



SKIN MANIFESTATIONS OF INTERNAL DISEASE

FINGER TIP INFARCTS - RARE PRESENTATION OF CARPEL TUNNEL SYNDROME

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Back ground: Carpal tunnel syndrome (CTS) is the most frequent compression-induced neuropathy. Rare, but severe manifestations of CTS are ulceration, infarction, acral osteolysis and mutilation of the terminal phalanges of second and third fingers.

Observations: 52 year old lady presented with bluish discoloration over finger tips of both hands for 8 months. She complained of tingling sensation/ numbness and pain over the fingers which exacerbate at night. On examination she had significant pulp loss, pitted scars and finger tip infarcts limited to second and third fingers of both hands, but more marked on the right side functional impairment. Rest of the skin was normal. Nail fold capillaroscopy was normal. There were no other features of systemic sclerosis. She had sensory impairment and muscle weakness corresponding to median nerve distribution. Blood investigations and 2D-ECHO done to find a cause for finger tip infarcts were normal. Nerve conduction studies proved the clinical diagnosis of severe carpal tunnel syndrome. Her TSH and T4 levels indicated hypothyroidism, pointing to the probable cause for CTS. She was started on Thyroxine and referred to a surgeon for correction of CTS.

Key message: We highlight the importance of clinical suspicion of CTS in finger tip infarctions, especially if they are localized to the area innervated by the median nerve. The early diagnosis is important since decompression of the median nerve on due time will prevent mutilation and improve the patients' quality of life significantly.

