A previously healthy 50-year-old female presented with sudden onset of pain and discoloration of the bilateral fingertips. She denied any history of Raynaud’s syndrome, peripheral vascular disease, use of medication, or trauma. Examination revealed bruising of the fingertips of both hands, more prominent on the volar aspect (Figure 1A and B). The hands were warm with a normal neurovascular examination. Her hands reverted to normal after 6 hours.

The presentation and clinical course were consistent with Achenbach syndrome, also known as “acute idiopathic blue finger syndrome” or “paroxysmal finger hematoma.” This rare, benign condition is of unknown etiology and presents most commonly in middle-aged females following minor trauma as recurrent bruising on the palmar surface of the fingers that resolves over days without going through the typical stages of ecchymosis healing. Multiple fingers can be affected, as in this case, with the acute onset of blue discoloration sparing the distal phalanges and nail bed with classical spontaneous resolution. Achenbach syndrome presents similar like other conditions such as peripheral arterial disease, thromboangiitis obliterans, Raynaud’s syndrome, Gardner–Diamond syndrome, acrorygosis perniosis, erythromelalgia, venous thrombosis, trauma, and cryoglobulinemia. Therefore, differentiating Achenbach syndrome from more serious conditions is paramount and can be done based on clinical features with the most significant being the presence of normal temperature, perfusion, and pulses. Clinical evaluation may be strongly suggestive, but as a diagnosis of exclusion a complete blood count, coagulation tests, immunological assay, and C-reactive protein tests can be performed. Physician awareness can avoid unnecessary investigations and alleviate patient anxiety. Supportive care is recommended as there is no specific management.

References