissues. A clear diagnosis is needed when a patient admitted with finger pain and clicking.

Keywords: Sesamoid bones, trigger finger, steroid injections

Anahtar kelimeler: Sesamoid kemikler, tetik parmak, steroid enjeksiyonları

Ethics

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