Dear Editor,

Paroxysmal finger hematoma or Achenbach syndrome refers to an acute-onset bluish discoloration involving few fingers usually, although it can involve the palms or dorsum of hands.[1,2] It may be asymptomatic, but is more commonly associated with paresthesia or pain. Rupture of superficial veins and consequent hemorrhage is often the cause of the signs and symptoms of the disease.[3] The exact etiology is unknown; however, twisting or gripping movement has been commonly associated with the onset of symptoms. We report a case with paroxysmal finger hematoma suggestive of Achenbach syndrome.

A 54-year-old man presented with sudden-onset bluish discoloration noted over the tip of his left middle and ring fingers. It was noticed over both the dorsal and palmar aspects of left hand after trying to fix a screw forcefully and was associated with excruciating pain and paresthesia over the region. The patient denied any previous trauma, was a nonsmoker, and not on any oral drugs including anticoagulants. The patient denied having similar episodes in the past. His past medical and surgical history was insignificant.

On examination, there was distinctive but ill-defined discoloration of the tips of left middle and ring finger noticed on the digital pulp as well as nail beds [Figure 1a and b]. The digits were exquisitely tender with tenderness extending to the dorsum of left hand accompanied by phlebectasia. All the extremities were warm and all peripheral pulses were palpable and of good volume. A detailed systemic and cutaneous examination revealed no other abnormality. Laboratory investigations showed a normal hematological, biochemical, and coagulation profile and an ultrasound Doppler study of the left upper limb was normal.

Based on the history, clinical examination, and laboratory investigations, a diagnosis of paroxysmal finger hematoma was made and the patient was counselled regarding the self-resolving nature of the disease. The pain and discoloration subsided over the next 1 week with symptomatic treatment (cold compresses and oral ibuprofen 400 mg three times daily).

Paroxysmal finger hematoma/finger apoplexia is also known as Achenbach syndrome after the German physician who first described it.[1] It is a rare disease with very few cases being reported in the literature. It presents as acute-onset bluish discoloration of one or more fingers and/or palms and is most frequently associated with pain followed by edema and paresthesia.[3] A preceding history of trauma can be present in up to 30% of individuals.[2] The acute presentation causes worry and anxiety both in the patient and the caregiver; hence, an awareness about this condition is important to allay fear and avoid unnecessary investigations. Nevertheless, an acute presentation lends this entity to many close differential diagnoses which can usually be excluded clinically. These are summarized in Table 1, with salient differentiating points. This is important as a diagnosis of Achenbach syndrome is mainly based on clinical assessment. Our patient presented with acute onset bluish discoloration and pain with paresthesia over left middle and ring finger, with phlebectasia over the dorsum of left hand. There was a significant improvement of symptoms and swelling at the end of seven 4 days, even with conservative management, thus confirming the diagnosis.

In conclusion, Achenbach syndrome is a rare presentation with paroxysmal bruising of fingers, which may be associated with pain and paresthesias. Spontaneous resolution over days is the rule and hence reassurance and symptomatic management is sufficient in most cases. This report serves to highlight the common differentials to be considered as well as the benign nature of the disease. It will help to raise awareness about this uncommon entity, so as to help avoid unnecessary time consuming and expensive investigations.

**Declaration of patient consent**

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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There are no conflicts of interest.

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Table 1: Differential diagnosis of blue finger(s)

| Disease entity | Achenbach syndrome[^3] | Acute limb ischemia[^4] | Thromboangiitis obliterans[^8] | Perniosis[^9] | Raynaud’s phenomenon[^7] | Acrocyanosis[^8] | Psychogenic purpura[^9] |
|----------------|-------------------------|-------------------------|-------------------------------|--------------|--------------------------|-----------------|------------------------|
| Sex predominance | Females | Males | Males | Females | Females | Females | Females |
| Peripheral temperature | Normal | Cold | Cold | Cold | Cold | Cold | Normal |
| Age at presentation | <60 years | Any age | <40 years | Any age | <40 years | Adolescence | Middle aged females |
| No of fingers involved | Isolated 1 or 2 finger | 1-2 fingers | Normal | Multiple fingers | All fingers and toes | All fingers and toes | Few fingers |
| Peripheral pulses | Normal | Absent/Diminished | Absent/Diminished | Normal | Normal | Normal | Normal |
| Digital gangrene | No | Can occur | Can occur | No/Ulceration may occur | No/Ulceration may occur | Can be painful | Painful |
| Pain | Present | Present | Present | Present | Present | Persistent | Transient |
| Time to resolution | Few days to a week | Depends on quick and efficient surgical intervention | Depends on quick and efficient surgical intervention | Resolves in summers or with intervention | Resolves in summer or hot environment | Commonly improves, but may persist | Resolves with psychotherapy and/or psychopharmacotherapy |
| Nature of symptoms | Transient, without recurrence | Causes permanent disablement | Transient | Transient with recurrence | Persistent | Persistent | Transient |
| Skin changes | Bluish discoloration | Red or cyanotic periphery, ulcers, gangrene | Red-purple papules or nodules | Sequential color change | Erythrocyanotic mottled discoloration | Spontaneously appearing ecchymoses |
| Precipitating factors/Associated diseases | None | Arterial embolism | Smoking | Lupus erythematosus, Hematologic malignancies | Autoimmune connective tissue disorders or malignancy | Autoimmune connective tissue disorders or malignancy | Psychiatric disorders e.g., depression, anxiety, obsessive-compulsive disorders |

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