GANGLION AT THE WRIST: AN UNCOMMON PRESENTATION OF RHEUMATOID ARTHRITIS

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ABSTRACT
Wrist ganglions are typically found on the dorsal or volar aspect of the wrist. Ulnar-sided dorsal ganglions are less common and, when present, usually arise from the scapholunate joint and spread ulnarily. They are rarely found in some cases of rheumatoid arthritis.

KEYWORDS: Rheumatoid arthritis(RA); ganglion.

CASE REPORT
A 60 years old male presented to the emergency dept with the chief complaints of swelling of the wrist joint since 2 months which was of insidious onset, gradually progressive on the dorsoulnar aspect of the left wrist. Patient history was unremarkable except for known case of rheumatoid arthritis on treatment in the form of methotrexate, leflunomide and folic acid. There was no remote history of trauma to the wrist. He was a security guard by profession.

Physical examination revealed a soft, translucent 3x3 cm mass on the dorsoulnar aspect of the wrist(Fig 1). He did not have any sensory deficits or evidence of distal radioulnar joint instability. Active and passive motion of the wrist and digits was full.

His hemogram was within normal limits except elevated ESR(45mm at the end of 1 hour). Other tests like renal function tests, liver function tests were unremarkable. Plain films of the left wrist showed an accessory ossicle distal to the ulnar styloid beneath the soft-tissue mass. It was excised which showed the stalk of the mass was found to originate from the pseudarthrosis between the ulnar styloid and the accessory ossicle. The stalk of the mass was...
found to originate from the pseudo-arthrosis between the ulnar styloid and the accessory ossicle. Gelatinous contents consistent with a ganglion were visualised within the mass which was sent for histopathology. After which a diagnosis of ganglion cyst was confirmed.

Following surgery, the patient was seen back in the outpatient department. He had no complaints and was working without any problems. He maintained full symmetrical active and passive motion compared with the contralateral wrist and was nontender about the well-healed incision. There was no evidence of recurrence of the mass. There were no sensory deficits.

**Fig1.**

DISCUSSION

Rheumatoid arthritis is a systemic inflammatory disease with a widespread clinical and serological presentation and functional impairment. Synovial inflammation leads to joint damage that progresses from mild cartilage degeneration to severe joint erosion.\(^1\) Extra-articular manifestations often occur, of which rheumatoid nodules are the most common, occurring in approximately 20-30% of patients.\(^2\) Ganglions of the wrist and hand are relatively common, representing 50% to 70% of all tumors in the wrist and hand\(^3\) but ulnar sided dorsal ganglions are uncommon.\(^4\)

The wrist ganglions are generally symptomatically unimpressive. It is probable that pressure changes within the radiocarpal joint influence the formation of these ganglions. The most
common site for ganglions of the wrist and hand is on the dorsum, originating from the joint capsule around the scapholunate ligament in most cases.\textsuperscript{[5]}

Biyani and colleagues\textsuperscript{[6]} observed that the accessory ulnar styloid variant is a rare finding in rheumatoid arthritis (RA) and that these conditions are not associated. They studied 800 asymptomatic wrists, found 612 patients with the standard ulnar styloid process, and described 5 morphologic variants in the remaining 188 patients.

Of the 800 patients, only 2 had accessory ossicles. Bade and colleagues\textsuperscript{[7]} found that, the ganglions are significantly common in RA, especially in young people. The symptoms seen in early RA involve pathologic activation of the synovium of the prestyloid recess resulting in ulnar-sided pain.

**REFERENCES**