

Giant Size Foreign Body Reaction at the First Web Space in the Hand: A Case Report

El Birinci Web Aralığında Yabancı Cisim Reaksiyonuna Bağlı Büyük Kitle: Olgu Sunumu

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ABSTRACT

Mass lesions in the hand are common soft tissue problems. This case study aims to examine the giant size foreign body reaction showing atypical features at the first web space in the right hand and to emphasise different diagnosis.

Keywords: Foreign body reaction, hand, mass

ÖZ

Kitle oluşturan lezyonlar elin en yaygın yumuşak doku problemlerinden biridir. Bu olguda sağ el birinci web aralığında yabancı cisim reaksiyonuna bağlı oluşan atipik devasa yumuşak doku kitlesi sunulmuştur. Ayrıca el yumuşak doku patolojilerindeki ayırıcı tanısı vurgulanmıştır.

Anahtar Kelimeler: Yabancı cisim reaksiyonu, el, kitle

Introduction

Mass lesions in the hand are common soft tissue problems caused by benign skin and soft tissue tumours, foreign body reaction, vascular lesions, granulomatous reactions due to infection, cysts, nerve tumours, premalignant tumours, malignant skin and soft tissue tumours, soft tissue sarcomas, malignant peripheral nerve tumours and metastatic masses (1,2). However, most soft tissue lesions in the hand are benign (3,4). Furthermore, foreign body reactions are reactive traumatic masses. These lesions are the reaction of the organism to the implanted foreign body. The tissue reaction to the foreign body varies depending on the type of foreign body, contact time and anatomic location. Hence, this type of reaction is the isolation method of foreign body (5-7). This case study aims to examine the giant size foreign body reaction showing atypical features in the first web space in the right hand and to emphasise different diagnosis.

Case Report

Informed consent is taken from the patient for the case presentation below. A 58-year-old male patient with a 1-year mass at the first web space in the right hand (Figures 1, 2) that grew in size over time was examined. The physical examination of the mass was painless and palpable. During the evaluation, no signs of infection were found, but the patient's

penetrating trauma story was not available. The radiopaque appearance was also not observed during a direct radiographic evaluation. However, ultrasonography examination revealed a 3x2 cm mass surrounded by hypoechoic halo.

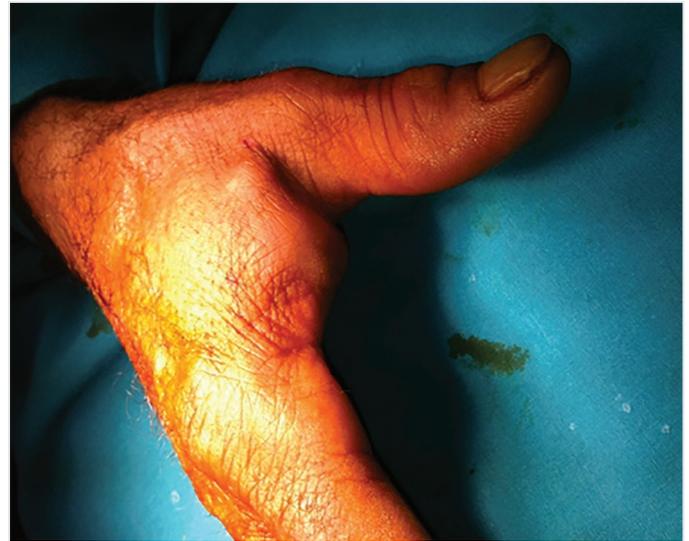


Figure 1. Growing palpable mass at the first web space in the right hand



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Thus, an excisional biopsy was planned. Under regional anaesthesia, the mass was reached with an incision parallel to the skin's stria. The encapsulated hard nodule was easily excluded from the surrounding soft tissue (Figure 3). Histopathologic examination showed the inert nature of numerous giant cells surrounding the foreign body.

Pain and cosmetic problems were resolved after surgery. Excision of the mass allowed for prompt resolution. The recurrence of the mass during the 3-year postoperative follow-up was not seen during the physical examination.

Discussion

In identifying the aetiology, it is important to demonstrate the presence of a foreign body in a radiological evaluation or penetrating trauma



Figure 2. Physical examination of the mass located at the first web space in the right hand



Figure 3. Macroscopic view of the excised mass

story (8,9). The absence of a penetrating trauma story in this case, and the fact that the dimensions are large enough, did not primarily suggest a preoperative foreign body reaction, but it may not be possible to distinguish giant size foreign body reaction from soft tissue benign tumour preoperatively (10). Excisional biopsy of the lesion allows pathological evaluation and diagnosis to be confirmed and is therapeutic. Simple excision is curative.

Although the 58-year-old male patient has no history of penetrating trauma or prior surgery, we managed to get a giant size foreign body reaction. If the mass detected is independent of the aetiology, the foreign body should be considered for the differential diagnosis. Thus, it can be successfully treated with complete excision of the mass.

Ethics

Informed Consent: Informed consent is taken from the patient for the case presentation below.

Peer-review: Externally peer-reviewed.

Authorship Contributions: Authorship Contributions: Surgical and Medical Practices - E.C., A.B.; Concept - E.C.; Design - E.C., A.B.; Data Collection or Processing - E.C.; Analysis or Interpretation - E.C., A.B.; Literature Search - E.C., A.B.; Writing - E.C., A.B.

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