Intratendinous ganglion in the extensor tendon of a finger: A case report

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CASE REPORT

A 53 year-old man complained of a mass in the left dorsal hand, though he had no history of injury or inflammation there. The mass became gradually larger and larger (Fig. 1). The mass was elastic, hard and caused no pain nor tenderness. It moved with the extensor tendon and was not attached to the surrounding tissue. However, since the patient could not extend his left hand completely because of blockage of the mass (Fig. 2), it interfered with his daily activities. A tendinous giant cell tumor, xanthoma, or intratendinous ganglion was the preoperative differential diagnosis. Surgically exploring the dorsal hand, we found an intratendinous ganglion within the substance of the extensor tendon of the ring finger (Fig. 3a, 3b). We excised the ganglion as well as the degenerative tendinous tissue around the ganglion. Since enough of the tendon remained after excision of the ganglion, the surface of the extensor tendon was simply repaired. One month later, he could extend his left hand and 2.5 years after the surgery, there was still no recurrence.

Figure 1 Pre-operative view of the left hand. A mass is seen on the dorsal hand (arrow).
DISCUSSION

Although ganglions of the dorsal hand are common, intratendinous ganglion of the extensor tendon are rare with only a few reported cases.¹ ³ Seidman, for example, reported a series of seven patients with 10 intratendinous ganglia.² Almost all of them complained only of a mass in the dorsal hand and they were asymptomatic. Our case complained not only of the mass but also an extension disturbance of the wrist. This was because the mass was large and hard enough to block the sliding of the extensor tendon beneath the extensor retinaculum. This complaint is rare in intratendinous ganglion cases. After excising the ganglion, the problem disappeared. Since the tendon could be repaired with enough strength, we did not need to use any apparatus after surgery. If most of the tendon is removed with the ganglion, some kind of augmentation must be considered. Because one of Seidman’s ten ganglia patients experienced a recurrence,² we must continue to follow our case carefully.
REFERENCES