Achenbach’s syndrome

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DESCRIPTION

A previously healthy 45-year-old Portuguese woman presented to the emergency department in February 2020 with a sudden onset of pain in the fifth finger of her right hand. Subsequently, bruising appeared not only on that finger but also on the right thumb and thenar eminence (figure 1). This was accompanied by oedema and discoloration. She did not take any regular medication and denied previous similar episodes. There was no history of recent trauma or regular activities requiring physical exertion. A physical examination showed a subcutaneous haematoma and swelling with a normal capillary refill. There was no difference in blood pressure between the upper limbs and normal patency was shown by the Allen test. The discoloration was not related to cold exposure and other systemic symptoms were not observed. Laboratory tests showed no platelet deficiency or coagulopathy and all other results were normal, including C-reactive protein and autoantibody screening. The patient’s condition resolved spontaneously within 5 days without any treatment. Based on the clinical presentation and course, we diagnosed Achenbach’s syndrome.

Achenbach’s syndrome, also known as ‘paroxysmal finger haematoma’ is a rare and benign clinical condition of unknown aetiology, which results in the sudden onset of pain and swelling along with bruising, mostly on the palmar aspects of fingers and hands.1–3 Although the most commonly affected anatomical site is the volar aspects of the palms, soles or toes, it is clearly predominant in the fifth finger, thumb and thenar eminence of the right hand.1–3 Although the most commonly affected anatomical site is the volar aspects of the fingers, there are occasional reports involving the palms, soles or toes.4 It is clearly predominant in women (7:1)5 in their fifth decade of life1 6 7 with a median age of 50 years.4 5 The subdermal bleeding usually stops spontaneously and although the patient’s signs and symptoms often disappear within a few days without treatment, relapse can occur in a few cases.1 8 9 The main differential diagnosis of Achenbach’s syndrome includes Raynaud’s syndrome, ischaemic vasculopathy of the limbs, Buerger’s disease, acrocyanosis, Gardner-Diamond syndrome, collagen diseases and Chilblains disease, among others.4 5 The diagnosis is mainly clinical and there is no specific prevention and treatment for this benign condition.1 9 Therefore, prompt diagnosis avoids unnecessary invasive procedures and may relieve patient anxiety.1 9

Learning points

► Sudden onset of pain and discolouration of fingers and hands includes an extensive range of differential diagnoses, like acute upper extremity ischaemia, systemic vasculitis, Achenbach’s syndrome and many others.
► Achenbach syndrome is a rare and benign clinical condition whose diagnosis is essentially clinical.
► Physicians should be aware of this condition in order to address patient’s concerns and to avoid unnecessary investigations and treatments.

Figure 1 Typical features of Achenbach’s syndrome in the fifth finger, thumb and thenar eminence of the right hand: (A) dorsal surface; (B) palmar surface.

REFERENCES


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