

Achenbach's syndrome in an elderly woman

Takayuki Yamada MD, PhD

Asunaro Clinic, Internal Medicine, Takasaki, Gunma, Japan

Correspondence

Takayuki Yamada, Asunaro Clinic, Internal Medicine, Takasaki, Gunma, Japan.

Email: asunaro.clinic.takasaki@gmail.com

KEYWORDS: family medicine, internal medicine

A previously healthy 69-year-old woman suddenly developed a pain in left fourth finger without sustaining a bruise. Suggillation had acutely developed on this finger (Figure 1). Physical examination, including Allen's test, revealed no abnormality. In addition, systemic manifestations of connective tissue diseases were absent. Laboratory tests showed a normal platelet count and clotting profile. Doppler ultrasonography showed normal findings. She had not taken any medications recently, such as anticoagulants and supplements, and did not have a smoking habit. She had experienced similar episodes on both hands (on the second, third, and fourth fingers) several times during the past 10 years. Her symptoms always improved gradually and completely resolved spontaneously within 1-2 weeks for all episodes. However, she had felt deeply anxious after watching a medical entertainment show on TV a few days prior to presentation. Similar to previous episodes, her finger discoloration spontaneously resolved within 2 weeks without treatment (Figure 2). These findings and clinical courses indicated a diagnosis of Achenbach's syndrome (AS).

Achenbach's syndrome is a rare condition, but may be encountered in the primary care setting. It is a female-dominant disease with a median age at presentation of 50 years (range: 22-76 years, 91% are <60 years old). AS presents with unilateral volar discoloration of a finger (100%) and is associated with pain (58%), edema (58%), and paresthesia (25%). The median time to resolution of symptoms without any treatment was 4 days (range 2-14 days).¹ Its clinical presentation may mimic acute limb ischemia, Buerger's disease, Raynaud's syndrome, or acrocyanosis. However, there are factors that differentiate AS from other conditions. Acute limb ischemia is associated with cold peripheral temperature. Buerger's disease occurs in persons with a smoking habit and can result in ulceration and gangrene. Raynaud's syndrome is characterized by a chronic presentation and color changes that are not restricted to bluish discoloration; they may be bluish to purple and white. Patients with acrocyanosis present with symmetrically affected hands, fingers, and face, and this



FIGURE 1 Suggillation of the left fourth finger



FIGURE 2 Blue finger completely resolving

This is an open access article under the terms of the Creative Commons Attribution-NonCommercial License, which permits use, distribution and reproduction in any medium, provided the original work is properly cited and is not used for commercial purposes.

© 2018 The Authors. *Journal of General and Family Medicine* published by John Wiley & Sons Australia, Ltd on behalf of Japan Primary Care Association.

is aggravated by cold climates, outdoor occupation, and low body mass index. The symptoms of AS may be surprising to the patient and cause anxiety. Although the etiology is unknown, this syndrome has a good prognosis. Early diagnosis of this condition dispels misgivings of patients.

The development of media including TV, radio, and Internet has promoted the widespread medical knowledge to the general population. The National Health Council has announced that 58% of the population has changed their behavior or taken some kind of action as a result of having read, seen, or heard a medical or health news story in the media.² Indeed, sensational media coverage or the deluge of peeping Tom-style medical reports on TV may make people anxious and change their view on standard healthcare practices such as vaccination. In fact, a newspaper article concerning a possible adverse reaction to the human papillomavirus vaccine has led to a mainstream trend of nonvaccination in Japan.³ Patients should carefully choose media information, and medical professionals must be able to help their patients process this information.

CONFLICT OF INTEREST

The authors have stated explicitly that there are no conflicts of interest in connection with this article.

REFERENCES

1. Kordzadeh A, Caine PL, Jonas A, Rhodes KM, Panayiotopolous YP. Is Achenbach's syndrome a surgical emergency? A systematic review. *Eur J Trauma Emerg Surg*. 2016;42:439–443.
2. Johnson T. Shattuck lecture – medicine and the media. *N Engl J Med*. 1998;339:87–92.
3. Tsuda K, Yamamoto K, Leppold C, et al. Trends of media coverage on human papillomavirus vaccination in Japanese newspapers. *Clin Infect Dis*. 2016;63:1634–1638.

How to cite this article: Yamada T. Achenbach's syndrome in an elderly woman. *J Gen Fam Med*. 2018;19:65–66.
<https://doi.org/10.1002/jgf2.158>