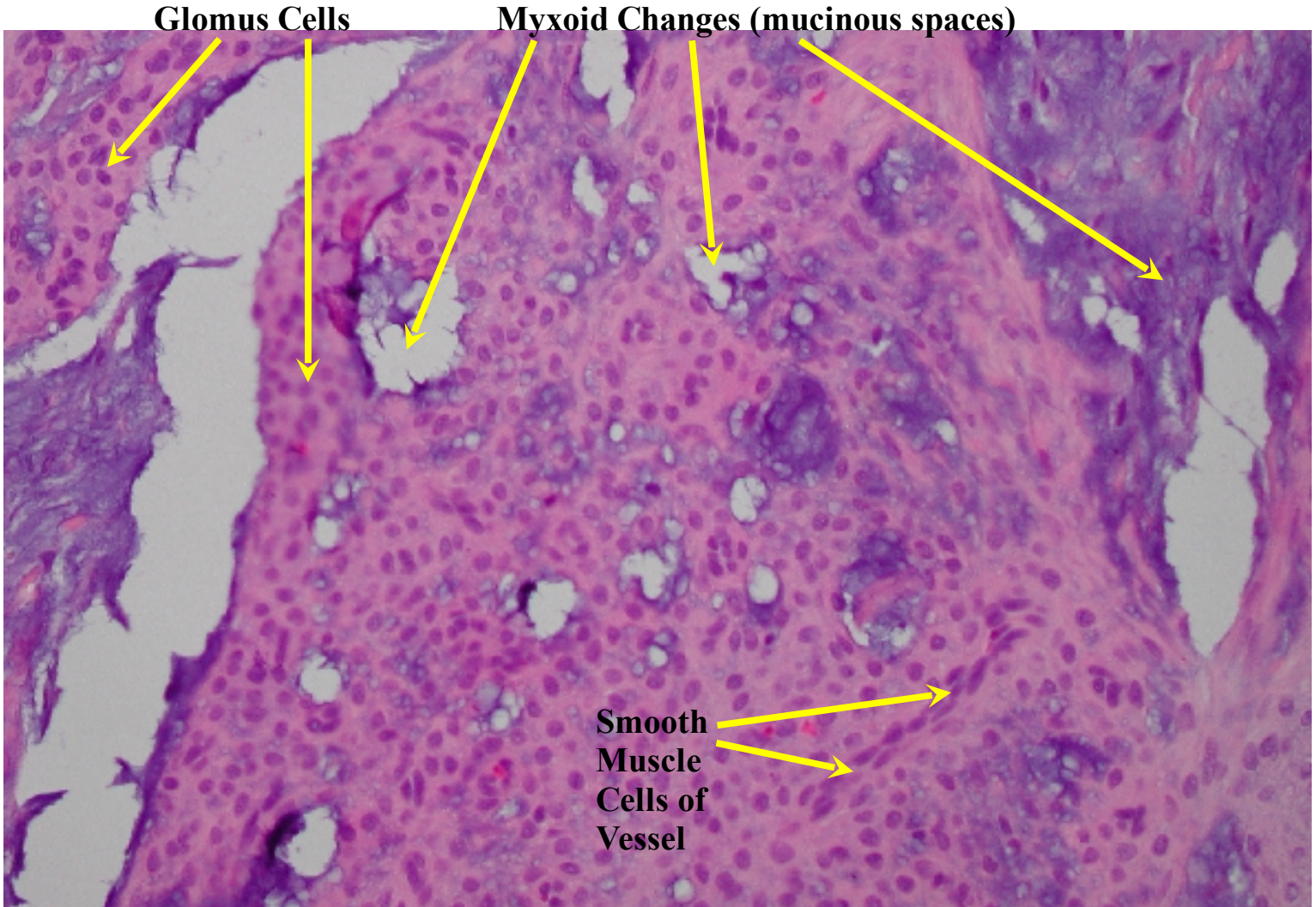




SKIN PROBLEMS

Personal patient with slow progressive onset of pain of toe. X-ray showed some radiolucency in the toe bone. History of prior nail removal and also prior malignant melanoma removal. Sharp, intermittent pain with/without bumping the toe. Some thickened callus in region of prior nail removal. With prior history of cancer and nail removal, opted for skin ellipse with biopsy of underlying bone. Pathology reports were clear for bone infection or tumor involvement. Skin portion revealed tumor cells positive for desmin (smooth muscle marker) consistent with Glomus Tumor. Wound healed uneventfully with resolution of original symptoms.

GLOMUS TUMOR



Symptoms:

Small, soft-to-firm, blue-to-red papules, most common on lower extremities. Common locations are subungual, at distal nail bed, lesser digits, and plantar arch of sole. Characteristically tender and may exhibit paroxysmal pain.

Lab Studies:

None

Procedures:

Excisional biopsy for diagnosis, relief of discomfort, or cosmesis may be performed.

Histologic Findings: Solitary tumors encapsulated and circumscribed. Glomus tumors are hamartomas of glomus bodies and blood vessels that are richly innervated.

Author: Gary L. Dockery, DPM, Mary E. Crawford, DPM, Color Atlas of Foot & Ankle Dermatology, Copyright 1999

CALL FOR APPOINTMENT TODAY!!

PAUL CLINT JONES, DPM

instepfootandankle.com

Specializing In Heel Pain

WASHINGTON ♦ IDAHO

509.926.5518 / 866.926.5518 / fax 509.922.9892