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PAROXYSMAL FINGER HAEMATOMA (ACHENBACH SYNDROME)

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BACKGROUND

Achenbach syndrome, almost known as paroxysm finger hematoma or acute blue finger, is a benign condition that occurs with a color change in the finger, especially the hands associated with pain and edema. The local normally affected is the intermediate portion of the phalanges, and in general, occurring in only one finger at a time; all fingers can be involved. In all cases, the resolution is spontaneous and self-limited, lasting an average of 3 to 6 days. It is a rare condition, with approximately 100 cases described in the literature, which mainly affects middle-aged women. The pathophysiology is unknown, as well as its causes, but there is the hypothesis that exists a local capillary fragility. The diagnosis is eminently clinical, based on the signs and symptoms present: cyanosis, edema, pain, paresthesia and pruritus. Complementary exams are normal and the treatment for this condition is only symptomatic for pain.

CASE REPORT

Woman, 51 years old, hypertensive for 3 years, using losartan. She sought medical attention with high intensity pain in her hands associated with swelling crisis in her fingers and skin lesion for 15 years ago. After swelling episodes, local hyperemia occurred, with a change in the coloring of her fingers, leading to spontaneous resolution within a few days. The crisis has increased in frequency and durations in the last months. During this period, the patient used analgesics due to partial improvement of the condition. Episodes of pain also affected the lower extremities, with a tendency to worsen the clinical picture with the exacerbation of cold climatic conditions. On physical examination of the lower limbs, she had purple toes associated with edema and local pain (Figs. 1-3). During the investigation, there was no change in laboratory tests for hepatitis B and C and HIV. The conditions of diseases associated with lupus and vasculitis were also negative, closing the clinical diagnosis of Achenbach syndrome. The therapeutic approach was based on analgesia, thermal therapy and guidelines to avoid cold conditions.

Figure 1. A thumb crisis.

Figure 2. A forefinger crisis after 20 days.

Figure 3. A forefinger crisis after 20 days.

CONCLUSION

In the faces of case like this described, the rheumatologist, in addition to investigating Raynaud's phenomenon, vasculitic syndromes, collagenoses and thromboembolic vascular phenomena, must remember Achenbach syndrome is his range of differential diagnoses, especially in the hottest regions of the country, where the crises are less frequently induced by high climatic temperature, making it difficult to visualize and suspect diagnosis.