



Navigating Bilateral Hand Dactylitis: Understanding Presentation, Diagnosis, and Management

Nami Mousavi*

Department of Pathology, King Abdulaziz University, Saudi Arabia

DESCRIPTION

Bilateral hand dactylitis presents a unique and often challenging clinical scenario, characterized by inflammation involving multiple digits of both hands. This condition, although relatively uncommon, warrants thorough evaluation and management to address underlying etiologies and alleviate symptoms effectively. The presentation of bilateral hand dactylitis typically manifests as symmetric swelling, erythema, and tenderness affecting multiple fingers simultaneously. The involvement of both hands distinguishes this condition from unilateral dactylitis, necessitating a comprehensive diagnostic approach to elucidate underlying causes. Patients may present with varying degrees of discomfort, ranging from mild pain and stiffness to debilitating symptoms impairing hand function and mobility. Understanding the spectrum of clinical presentation is essential for timely recognition and appropriate management of bilateral hand dactylitis. Diagnosing bilateral hand dactylitis necessitates a systematic evaluation encompassing detailed history-taking, physical examination, and ancillary investigations. The history should focus on elucidating potential predisposing factors, including preceding trauma, infectious exposures, or underlying systemic conditions predisposing to inflammatory arthritis. Physical examination findings typically reveal symmetric involvement of multiple digits, with characteristic signs of inflammation such as swelling, erythema, and tenderness. Ancillary investigations, including laboratory studies and imaging modalities, play a complementary role in confirming the diagnosis and delineating underlying etiologies. Laboratory evaluation may reveal elevated inflammatory markers, such as erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP), indicative of ongoing systemic inflammation. Imaging modalities, including radiographs and ultrasound, aid in assessing the extent of soft tissue swelling, joint involvement,

and ruling out bony erosions or structural abnormalities. The differential diagnosis of bilateral hand dactylitis encompasses a broad spectrum of inflammatory, infectious, and systemic etiologies, necessitating a systematic approach to delineate the underlying cause. Inflammatory arthropathies, including psoriatic arthritis and reactive arthritis, represent common culprits, characterized by asymmetric joint involvement and associated extra-articular manifestations. Infectious etiologies, such as bacterial or viral pathogens, should be considered in the setting of recent trauma, puncture wounds, or compromised immunity. Systemic conditions, including sarcoidosis and systemic lupus erythematosus, may present with bilateral hand involvement as part of their multi-systemic manifestations. Rare entities, such as multi-centric reticulohistiocytosis, should also be considered in the appropriate clinical context. A meticulous diagnostic workup, guided by clinical suspicion and ancillary investigations, facilitates accurate diagnosis and targeted management of bilateral hand dactylitis. Managing bilateral hand dactylitis requires a multifaceted approach aimed at addressing underlying etiologies, alleviating symptoms, and preserving hand function. Treatment strategies may vary depending on the underlying cause, encompassing pharmacological interventions, supportive measures, and, in select cases, surgical interventions. Nonsteroidal anti-inflammatory drugs (NSAIDs) serve as first-line agents in managing pain and inflammation, providing symptomatic relief in milder cases.

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CONFLICT OF INTEREST

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Corresponding author Nami Mousavi, Department of Pathology, King Abdulaziz University, Saudi Arabia, E-mail: NamiMousavi4244@yahoo.com

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