

Clinical Image of Boutonniere and Swan Neck Deformity

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Abstract: *Boutonniere deformity -Fixed deformity of the finger consisting of flexion of the PIP joint and extension of the DIP joint. A result of rheumatoid destruction of the extensor tendon mechanism at the PIP joint and also secondary to trauma without arthritis. Can be moderate to severe and indicates that a separate classification system exists. Swan-neck deformity consists of hyperextension of the proximal interphalangeal (PIP) joint, flexion of the distal interphalangeal (DIP) joint, and sometimes flexion of the metacarpophalangeal (MCP) joint.*

Keywords: Juvenile rheumatoid arthritis, Distal interphalangeal joint (DIP), Proximal interphalangeal joint (PIP), Metacarpophalangeal joint (MCP)

1. Incidence

- Common in rheumatoid patients
- Up to 50% of patients with rheumatoid arthritis develop a boutonniere deformity in at least one digit.



Clinical image of fingers of a known case of Juvenile Rheumatoid arthritis patient who underwent Single attempt Lumbar subarachnoid block in sitting position via 25G Quincke 's Babcock spinal needle under strict asepsis for Medical Termination of Pregnancy (MTP)with sterilisation. Injection Hydrocortisone 100mg i.v was given to prevent occurrence of PDPH (post dural spinal headache) in view of Rheumatoid arthritis.

References

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