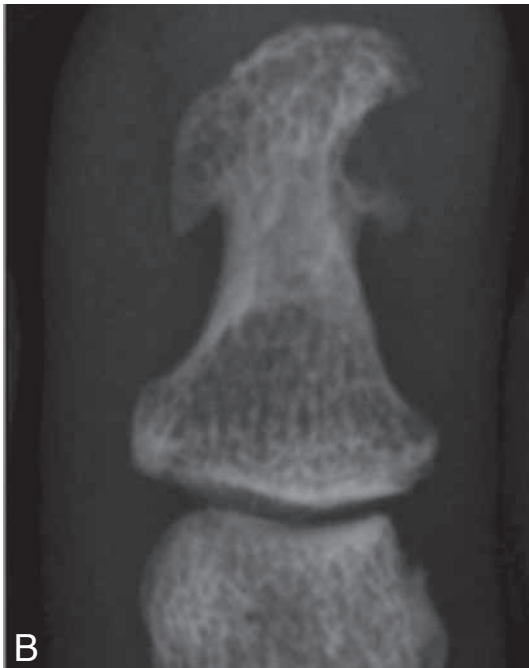
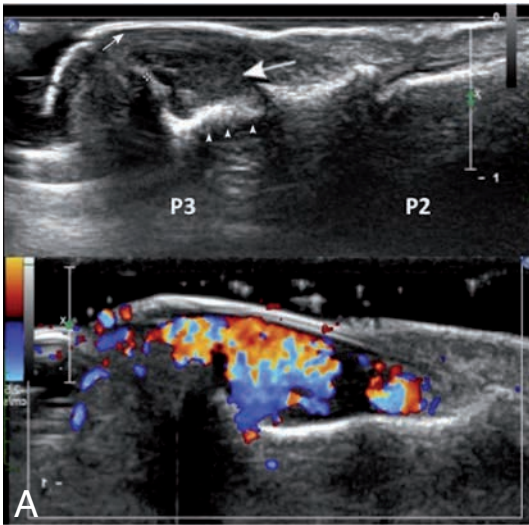


IMAGES IN CLINICAL RADIOLOGY



A glomus tumor

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A 54-year-old woman presented with a two-year-history of tenderness and cold sensitivity of the subungueal region of her 3rd left finger. Physical examination revealed a pinkish red spot under the nail. Ultrasonography of the 3rd left finger shows a well-delimited hypoechoic and hypervascularised mass in the subungueal area (Fig. A). X-ray of the 3rd left finger shows well-defined bony erosion with sclerotic margins in the distal phalanx (scalloping) which indicating a chronic growth lesion (Fig. B). The diagnosis proposed was the glomus tumor. A tumor excision was performed and the histologic examination confirmed the glomus tumor diagnosis (Fig. C). The localized pain and point tenderness disappeared after surgical excision. The patient did not experience any recurrence or further complications.

Comment

Glomus tumor is rare, often-benign neoplasms arising from a neuromyoarterial structure called a glomus body that controls blood pressure and temperature (Masson's tumor). It can appear in any part of the body, although it mostly appears in the extremities, especially in the hand at the subungueal area. Usually, it is a solitary tumor, but in 10% of all cases there are multiples lesions.

Glomus tumors are difficult to diagnose clinically and the diagnosis is frequently delayed. Classic clinical symptoms are aching pain, focal tenderness and cold hypersensitivity. Bony erosion with sclerotic margins can be seen on X-Rays but this finding is rare (Fig. B). An ultrasound examination is a good tool for detecting glomus tumor, showing a well-delimited hypo echoic and hyper vascularised mass (Fig. A). It can however underestimate the size of a glomus tumor.

MRI can be used but is not necessary for the diagnosis. It shows a well-delineated mass with a low signal on T1-weighted sequence and high signal intensity on T2-weighted sequence. Glomus tumor enhances early, intense and rapid after intravenous gadolinium administration.

The treatment of a glomus tumor should be surgical and the dramatic pain relief after excision is characteristic. These tumors have a high recurrence rate because it is difficult for the surgeon to distinguish it from the adjacent tissues.

Reference

1. Tang C.Y.K., Tiptoe T., Fung B.: Where is the Lesion? Glomus Tumours of the hand. *Archives of Plastic Surgery*, May 2013.

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