Digital Mucous Cyst: An Educational Image and Mini-Review

Dr. Aamir Jalal Al-Mosawi

Advisor in Pediatrics and Pediatric Psychiatry and expert trainer, The National Training and Development Center and Baghdad Medical City

Abstract
Background
Digital mucous cyst is a benign painless skin lesion most commonly observed on the dorsum of the terminal digits, and sometimes on the toes. The lesion generally solitary and less than 10 mm in diameter. It can be opalescent or has the color of the skin. Diagnosis of the condition can be established on clinical basis.

Patients and methods
A healthy man who was born in 1983 consulted us about a small lump on the dorsum of the left thumb. Images are presented, diagnosis is described, and a brief educational review is presented.

Results
The lump was painless and has been noticed more than two years ago. It was cystic in nature and located on the dorsum of the terminal phalanx of the left thumb. It was less than 10 mm in diameter. The diagnosis of digital mucous cyst was made.

Conclusion
Although consensus has not been confirmed regarding the treatment of digital mucous cyst, small and asymptomatic lesion needs no further treatment or follow-up.

Key Words: Digital mucous cyst, Iraq, educational article.

Introduction
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Patients and methods
A healthy man who was born in 1983 consulted us about a small lump on the dorsum of the left thumb. Images are presented, diagnosis is described, and a brief educational review is presented.

Results
The lump was painless and has been noticed more than two years ago. It was cystic in nature and located on the dorsum of the terminal phalanx of the left thumb. It was less than 10 mm in diameter (Figure-1). The diagnosis of digital mucous cyst was made.
Figure-1A: A cystic lump on the dorsum of the terminal phalanx of the left thumb

Figure-1B: A cystic lump on the dorsum of the terminal phalanx of the left thumb

In 1988, Loder et al emphasized the histopathological similarity between digital mucous cysts and dorsal wrist ganglia when examined by light microscopy and scanning electron microscopy. Both lesions had a wall formed by a porous net of collagen fibers, and both had a fibrillated inner surface consisting of randomly arranged collagen fibers, and an intermittent thin membrane. In both lesions, there was no evidence of a cellular lining. Therefore, Loder et al suggested a shared cause for the two lesions [2].

Conclusion
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Conflict of interest
None.

References