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Case 264

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Case 264

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Conflicts of interest are listed at the end of this article.

History A 28-year-old woman presented to the emergency department with painful swelling of the third finger on her right hand, which developed quickly. She had no relevant medical or surgical history. Her pain was worse at night, with stiffness decreasing during the morning. Clinical examination revealed generalized swelling of the third finger, cyanotic skin, and fingernail splitting on the second finger of the left hand (Fig 1). Laboratory test results were normal, with no evidence of inflammatory disease. Radiographs of both hands were obtained (Fig 2). CT scanning (Fig 3) and MRI (Fig 4) were also performed.

2018 Diagnosis Please Learning Objectives

In submitting a diagnosis for this case, participants demonstrate the ability to

- Recognize normal and abnormal findings as presented in the diagnostic images
- Identify pathologic conditions indicated in the diagnostic images
- Use clinical reasoning skills to generate a list of differential diagnoses

Accreditation and Designation Statement

The RSNA is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The RSNA designates this journal-based CME activity for a maximum of 1.0 *AMA PRA Category 1 Credit*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Disclosure Statement

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Submit Diagnosis

Submit the most likely diagnosis to <http://rsna.org/dxplease> (use only for submission of diagnosis). Select the case from the Active Case List for which you are submitting a diagnosis. Only one case, one name, and one diagnosis per e-mail submission. Multiple diagnoses and multiple submissions will not be considered. **Deadline:** Midnight U.S. Central Time, February 10, 2019. Answer will appear in the April 2019 issue. Authors wishing to submit cases for Diagnosis Please should first write to the Editor to obtain approval for the case and further information.



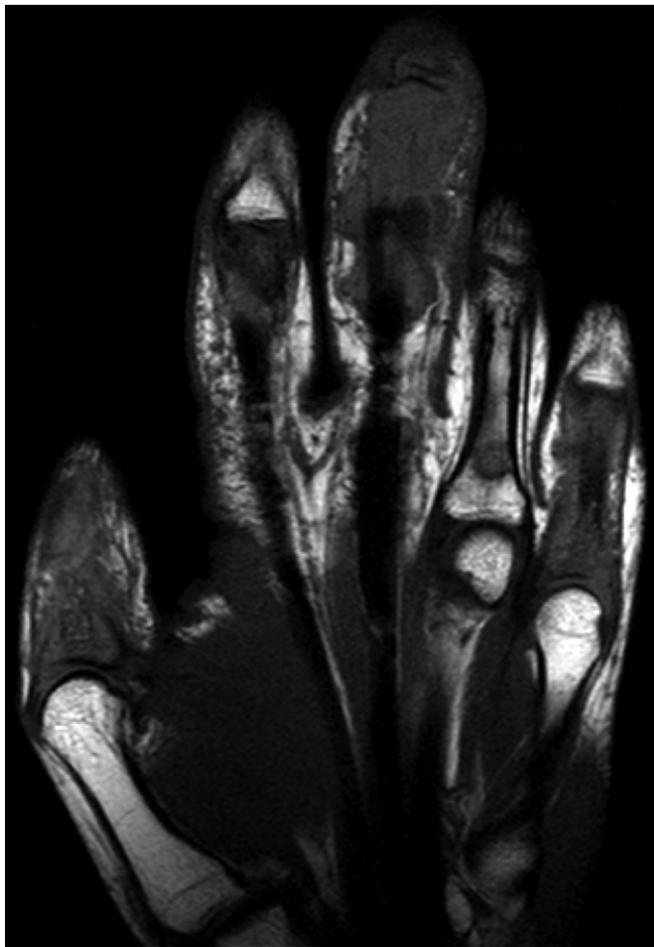
Figure 1: Photograph shows both of the patient's hands.



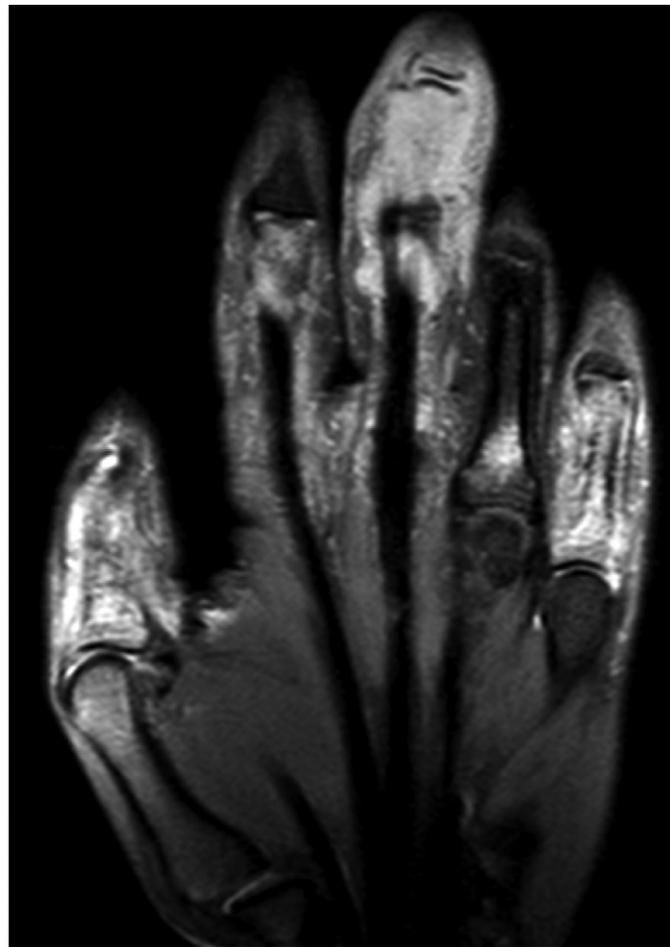
a. b. c.
Figure 2: (a, b) Anteroposterior radiographs of the left (a) and right (b) hands. (c) Close-up view of the last three fingers of the right hand.



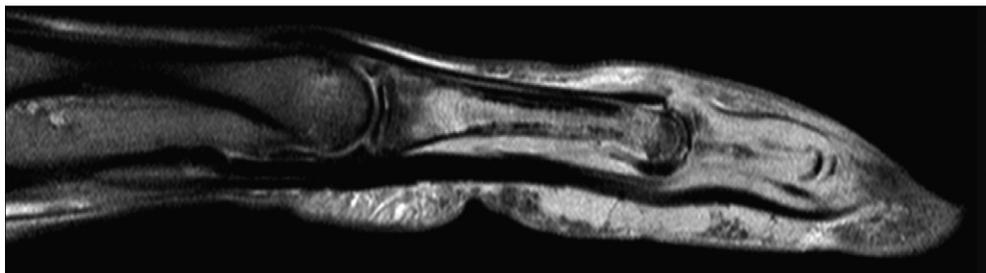
Figure 3: Coronal reconstructed CT image of the right hand obtained with the bone window setting.



a.



b.



c.

Figure 4: (a) Coronal T1-weighted (repetition time msec/echo time msec, 508/20) MR image of the right hand. (b) Coronal proton-density fat-suppressed (2357/30) MR image of the right hand. (c) Sagittal gadolinium-enhanced fat-suppressed T1-weighted (658/20) MR image of the third finger on the right hand.

Disclosures of Conflicts of Interest: N.C. disclosed no relevant relationships. F.L. disclosed no relevant relationships. Z.C. disclosed no relevant relationships. N.S. disclosed no relevant relationships. M.F. disclosed no relevant relationships.