Asymmetrical nodular osteoarthritis in a patient with a hemiparesis

A 69 year old woman presented to our department complaining of pain and swelling affecting the fingers of the right hand and which had developed over the preceding 10–15 years. There were no symptoms arising from the left hand, which was affected by a hemiparesis, a consequence of the surgical resection of a thrombosed cerebral aneurysm at the age of 12. On examination, the patient had a left hemiparesis with a mild pyramidal weakness and loss of sensation to light touch. She had Hadener's and Bouchard's nodes affecting all the interphalangeal joints of the right hand, but none on the left (fig 1).

The patient had worked full time as a clerk for 41 years, during which time she was predominantly right handed, but used her left hand for light manual tasks. She gave a very clear description of a similar arthritis affecting her mother who, she recalled, had marked symmetrical deformity of her proximal (PIP) and distal interphalangeal (DIP) joints.

Radiographs confirmed the diagnosis of nodular generalised osteoarthritis (OA) with osteophytic lipping, scarring, and joint space narrowing of the affected joints (fig 2). Serological tests were negative and the erythrocyte sedimentation rate was within normal limits for her age.

Osteoarthritis is the commonest joint disorder in Western populations, and the hand is the most frequently involved joint. In Nodular generalised OA affects the joints of the hand in a symmetrical manner, the most frequent joint groups involved being the DIP and thumb base. In a recent population study, the tendency for involvement of nodular generalised OA of the hand will be found to be symmetrical.

Asymmetrical OA of the hands has been described occasionally in similar circumstances, and in 1947, Stecher and Karnstoch described a woman with a median nerve injury of the hand who later developed Heberden's nodes in all her fingers except those supplied by the injured nerve. Stecher also described it in a hand paralysed by poliomyelitis, and in 1953 Coste and Forrestier reported a case that occurred after a cerebral accident.

Successful application of high dose intravenous immunoglobulins in Sjögren's syndrome associated arthritis.

R A Zeuner, J O Schroeder, F Schröder and H H Euler

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