

IMAGES IN PAEDIATRICS

Knuckle pads in adolescents: the role of microtrauma**Nudillos acolchados en adolescentes: el papel del microtraumatismo**

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A previously healthy boy aged 14 years presented with painless, well-circumscribed swelling over the joints of the right hand with onset 1 year prior. The personal and family history was unremarkable. The physical examination revealed cutaneous thickening over the proximal interphalangeal and metacarpophalangeal joints (Fig. 1). There were no other signs of inflammation. The assessment of muscle strength was normal. At the time, the patient practised judo and bodybuilding regularly without limitations. He reported that the onset of the lesions was associated with an increased use of the PlayStation. Laboratory tests, including the erythrocyte sedimentation rate and the C-reactive protein level, were normal, as were the radiographs of both hands (Fig. 2). The patient was referred to a dermatologist to rule out other conditions. He started treatment with localized massages with an emollient and reduced PlayStation usage. He was reassessed annually, with progressive improvement of his lesions.

Knuckle pads, also known as Garrod's nodes, are rare nodular fibrotic lesions on the fingers and toes.¹ In the pae-



Figure 1 Knuckle pads (arrows) over the proximal interphalangeal and metacarpophalangeal joints of the right hand.

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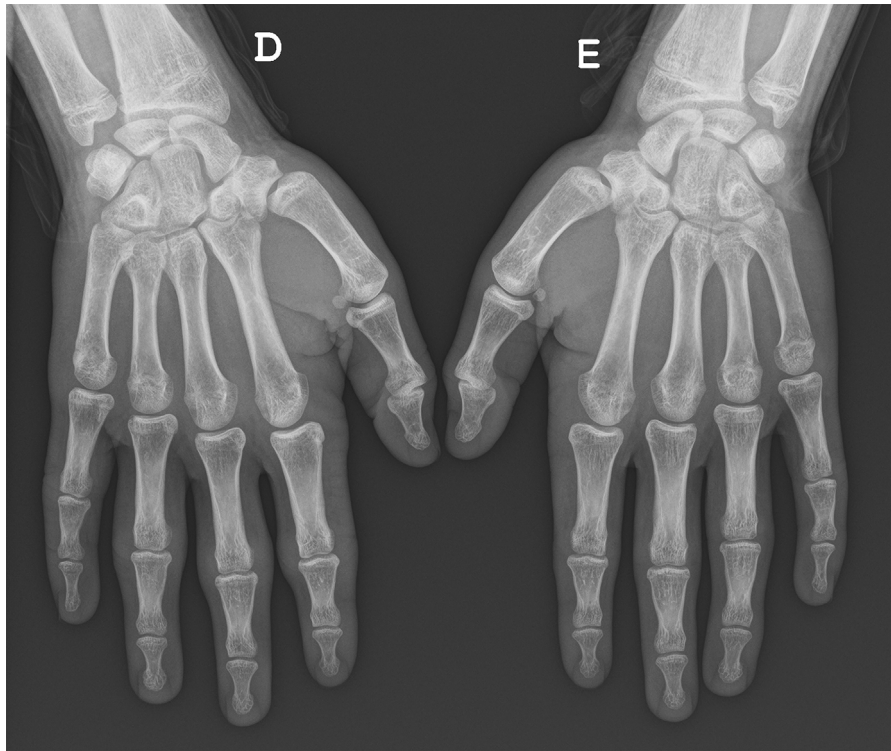


Figure 2 Radiograph of both hands.

diatric population, these lesions often have a traumatic aetiology.² They can be differentiated from other diseases through a detailed history and examination. Other invasive tests, such as biopsy, are reserved for select patients.

In this case, the condition only had a cosmetic impact. Treatment consists of avoiding repetitive trauma² and using emollients in the case of hyperkeratotic lesions.

References

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