"Fix my finger!"

Catherine Lagacé, MD

A healthy, 55-year-old male seeks medical advice for his nail problem. Four months ago, a longitudinal groove developed on the nail of his third finger. More recently, a small asymptomatic nodule with a cystic consistency appeared near the proximal nail fold of the same digit.

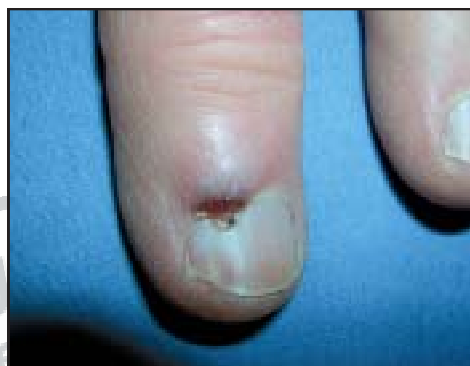

Figure 1. Digital mucous cyst.

What is the diagnosis?

This is a digital mucous (or myxoid) cyst (Figure 1).

Myxoid cysts are solitary, flesh-coloured nodules containing a clear or yellowish viscous, gelatinous fluid. They are generally located on the dorsal surface of a digit, lateral to the midline, between the distal interphalangeal (DIP) joint and the proximal nail fold. They are more commonly found on the index or middle finger of the dominant hand. Less frequent localizations include the pulp of the digit, between the proximal nail fold and the nail plate or beneath the nail matrix. They are rarely encountered on toes.

Myxoid cysts usually occur in the fifth to seventh decade. However, they may be seen at a younger or older age. Women are affected about twice as often as men.

There are two types of myxoid cysts. The first type arises in association with degenerative changes in the DIP joint and, in most cases, a connection can be found between the cyst and the joint. The second type seems to be independent from the DIP joint and is likely caused by the excessive production of hyaluronic acid by fibroblasts. It is of note that digital mucous cysts

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are, in fact, “pseudocyst,” not having an epithelial lining.

Many mucous cysts are asymptomatic. Complaints that may be related to their presence include:

- pain from a growing lesion;
- interference with digit function by a larger cyst;
- aesthetic appearance;
- longitudinal grooving of the nail secondary to the compression of the nail matrix by the cyst (grooving of the nail may precede the clinical manifestation of the cyst itself by as much as six months) and
- discoloured lunula and increased transverse nail curvature (if digital cyst is subungual).

The cysts are usually chronic, although some of them may gradually regress. Various therapies may be tried to treat them, including:

- repeated puncture and expression of the cyst content,
- cryotherapy,
- expression of the cyst content and corticosteroid injection,
- surgical excision,
- electrocautery,
- chemical cautery,
- massage,
- silver nitrate and
- digital compression.

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