PAROXYSMAL FINGER HAEMATOMA (ACHENBACH SYNDROME) – OBSERVATIONS ON A CASE

ALEXANDRU OANȚĂ*, SMARANDA ȚĂREAN**, VERONICA ILIESCU*, MARIA MAGDALENA CONSTANTIN***

Summary

A 52-year-old woman was consulted for ecchymotic swelling, a slightly painful middle right finger, recurrent and spontaneously disappearing in 7 days correlated with carrying of a heavy bag. Clinical and biological exami-nations were within normal limits. Evolution was good, the lesion disappearing in less than 10 days without any treatment. Paroxysmal finger haematoma (Achenbach syndrome) is a benign condition that is clinically represented by the occurrence of an often spontaneous occurrence of an ecchymosis located to one or more fingers. The diagnosis is clinical, spontaneously disappearing, investigations and specific treatments being unnecessary.

Key words: *Achenbach's syndrome, ecchymosis, clinical diagnosis.*

Received: 10.04.2019 *Accepted: 16.05.2019*

Introduction

Paroxysmal finger haematoma (Achenbach syndrome) is a benign condition described by Walter Achenbach in the late 1950 [1]. Clinically it manifests by the sudden appearance of bruising on one or more fingers either spontaneously or after minimal trauma. Evolution is good, disappearing in less than 10 days without any treatment.

Clinical case

A 52-year-old woman with no special personal and family history was consulted for ecchymotic swelling, slightly painful, located on the middle right finger, recurrent and spontaneously disappearing in 7 days, correlated with carrying of a heavy bag.

The dermatological examination reveals echimotic swelling of purple color, slightly painful, located on the middle finger from the right hand, with the involvement of proximal and middle phallange (Fig. 1). The radial and cubital pulse of the right hand is present. The patient did not present acrosyndrome, nor spontaneous or provoked haemorrhage. The rest of the cutaneous, mucosal and genital examination is normal. Haemostasis parameters are normal and the autoantibodies (antinuclear, anti-SSA, anti-SSA, anti-SSB, anti-Scl-70) are negative. Upper limb arterial Doppler ultrasound, standard radiography and capilloscopy were normal.

Evolution was spontaneously resolved within 7 days, no treatment required.

Discussions

Paroxysmal finger haematoma was described by Walter Achenbach, a German physician in 1958 [1]. Other terminologies were used in the literature, such as: paroxysmal hematoma of the

* Dermamed, Brașov.
** TopMed, Târgu-Mures.
*** Clinical Hospital Colentina, Clinic 2 Dermatology, Bucharest.

digits, acute idiopathic blue finger, and apoplexy finger [2, 3, 4, 5]. The term of Achenbach syndrome was introduced by Stieler et al. in 1990 [6].

Paroxismal finger haematoma is particularly common in women around the age of 50. The fingers are affected especially the index and the medium, the lateral part of the proximal and middle phalanges. Rarely, locations like the palm, fists and toes have also been reported [7]. As a triggering factor of the paroxismal finger haematoma, small traumas such as the carrying weights as in the presented case can be a cause, but there is also the possibility of spontaneous appearance. Onset is brutal with the appearance of a burning or painful feeling that can be violent, but sometimes can also be asymptomatic. Within a few minutes, a violet or blue [7] bruise appears, the finger can swell, but without change in the local temperature. Evolution is spontaneously resolvable in less than 10 days, passing through the color changes of bruises [8]. Recurrence is common.

Associations with acrosyndromes, gastrointestinal disorders or migrainous syndromes have been described, in this last situation it cannot be indicated whether it's a migraine or the action of antimigraine drugs (eg ergotamine) that can induce a vasospastic reaction [7].

The diagnosis of paroxysmal finger haematoma is a diagnosis based on anamnesis and clinical examination, the specific paraclinical examinations such as haemostasis analysis, autoantibodies, standard radiographies, capillaroscopy, vascular imaging are not required. The pathophysiology of the paroxysmal finger haematoma is not clear, incriminating a vascular fragility, even the rupture of a digital vein.

