

## Management of a Case of Glomus Tumor-A Case Report of a Rare Vascular Tumor

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**Abstract-**To Report Case Of Rare Vascular Tumor I.E. Glomus Tumor And Discuss Its Management

**Methods-** A 52 Yr Gentleman Presented With H/O Pain On & Off At The Pulp Left Middle Finger Which Increases During Cold Climate- 5yrs. The Diagnosis Was Made Using High Frequency Ultrasound And Contrast Mri Left Hand.

**Results-** Contrast Mri Confirmed The Diagnosis .Excision Of The Tumor Was Done And Sent For Biopsy Which Gave The Final Conclusion

**Conclusion-** Excision Is The Most Efficient Way Of Management Of The Tumor

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### I. Introduction

Glomus bodies are thermoregulatory shunts concentrated in the dermis of the fingertips and other peripheral sites subject to excessive cold and should be distinguished from unrelated adrenal and extra-adrenal paragangliomas, also commonly called "glomustumors." [1] Glomustumors of the fingers consist of a convoluted arterio-venous anastomosis surrounded by a thick layer of modified smooth muscle cells and nerve elements. Glomustumors are thought to arise from the modified smooth muscle cells of glomus bodies, although they can occur in regions where glomusbodies do not normally occur. [2] Typically, a glomustumor of the finger presents with a triad of localized tenderness, severe paroxysmal pain (out of proportion to size) and sensitivity to cold. They have a benign clinical course. [2]

### II. Case Report

A 52yr gentleman presented with pain on & off at the pulp left middle finger which becomes excruciating during cold climate- 5yrs. No trauma ,No other co morbidities, Non smoker, No tobacco. General examination reveals .Local examination reveals Mild tenderness pulp of left middle finger .Rest normal (swelling,naildeformity,discolouration)The diagnosis was made using high frequency ultrasound and contrast MRI left hand(Fig 1)

Results-contrast mri confirmed the diagnosis .excision of the tumor was done(fig 2)

Post operated condition of the wound was satisfactory(fig 3)

### III. Discussion

The glomustumor is a rare benign neoplasm that arises from the neuroarterial structure called a glomus body<sup>3</sup> which accounts for 1 % to 4.5 % of tumors in the hand. The normal glomus body is located in the stratum reticulare throughout the body, but is more concentrated in the digits<sup>4</sup>. They are believed to function in thermal regulation. The average age at presentation is from 30 to 50 years of age, although can occur at any age<sup>3</sup>. Typical time from onset of symptoms to the correct diagnosis is seven years.

The patient with glomustumor seeks medical attention early, but the mass is frequently too small to be identified on physical examination<sup>5</sup>. Although the classic triad of moderate pain, temperature sensitivity, and point tenderness has been described, these are nonspecific and not all may be present<sup>6</sup>. Furthermore, because the mass is usually less than 7 mm in diameter, it is very difficult to palpate. Upon biopsy, the histopathology typically reveals organoid appearance of polyhedral cells. It also can display darkly staining nuclei with fibrous stroma, and few blood cells<sup>3</sup>.

The plain radiographs are typically normal, although in longer standing lesions bony erosions can be seen. Although ultrasound has been advocated to aid in the diagnosis of glomustumor, it is operator and techniques dependent<sup>4</sup>. Magnetic Resonance has become the imaging modality of choice when evaluating soft tissue masses.

