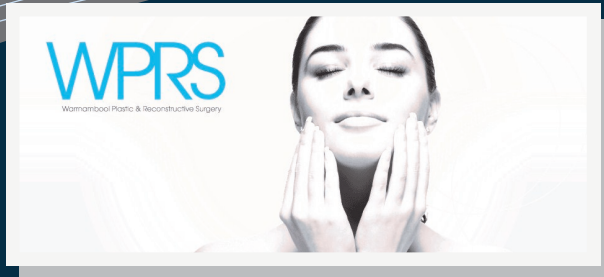


## this issue

Let us answer some questions you may have

- **What are Glomus tumours?**
- **Are Giant cell tumours of the tendon sheath really tumours?**



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### Glomus tumours. What are they?

Glomus tumours are benign vascular haematomas of the glomus apparatus. The glomus apparatus is a small vascular network located in the dermis and functions to shunt blood away from the skin when cold to preserve heat. They have a high level of nerve endings which are painful when expanded.

Glomus tumours are the 3<sup>rd</sup> most common hand tumour with 75-90% of lesions occurring around the nail bed. Rarely they can be multiply. They present as painful purple discolouration with the classical triad of:

1. Cold hypersensitivity
2. Pain
3. Pin point tenderness (Love's sign)

Elevation and exsanguination of the arm (Hildreth's test) will also relieve the pain. Glomus tumours can often be difficult to identify. On x-ray they may show some cortical depression, however MRI is the most sensitive and specific investigation to identify the exact location of the glomus tumour.

Management is surgical excision of the tumour, which dramatically improves the patient's pain. Recurrence rates however are as high as 25%

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### Giant cell tumours of the tendon sheath. Are they really tumours?

Giant cell tumours of the tendon sheath (GCT) are the 2<sup>nd</sup> most common hand tumour often affecting people aged 30-50 year old. Two thirds present on the volar aspect of the hand often affecting the radial digits. They present as firm non-painful nodular masses often associated with some degenerative joint disease.

The aetiology is unknown. It is thought to be caused by a reactive hyperplasia associated with inflammation resulting from trauma/infection. Since they are polyclonal proliferation they are technically not tumours.

Two forms are identified

1. Localised. Most common. No bone invasion evident.
2. Diffuse. More aggressive, commonly invades bone and arises from joints.

X-rays will often show periosteal erosions and soft tissue calcification. MRI is the most sensitive investigation and will determine the possible extent of invasion.

Treatment involves surgical excision. For diffuse lesions recurrence rates are as high as 40%. Post-operative radiotherapy does decrease the rate of recurrence however it is associated with significant morbidity.

### ...REJUVINATION at WPRS...

◆ **Treatments with medical grade Laser and light based therapies have commenced at WPRS, using the Cutera Xeo Laser for the treatment of:**

- Telangectasia & leg veins
- Photo Rejuvenation
- Capillary Malformations
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- Hair Reduction

◆ At WPRS, the injectable muscle relaxant BOTOX® (botulinum toxin) is used to treat dynamic wrinkles by relaxing the wrinkle-causing facial muscles. BOTOX® can also be injected into the muscles associated with 'clenching' to reduce teeth grinding and migraines. It can also reduce excessive sweating when injected superficially around sweat glands in the dermis.

◆ Osmosis® is a medical grade (practitioner only) skin care range developed in the U.S. by Dr Ben Johnson. The range includes products targeting common skin conditions including acne, rosacea and the effects of sun damage