Paroxysmal finger haematoma must be differentiated from painful ecchymotic syndrome (Gardner-Diamond syndrome, psychogenic purpura) characterized by painful, multiple, spontaneous, profound, infiltrated ecchymoses, most often located on the extremities and more often seen in women after psychological trauma, but also pathomimia and Raynaud's phenomenon.

In the paroxysmal finger haematoma the treatment is not necessary, the evolution is good, the lession spontaneously disappearing.

In conclusion, paroxysmal finger haematoma is a disease rarely mentioned in the literature, being underestimated due to the fact that it is unknown. Diagnosis is clinical, its spontaneous disappearance, investigations and specific treatments being useless.

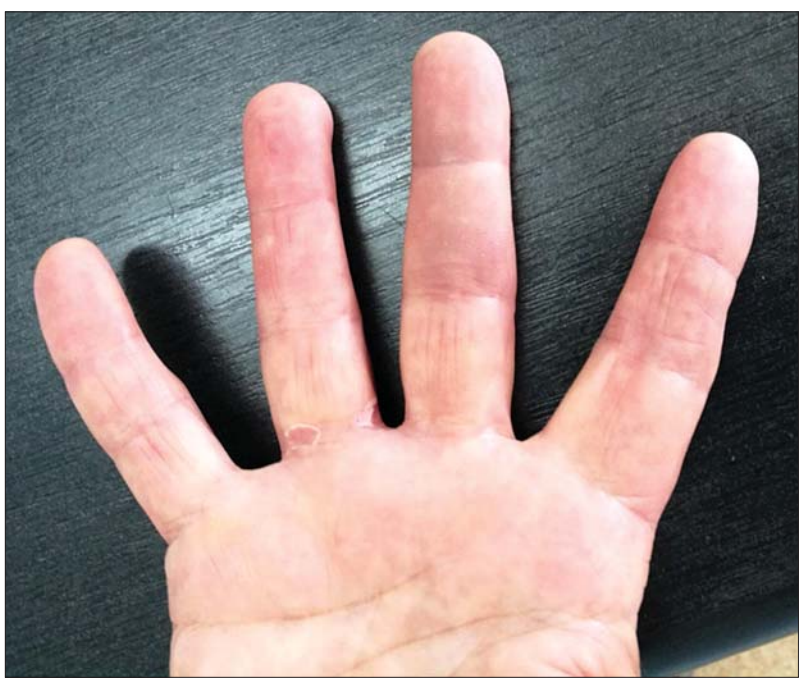

Figure 1 – Clinical aspect of paroxysmal finger haematoma

Bibliography

1. Achenbach W. Paroxysmal hematoma of the hand. *Medizinische* 1958; 52: 2138-40.
2. Deliss LJ, Wilson JN. Acute blue fingers in women. *J Bone Joint Surg Br* 1982; 64: 458-9.
3. Eikenboom JC, Cannegieter SC, Briët E. Paroxysmal finger haematoma: a neglected syndrome. *Thromb Haemost* 1991: 66: 266.
4. Frerix M, Richter K, Müller-Ladner U, Hermann W. Clinical images: Achenbach's syndrome (paroxysmal finger hematoma) with capillaroscopic evidence of microhemorrhages. *Arthritis Rheumatol* 2014; 67: 1073.
5. Khaira HS, Rittoo D, Smith SR. The non-ischaemic blue finger. *Ann R Coll Surg* 2001; 83: 154-7.
6. Stieler W, Heinze-Werlitz C. Paroxysmal finger hematoma (Achenbach syndrome). *Hautarzt* 1990; 41: 270-1.
7. Kluger N, Serres-Cousine A, Girard C, Guillot B. Hematomes digitaux spontanes (syndrome d'Achenbach). *Presse Med* 2011; 40: 326-7.
8. Thies K, Beschorner U, Noory E, Zeller T. Achenbach's syndrome revisited. *Vasa* 2012; 41: 366-70.

Conflict of interest
NONE DECLARED

Correspondance address: Alexandru Oanță
Dermamed, Brașov
email: oanta_alexandru@yahoo.com