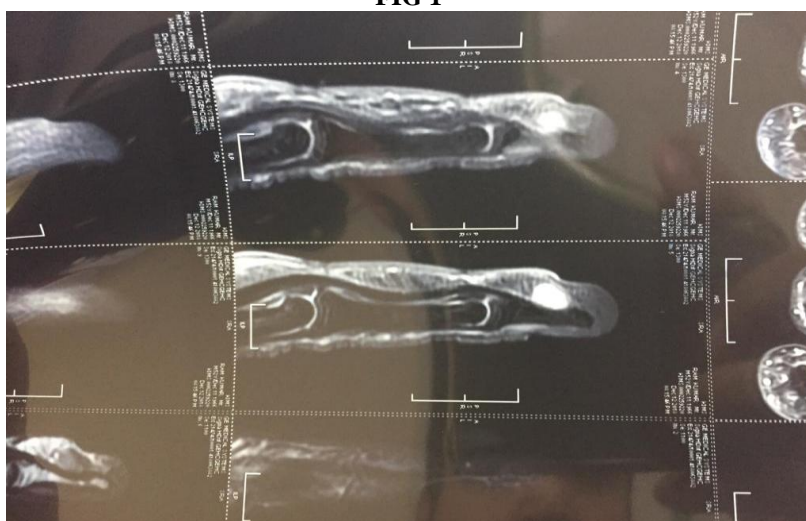
Glomustumor is a benign condition in which a complete excision usually leads to cure, with low incidence of recurrence. However, this benign condition has an unusually high morbidity to the patient before the correct diagnosis is made.

#### **IV. Conclusion**

Excision is the most efficient way of management of the tumor (fig 4)

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- 3- Glomustumors of the hand: review of the literature and report on twenty-eight cases. Carroll RE, Berman ATJ *Bone Joint Surg Am.* 1972 Jun; 54(4):691-703.
- 4- Glomustumor of the digits. Rettig AC, Strickland JWJ *Hand Surg Am.* 1977 Jul; 2(4):261-5.
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**FIG 1**



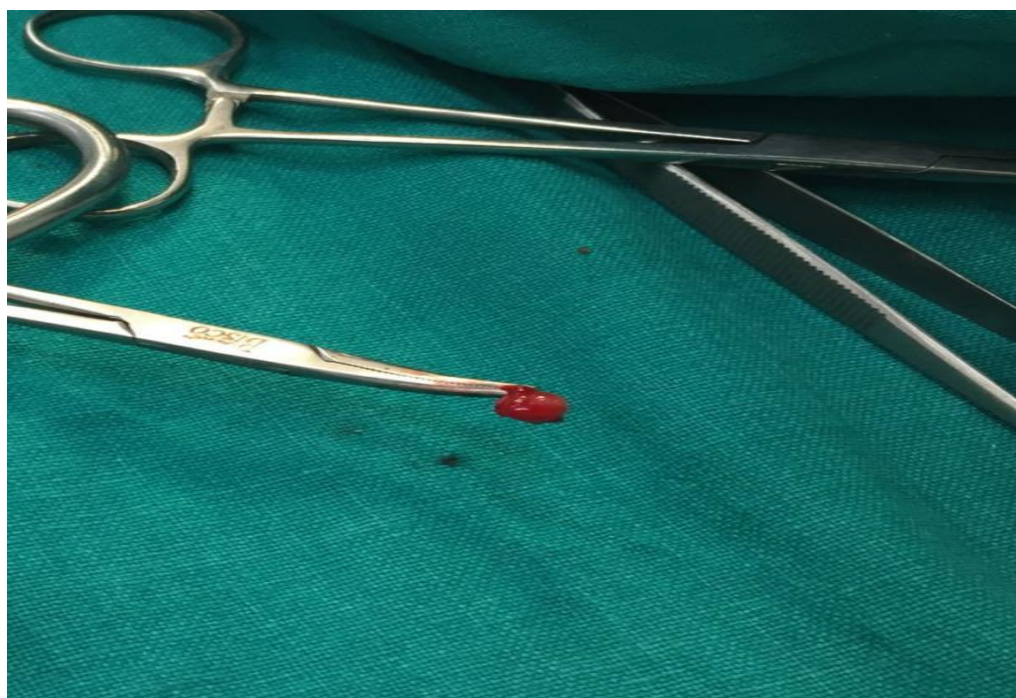
**FIG 2**



**FIG 3**



**FIG 4**



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