ABSTRACT

Introduction: Compound palmar ganglion of tuberculous etiology is an infrequent condition, which has an obvious clinical picture, but still overlooked and should be diagnosed earlier before the involvement of underlying bones and nerves.

Case report: We present the case of a 56-year-old male presenting with progressive swelling of the palm and forearm. He was diagnosed to have chronic flexor tenosynovitis without involvement of the underlying bones and was treated by complete excision and antitubercular therapy (ATT).

Conclusion: Tuberculous palmar ganglion is a condition that can be managed by excision and chemotherapy. However, it presents as a challenge to rural surgeons where the patients present late. Hence, early identification and treatment are the main goals of this article.

Keywords: Antitubercular therapy, Chronic flexor tenosynovitis, Compound palmar ganglion, Melon-seed bodies.


INTRODUCTION

Ganglions are as old as Hippocrates, who first described the condition as “knots of tissue containing mucoid flesh.”

Compound palmar ganglion, also known as chronic flexor tenosynovitis, is a condition involving the flexor tendons around the wrist, above and below the flexor retinaculum. Most common etiologies are tuberculosis and rheumatoid arthritis. It is very common in developing countries. In tuberculous tenosynovitis, the route of infection can be either direct inoculation or by hematogenous focus of lungs/lymph nodes, etc. Identification of the condition and early initiation of treatment is essential considering the various differential diagnoses that resemble this condition.
3rd day postsurgery. Wrist mobilization was started at the end of first week postsurgery. After 6 months postsurgery, the patient recovered well and had an almost normally functioning hand.

**DISCUSSION**

Tuberculosis is still a widespread disease in India. Though lymph nodes are the most frequent extrapulmonary site for TB, tuberculous infection of the tenosynovium is one entity that should not be delayed in treatment because of the destructive nature of the lesion and the permanent disability it causes. Melon seed bodies are characteristic of compound palmar ganglion of tuberculous etiology.

Immediate initiation of treatment in the form of complete debulking and ATT is essential because of the notorious nature of the disease, as it destroys the underlying bones. After debulking, early physiotherapy is essential to attain the maximum functionality of the hand.

**CONCLUSION**

Tuberculosis may masquerade as a ganglion of wrist. This is a curable condition, and strenuous efforts should be taken to treat this condition as early and completely as possible. Early diagnosis and treatment matter the most in this condition.

**CONSENT**

Written informed consent was obtained from the patient for publication of this case report and any accompanying images.

**ACKNOWLEDGMENT**

The authors extend their gratitude to Dr Aravind Menon, Dr Prasanna S, Dr Sakthi Balan M, Dr Madhuri S and Dr Vinoth R, who were involved in the monitoring, treatment, and follow-up of the patient and also in the acquisition of clinical details.

**REFERENCES**