

PAIN LOCALIZED AT HANDS: FREQUENT AND RARE CAUSES

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Abstract

Introduction: The hand can be considered the "patient' card" because it is the site of numerous local and systemic disorders. A careful anamnesis allows identification the clinical features of the pain, exact location of the problem, excludes infections, trauma, and may bring important data about the existence of swelling, color changes or skin texture abnormalities.

Exact localization of the pain, affecting specific movements, presence of paresthesia, visible joints involvement and prolonged morning stiffness are highly suggestive for articular, periarticular, neurogenic or referred pain.

Materials and methods: Primary or secondary osteoarthritis is the main cause of pain in the hand. Women in perimenopause are more frequently affected and the role of heredity and repetitive movements is recognized in its occurrence. Imaging and laboratory investigations allow the diagnosis and differentiation of other entities (rheumatoid arthritis, psoriatic arthritis).

The women are also affected by rheumatoid arthritis, characterized by symmetrically small joints arthritis, accompanied by prolonged morning stiffness. The presence of certain specific autoantibodies, typical imagistic changes make possible the diagnosis and allow rapid initiation of immunosuppressive therapy.

Acute intense hand' pain with bilateral swelling of the hands, tenosynovitis of the flexors and extensors, accompanied by fever, asthenia, weight loss, which affects elderly men more often, possibly association with neoplasms, leads to RS3PE syndrome (Remitting Seronegative Symmetrical Synovitis with Pitting Edema).

The nocturnal pain, accentuated by specific compression movements, associated with paresthesia in specific nerve distribution territories, in a patient known for hypothyroidism, amyloidosis, limb fractures, severe arthrosis, is highly suggestive for compression syndrome (tunnel carpal /ulnar or cubital syndrome).

The joints and skin damage of the hand is common in systemic scleroderma (autoimmune multisystemic disorders) and requires differential diagnosis with diabetic cheiroarthropathy (a frequent entity in patients with diabetes mellitus).

Some traumas may be involved in the occurrence of spin arthritis, Kienboks disease, Secretan syndrome, or algoneurodystrophy. Hypertrophic osteoarthropathy or Dupuytren contractures are other entities that affect different structures in the hand.

Results and conclusions: The suspicion and recognition of some specific elements suggest the diagnosis of these pathologies. An increased role in diagnosing and establishing effective treatment lies with the multidisciplinary team.