

FLEXOR TENOSYNOVITIS (MICHON STAGE 2)

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INTRODUCTION:

Flexor tenosynovitis is an infection of the synovial sheath that surrounds the flexor tendon. Diagnosis is made clinically with the presence of the 4 Kanavel signs.

CASE REPORT:

A 26 years old lady presented with right middle finger pain for 3 days associated with swelling.

On Examination, diffuse fusiform swelling over right middle finger from metacarpophalangeal joint (MCPJ) to distal phalanx of right middle finger, warm and tender along the tendon sheath and unable to extend the MCPJ, proximal interphalangeal joint (PIPJ) and distal interphalangeal joint (DIPJ) of the right middle finger. (Figure 1)



Figure 1: Diffuse fusiform swelling over right middle finger

INVESTIGATIONS:

White cell count, erythrocyte sedimentation rate, C-reactive protein: Raised

Right hand x-ray: No fracture, no osteomyelitis changes

Ultrasound (USG) Right hand: The flexor tendon sheath of the right middle finger appears thickened associated with a diffuse synovial thickening extending to the mid-palmar region suggestive of flexor tenosynovitis.

Swab cultures and sensitivity: No growth

INTERVENTION:

She underwent right middle finger flexor tendon sheath washout. Intra-operatively, minimal seropurulent discharge from tendon sheath (Figure 2).

The tendon sheath was flush with 1 liter of normal saline daily for 1 week and cover with antibiotics for 2 weeks.

Her wound healed well and the range of motion (ROM) of MCPJ, PIPJ and DIPJ of right middle finger was full 2 weeks after the operation.

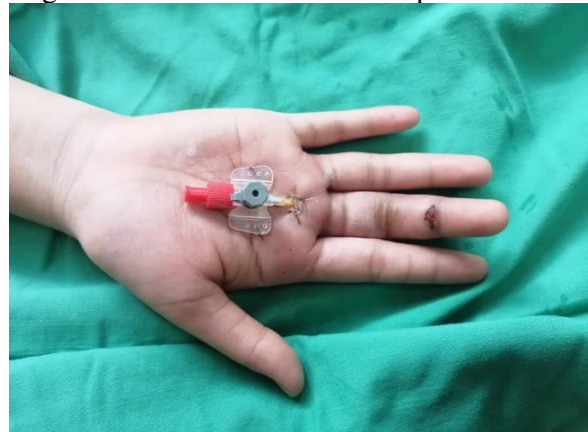


Figure 2: Tendon sheath washout

DISCUSSION:

USG may help to determine the severity of the tenosynovitis based on Michon classification.

Extensive open wound debridement should avoid in Michon classification stage 1 and 2

CONCLUSION:

Good functional outcome can still be achieved with minimal invasive tendon sheath washout and antibiotics in Michon classification stage 1 and 2.

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