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Research Article

ACUTE CALCIFIC TENDINITIS OF THE FLEXOR DIGITORUM SUPERFICIALIS OF THE LEFT HAND INDEX FINGER: A CASE REPORT

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Abstract:

Acute calcific tendinitis involves shoulder very commonly but it is rarely found in hand or fingers. Usually it is misdiagnosed if it occurs outside the shoulder. We present here a very infrequent case of acute calcific tendinitis of left hand index finger in young male patient.

Key words: *Acute calcific tendinitis, Flexor digitorum superficialis, left hand, index finger, trauma.*

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INTRODUCTION:

In calcific tendinitis there is deposition of calcium crystals in any tendon and muscle of body[1]. Usually it involves rotator cuff tendons around shoulder, but it really occurs in hand and fingers. It's presentation resembles with so many conditions like acute infection or fractures which causes unnecessary admissions in hospital, antibiotic treatment and even surgeries[2,3]. It is self-limiting condition, in perimenopausal woman it usually involves tendon of flexor carpi ulnaris[4,5,6]. We report here a very unusual case of young male patient presented with acute calcific tendinitis of flexor digitorum superficialis of left hand index finger after minor trauma which was initially diagnosed as fracture.

Case report:

A 26 year old male patient presented in an orthopaedic department, referred from other hospital for treatment, misdiagnosed as avulsion fracture of proximal phalanx of left hand index finger. Patient had history of pain and restricted movement of left index finger of hand. On examination both active and passive movements of left index finger were painful and restricted. There was swelling and tenderness involving volar aspect of finger but no redness and local temperature was normal. He had feeling of soreness in his finger about one week before trauma to his left hand. X-ray showed soft tissue calcifications over volar aspect of metacarpophalangeal joint.

Fig1(a) showing calcific tendinitis of flexor tendon of left hand index finger



Figure1(b) showing complete resolution of the calcification

On investigation CBC(complete blood count),ESR (erythrocyte sedimentation rate),levels of calcium, phosphorus, alkaline phosphatase, vitamin D,C-reactive protein wereunremarkable. Diagnosis of acute calcific tendinitis of flexor digitorum superficialis of left index finger of hand was made. Patient was treated with finger splinting along with painkillers and antibiotics. After fifteen days there is complete resolution of calcification on X-ray. Patient was symptom free.

DISCUSSION:

Cohn in 1924 demonstrated acute calcific tendinitis in hand[7]. The exact cause of this tendinopathy is unknown. In some reports it is demonstrated due to continuous trauma there is abnormal calcium deposition[8,9]. Uththoff and colleagues demonstrated that due to mechanical and vascular changes there may be local hypoxia which may be the reason[10].

In this case patient have history of aggravated symptoms after trauma. Acute calcific tendinitis is self limiting and it usually settles after 3-4 weeks even if left untreated.[1,4]. when the diagnosis is confirmed only conservative treatment ,splinting and NSAID are enough while Intralesional corticosteroid injection can be used for prompt relief.

CONCLUSION:

We conclude this case report will create awareness about acute calcific tendinitis of FDS of index finger due to minor trauma and to ovoid invasive diagnostic procedures.

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