LOCALISED ANKLE PIGMENTED VILLONODULAR SYNOVITIS, A CASE REPORT

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Introduction: Pigmented villonodular synovitis (PVNS) is a rare proliferative illness affecting the synovium of the joints and or tendon sheaths manifesting as monoarticular joint pain.

Discussion: We report a case of a 57 year old female presented with non traumatic right ankle joint pain for more than a year. Patient is an ADL independent housewife.Initial radiographs were normal,and trial of conservative treatment failed. Symptoms worsened with the onset of a painful 8x8cm swelling over the ankle joint. MRI revealed areas of low signal intensity on T1 and T2 weighted images.Debridement and biopsy was done and noted reddish nodules with synovitic tissues over the ankle joint. Histopathology reveals multinucleated giant cells and foam cells with hemosiderin deposits consistent with PVNS. Radiotherapy (RT) was not employed in this patient. Subsequently patient recovered fully and ambulating well during clinic review. discussion: PVNS can be challenging to diagnose as its more commonly affecting the knee ,which may cause delay in diagnosis. Natural history of PVNS is of potential aggression hence surgical excision is widely regarded as the standard of care. Other treatment modalities include RT and by TNFα ± blockade. A study by Lee M. Et al suggests that combined surgical excision and RT can be an effective form of of treatment and may reduce the risk of recurrence without functional impairment.[1] A case report by Kroot et al in 2004 reported promising outcome in utilising Infliximab to block TNFα± expression in PVNS tissues,however futher clinical studies are needed as the modality is still in its infancy. [2]

Conclusion: We demonstrate that diagnosing PVNS is possible but requires high index of suspicion.