

19 Grunke M, Antoni CE, Kavanaugh A *et al.* Standardization of joint examination technique leads to a significant decrease in variability among different examiners. *J Rheumatol* 2010;37:860–4.

20 Studenic P, Radner H, Smolen JS, Aletaha D. Discrepancies between patients and physicians in their perceptions of rheumatoid arthritis disease activity. *Arthritis Rheum* 2012;64:2814–23.

Clinical vignette

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Spina ventosa—a rare cause of sausage digit

Fig. 1 Tubercular dactylitis resulting in fusiform swelling of right index finger, and significant improvement after 2 months of anti-tubercular treatment



(A) Visibly enlarged right index finger with a firm, fusiform swelling involving the proximal and middle phalanges, with overlying erythema. (B) X-Ray of the right hand (anteroposterior and oblique view) showing cortical erosion in distal part of proximal phalanx of index finger, sclerosis, minimal periosteal reaction and soft tissue swelling. (C) Significant improvement in the swelling at follow-up of 2 months.

A 21-year-old female presented to us with a 2-month history of painful swelling involving her right index finger with low-grade fever. Examination demonstrated a visibly enlarged index finger with a firm, fusiform swelling that involved the proximal and middle phalanges, with overlying erythema (Fig. 1A). Movements were painful. History of local trauma, cough, bowel or menstrual disturbance and immunosuppression could not be elicited. Serum HIV and VDRL were negative. Serum uric acid concentration and X-rays of chest and spine were normal. X-Ray of the digit showed cortical erosion in the distal part of proximal phalanx, minimal periosteal reaction and soft tissue swelling (Fig. 1B). Biopsy revealed granulomatous inflammation in the dermis and subcutaneous fat, with necrosis and Langhan's giant cells. Staining and culture for bacteria, fungi and mycobacteria were negative. Mantoux test was strongly positive (34 mm). A diagnosis of tubercular dactylitis/spina ventosa was made. The patient was started on anti-tubercular treatment and had significant improvement in the swelling at a follow-up of 2 months (Fig. 1C).

Dactylitis or sausage digit is an inflammatory fusiform digital swelling. Differentials include infections (pyogenic osteomyelitis, tuberculosis, phaeohyphomycosis), PsA, sarcoidosis, reactive arthritis, gout and bone tumours. Spina ventosa is tubercular osteomyelitis of the phalanges that can spread to overlying soft tissues causing sausage digit. Although rare, it is important to consider tuberculosis

as cause of sausage digit in an endemic area because of the excellent response to anti-tubercular treatment [1, 2].

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Anuradha Bishnoi¹ and Sendhil M. Kumaran¹

¹Department of Dermatology, Venereology and Leprology, Post Graduate Institute of Medical Education and Research, Chandigarh, India

Correspondence to: Sendhil M. Kumaran, Department of Dermatology, Venereology and Leprology, Post Graduate Institute of Medical Education and Research, Sector 12, Chandigarh, India.

E-mail: drsen_2000@yahoo.com

References

- 1 Ritz N, Connell TG, Tebruegge M, Johnstone BR, Curtis N. Tuberculous dactylitis—an easily missed diagnosis. *Eur J Clin Microbiol Infect Dis* 2011;30:1303–10.
- 2 Sbai MA, Benzarti S, Sahli H, Sbei F, Maalla R. Osteoarticular tuberculosis dactylitis: four cases. *Int J Mycobacteriol* 2015;4:250–4.