Phalangeal hereditary multiple exostosis causing flexor tendon triggering: A case report

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Introduction
Hereditary multiple exostoses (HME) is a rare, autosomal dominant condition characterised by the formation of multiple osteochondromas in children, particularly around areas of active bone formation. The tibia, femur, pelvis and proximal humerus are commonly involved. 0.5%-5% may undergo malignant transformation to chondrosarcoma. Lesions can cause pain, nerve compression, short stature, vascular compromise and limb length discrepancy.

Method
Hereditary multiple exostoses has an estimated incidence of 1: 50,000. HME affects the long bones predominantly, with hand involvement reported in 30-79% of patients. Few case series are reported in the literature.

Here we report the case of a fifteen-year old patient with known HME who presented with a symptomatic exostosis of right ring finger proximal phalanx, restricting finger flexion and causing painful triggering. Primary resection was performed.

Results
Histology demonstrated an osteochondroma with no evidence of malignancy. At operation an exostosis was identified, invading the flexor sheath, distorting flexor tendons at the level of Camper's chiasma. Operative photographs display the findings. Follow-up at two and four months post-op demonstrated restoration of normal finger flexion. There was no recurrence at five-year review.

Conclusion
HME in the hand is rarely reported in the literature but may cause significant functional problems. Excision of lesions may be indicated to relieve symptoms and restore function. Regular follow-up is recommended for detection of early malignancy and recurrent lesions.

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