

## Hand and Wrist Surgery

In addition to being a Hand Surgeon Mr James Hopkinson-Woolley is also, effectively, a Hand Doctor because he also assesses and treats hand conditions which may not require surgery.

Mr Hopkinson-Woolley has an interest in all hand and wrist conditions. Specific, common examples, include:

- **Dupuytren's Disease**
- **Carpal Tunnel Syndrome**
- **Cubital Tunnel Syndrome**
- **Arthritis in the Hand and Wrist**
- **Tendon problems (such as 'Trigger Finger' and 'de Quervain's Disease')**
- **'Lumps and Bumps' such as ganglion cysts and other swellings.**
- **Non-specific Hand or Wrist pain**

Mr Hopkinson-Woolley has been a Consultant Orthopaedic Hand Surgeon since November 2000 and his NHS practice is at Addenbrooke's Hospital, Cambridge.

Private referrals can be made by contacting Mr Hopkinson-Woolley's secretary on 01223 550888 or by sending a fax to Cambridge Medical Consultants on 01223 847436.

## Finger Tips

### 1. What are the diagnoses for these lesions?



They are all ganglion cysts (Synonyms: mucous cyst, mucinous cyst, mucinous pseudocyst, myxomatous cutaneous cyst, myxomatous degenerative cyst, synovial cyst, periungual ganglion, epidermal cyst, nail cyst, dorsal cyst, periarticular fibroma, cystic nodule of the finger).

As with all ganglia, these can resolve spontaneously. They are harmless but can be a nuisance.

Some aspirate the cyst but a 40% recurrence rate is reported.

Surgery is reported to provide definitive treatment with no major long-term problems

If surgery is to be performed, it is recommended that in addition to excision of the cyst, any marginal osteophytes at the joint should also be excised so as to minimize the recurrence rate. It is suggested that small osteophytes irritate the overlying tendon and are responsible for formation of the cyst.

After surgery any nail defects associated with the cyst usually resolve.

### 2. What is the likely diagnosis here?

This is the thumb of a 35yr old lady who gave a 9 month history of pain and exquisite point tenderness at the base of her thumb nail. A ridge has developed in the nail. The pain is worse in the cold and especially if she puts her hand into a deep freeze.



The history is typical for that of a glomus tumour. These are benign tumours involving tiny nerves and blood vessels, usually in the region of the finger tips.

Treatment is by excision, which may require removal of the overlying nail and an incision in the underlying nail bed.

After successful excision the pain is relieved and the nail may grow out normally.

