Calcifying Enthesitis at the MCPJ Resulting from Minor Trauma

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Clinical Image

A 39-year-old female presented acute pain and swelling of her left third Metacarpophalangeal Joint (MCPJ). The patient was right-hand dominant with no significant history of trauma to the affected hand. Prior to this episode, she was otherwise well but had a past history of perioral dermatitis and rosacea from eruptions. A tender lump was noted over the ulnar border of the left middle finger MCPJ together with decreased range of motion of the joint and worsening of pain on stressing the ulnar collateral ligament. A plain X-ray showed obvious calcification of the ulnar collateral ligament of the middle finger MCP joint (Figure 1). All blood tests (including FBC, ESR, CRP, RhF) were normal. A provisional diagnosis of calcifying enthesopathy was made and the patient was treated with a single injection of 10 mg of Adcortyl™ (triamcinolone acetonide) Six months later, the patient had made an unremarkable recovery with no pain and full range of motion of the MCPJ. Repeat plain X-rays showed signs of resolution of the calcification (Figure 2).

Enthesopathy refers to pathology affecting the enthesis - the area where ligaments or tendons attach to bone [1,2]. An enthesitis is inflammation occurring at these points of insertion. As the enthesitis progresses, it may be followed by calcification or fibrosis. Enthesitis is a hallmark of inflammatory conditions such as psoriatic arthritis or ankylosing spondylitis but evidence for this in our patient was notably absent. We believe that the cause of this episode was acute trauma involving the ulnar collateral ligament which the patient simply failed to remember. Published reports of trauma-
related enthesitis are rare but probably occur commonly - without
the accompanying calcification noted in this case.

References


2. Kaeley GS, Eder L, Aydin SZ, Gutierrez M, Bakewell C. Enthesitis: A