

DYNAVISC®

Adhesion Barrier Gel
for Tendon and Peripheral Nerve Surgery

CASE REPORT

Irregular Nodule on the Flexor Tendons at PIP Level

Tumor excision with
full recovery



Dr. Gustavo Mantovani Ruggiero
São Paulo, Brazil

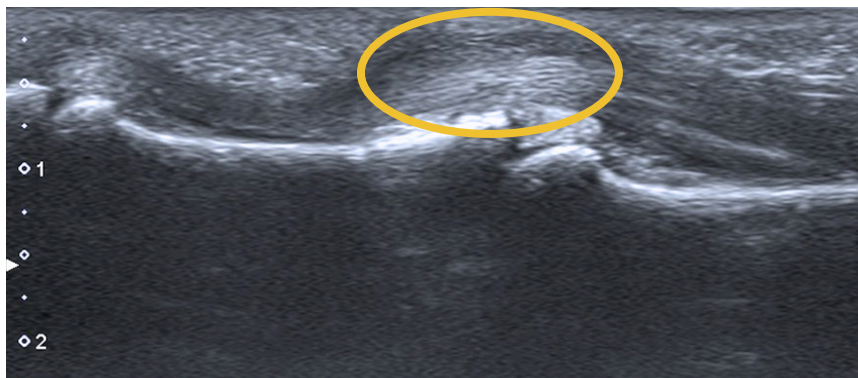
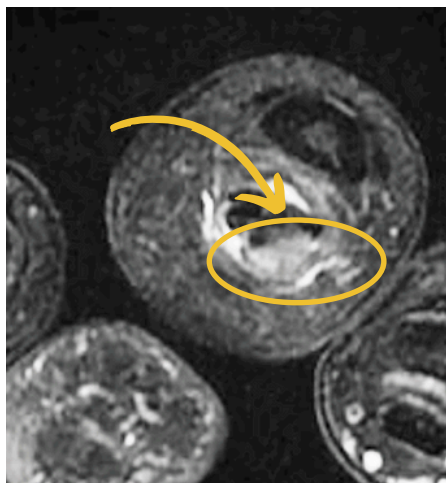
- Graduate of Medical Sciences of Santa Casa de São Paulo, specializing in Orthopedics and Traumatology
- Director of the annual Theoretical and Practical Course on Wrist and Elbow Arthroscopy at IRCAD Latin America
- Guest foreign professor at the University of Milan (Italy)
- Member of the Brazilian Society of Orthopedics and Traumatology and the Brazilian Society of Hand Surgery

Case Introduction

A 43-year-old male patient presented with pain and triggering on the third finger of the right hand.

Case Presentation

A clinical examination shows crepitation over the PIP joint. An MRI and echography confirmed an irregular nodule on the flexor tendons at the PIP Joint level.

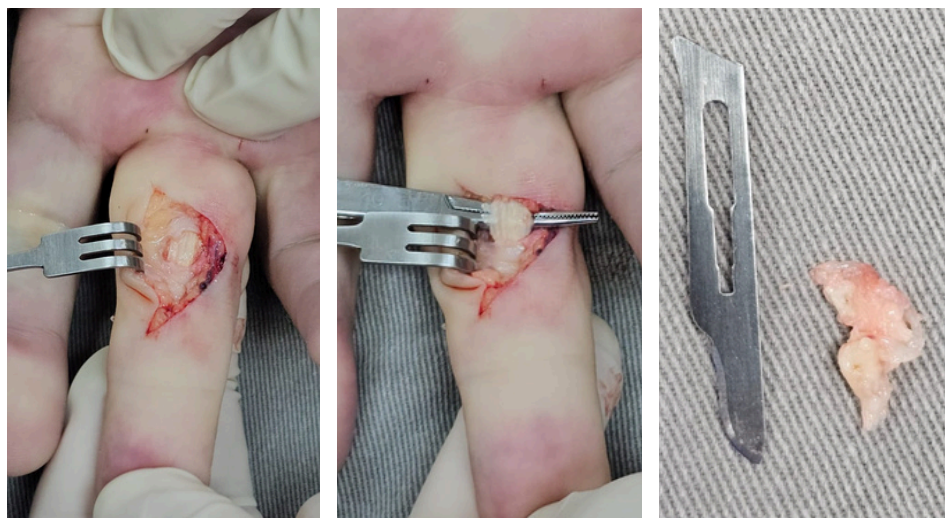


Irregular Nodule on the Flexor Tendons at PIP Level

CASE REPORT

Operative Approach

Surgery for exploration of the flexor tendons on the PIP joint of the 3rd finger and resection of the tumor was performed in November 2023. Intraoperative findings showed a flexor-profundus tendon with adhered tissue, forming a nodule, producing a blocking effect during finger flexion and flexor-profundus excursion.

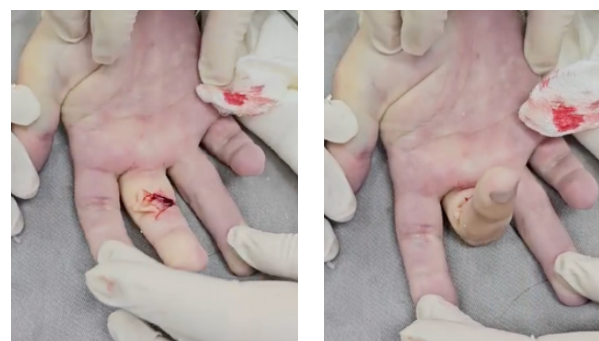


A blade was used to resect the flexor-profundus in a regular shape. The tissue removed was tendinous, but irregular aspect, and was sent to pathology.

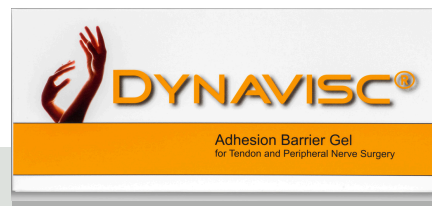
Discussion

Using a “wide awake” technique during surgery, the patient was able to move the fingers and achieve full flexion and extension without triggering.

Late results demonstrate only degenerate aspects and no neoplastic alterations or any malignancy. Final diagnosis was a partial degenerative injury of the tendon, organized by an inflammatory reaction which formed a nodule adherent to the tendon.



At the end of surgery, all of the exposed areas of the tendon were covered by Dynavisc® (FzioMed, San Luis Obispo, California, USA), and the gel was also injected inside the osteofibrous tunnel by the local vent on the pulley. The post-op protocol included prompt mobilization and immediate hand physical therapy.



Irregular Nodule on the Flexor Tendons at PIP Level

CASE REPORT



Post Op 2 Weeks

The stitches were removed two weeks after the surgery when the patient already had full range of motion, no pain, and no triggering.



Post Op 3 Months

The final results at three months post-op were similar and included a resolving scar, no pain, no triggering, and full range of motion.

