

Images in medicine



Boxer's fracture revealing an uncommon tumor: osteoma osteoid of the phalanx



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A 35-year-old male with one year of pain at the left index's phalanx calmed totally by anti-inflammatory drugs. Three days before his consultation, he punched the wall that occasioned pain and total impotence of the small finger. He took from himself the oral's analgesic. But, the pain got worst in both the small and index fingers, the reason for which, he consulted our orthopedic department. On admission, the clinical examination found a swelling on the dorsum of the right fifth metacarpophalangeal joint. The palpation was painful as well as in the proximal phalanx of the left index. At this follow up, the patient reported many consultations at the emergency department for the pain of the index and no

radiograph was realized. X-rays of the hand (A,B) showed a boxer's fracture and circumference lytic lesion of the phalanx of the index. We elected for a surgical treatment for both the boxer fracture (osteosynthesis using two k-wires) and the lytic lesion (bloc surgical excision). On post-operative care, the patient was discharged with oral's analgesics and a well-molded cast in intrinsic plus position, to be reviewed in two weeks. Histological examination confirmed the diagnosis of osteoid osteoma of the phalanx since the typical nidus was found in the histological specimen. At the last follow up, the patient did well with no recurrent pain, the consolidation was obtained and he regained his previous activities.

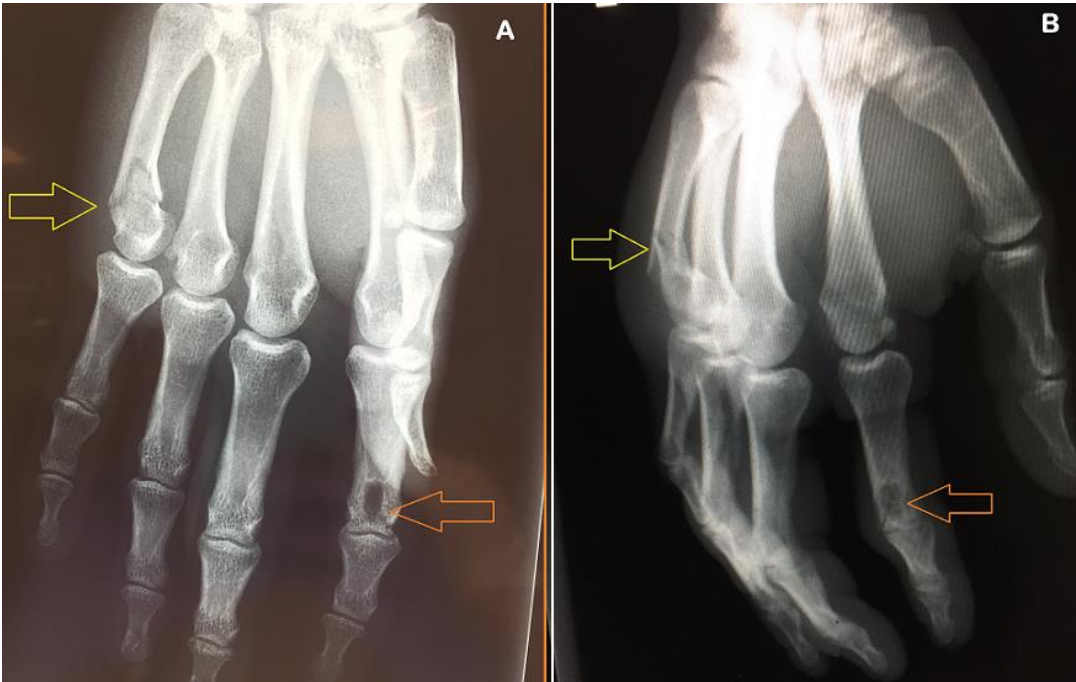


Figure 1: antero-posterior (A) and lateral (B) x-rays of the left hand revealed the boxer's fracture (yellow arrow) and the lytic lesion of the proximal phalanx of the index (red yellow)