

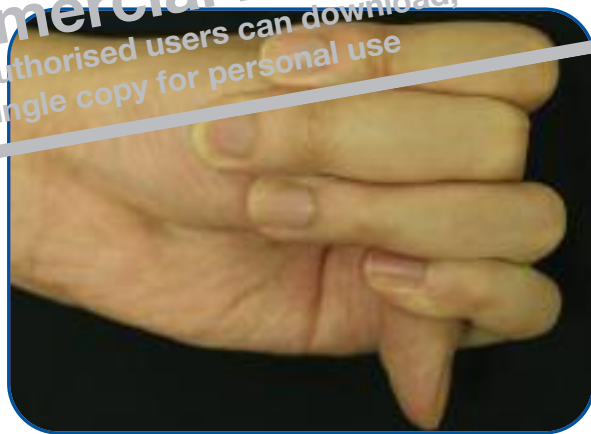
## Ronald's Projecting Thumb

Vanessa Hum, BSc (Chem Eng), BA (Mus), MA (EnvSc), and Simon Lee, MD, FRCPC

### Meet Ronald

Ronald, a 24-year-old new patient presents to the clinic. His medical files are not readily available. On examination, he is tall with a thin stature and long limbs. Pectus carinatum and kyphoscoliosis is noted. He also has a long surgical scar on his sternum.

A genetic condition is suspected. He is asked to perform a simple manoeuvre, demonstrated in the adjacent image.



### What is your diagnosis?

- a) Alien hand syndrome (anarchic hand)
- b) Subclavian steal syndrome
- c) Peutz-Jeghers syndrome
- d) Marfan syndrome
- e) von Hippel-Lindau syndrome

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See page 2 for the answer to last month's case



## Here is the answer to last month's case

### Meet Ann

- Ann is a 54-year-old Caucasian female who presents with a nodule on her finger and a groove in her fingernail
- The lesion is occasionally tender but not pruritic, and there is no discharge from the lesion
- Ann has no personal or family history of skin problems
- She is otherwise healthy but feels she may have some mild arthritis starting up



### What is your diagnosis?

- |                        |                         |                                |
|------------------------|-------------------------|--------------------------------|
| a) Milia cyst          | c) Branchial cleft cyst | e) Cystic basal cell carcinoma |
| b) Digital mucous cyst | d) Epidermoid cyst      |                                |

### Answer: B

A digital mucous cyst (**answer b**) is a benign, ganglion cyst arising from degeneration of connective tissue at the distal interphalangeal joint. It is most commonly found on the hand, and less commonly on the toes. The cyst has a smooth, shiny surface and is found at the base of the nail, which can often result in a nail

depression “groove sign.” Jelly-like/viscous, sticky fluid, sometimes tinged with a little blood, can be easily expressed after puncturing the cyst with a sterile needle.

These cysts are typically asymptomatic; therefore, therapy is mainly for cosmesis. Various treatments can be tried, but recurrence is common. Repeatedly pressing firmly on the cyst or squeezing out its contents (after making a hole with a sterile needle) is a

form of “scarring therapy.” Patients can continue this treatment at home with a sterile needle until the cyst eventually scars down and resolves. For speedier resolution, cryotherapy, steroid injection with triamcinolone acetonide, and surgical excision can also be employed.

*cme*

**Benjamin Barankin, MD, FRCPC**

### Congratulations

to our winner for the month of  
July/August 2012

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Montréal, Québec