

Photo Quiz

Nodules on the Knuckles

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A 55-year-old man presented with nonpainful, red masses on his knuckles that had been recurring for years. The lesions generally lasted for one month then resolved spontaneously. He was a mechanic, and job-related trauma exacerbated the condition. He also had arthralgias in several joints, including bilateral hands, hips, and knees. During one episode, he was prescribed an oral steroid that seemed to relieve his symptoms.

Physical examination revealed several erythematous, nontender nodules involving his metacarpophalangeal and proximal interphalangeal joints (*Figure 1*). The nodules were firm and varied in size. There was no skin erosion, signs of infection, neurologic dysfunction, or decreased range of motion. The patient requested treatment because the nodules were interfering with his work.

Question

Which one of the following therapies should have been offered?

- ☐ A. Intralesional steroid injection.
- ☐ B. Topical steroids.
- ☐ C. Nonsteroidal anti-inflammatory drugs.
- ☐ D. Surgery.

See the following page for discussion.

FIGURE 1



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This series is coordinated by John E. Delzell Jr., MD, MSPH, associate medical editor.

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Author disclosure: No relevant financial affiliations.

PHOTO QUIZ

Discussion

The answer is A: intralesional steroid injection. Rheumatoid nodulosis is the development of nodules on the hands associated with rheumatoid arthritis.^{1,2} These rheumatoid nodules are the most common cutaneous manifestation of rheumatoid arthritis, occurring in 30% to 40% of patients.³ The nodules are firm or rubbery and tend to occur on extensor surfaces adjacent to joints, commonly on the hands, elbows, and knees. The presence of subcutaneous rheumatoid nodules is associated with an increased risk of cardiovascular disease, as well as cardiovascular, respiratory, and all-cause mortality.

The nodules are usually nontender, and treatment is initiated only for cosmetic or functional reasons. Local glucocorticoid injections have been shown to decrease the size of subcutaneous rheumatoid nodules.⁴

Although rheumatoid nodules are common, they are not among the diagnostic criteria for rheumatoid arthritis.⁵ Treatment of rheumatoid arthritis with methotrexate and other disease-modifying antirheumatic drugs can increase the frequency and number of rheumatoid nodules—a condition known as accelerated nodulosis. Discontinuing methotrexate may improve nodulosis, but this may enhance the long-term progression of joint destruction in rheumatoid arthritis.⁴

Topical steroids are used for ophthalmic manifestations of inflammatory conditions but have not been shown to be effective for treating rheumatoid nodulosis.⁵

Treatment with nonsteroidal anti-inflammatory drugs, such as ibuprofen, may improve the pain associated with rheumatoid nodules but does not decrease the size or number of nodules.

Surgery is reserved for patients with neurologic dysfunction or significantly decreased functionality.

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