***Surgical Case***

***Reflex Sympathetic Dystrophy (RSD)****Characterized by the appearance of a constrictive skin ring at the proximal border of the cutaneous edema*

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*A 42-year-old female patient presented with severe pain in her left hand and diffuse edema extending from the hand to the mid-forearm. She was greatly troubled by severely limited mobility in the wrist, particularly in the fingers of her left hand; see* ***Figure (1).***

*The complaint was longstanding, dating back approximately over a year, and involved numerous therapeutic trials without success. Upon careful review of the medical history, the clinical findings were consistent with a neglected****Left Carpal Tunnel Syndrome****. The patient reported the gradual onset of edema and worsening pain two weeks after the onset of neurological symptoms. The radiographic image of the left wrist revealed, in addition to****osteoporosis****(radiological density loss) affecting all bony structures in the region, radiographic signs of****Ulno-Lunate Conflict****; see* ***Figure (2).***

*The patient was started on treatment for****Algodystrophy Syndrome****(Reflex Sympathetic Dystrophy/RSD), which we postulated as the diagnosis for her current condition.*

***Five months into treatment****, when confidence in recovery had been established both in the patient and myself—as the edema had significantly receded, the pain had vanished or nearly so, and active movement had returned in the left wrist and small joints of the hand (albeit to varying degrees)—****a relapse occurred, bringing her back to square one****. The relapse was attributed to aggressive physical therapy sessions administered by inexperienced hands.*

***Crucially, what stood out was the severity of the edema****, accompanied by the strange appearance of a****circular, constricting skin ring****at the upper border of this edema; see****Figure (3)****.*

***Surgically****, the anterior three-quarters of the skin ring were excised, followed by restoration of****skin continuity****between proximal and distal healthy skin. The wound line was****broken at both ends****to prevent potential constrictive scarring that might compromise the surgical site.*

***Noteworthy intraoperative observations****included:*

* *Complete absence of subcutaneous adipose tissue in the constricting ring zone*
* *Thrombosis of all superficial veins within the affected region (See* ***Figure 4****)*

***Histopathological examination****of the resected specimen revealed only****non-specific chronic dermal inflammation****.*

***Postoperatively****, rapid positive progression toward recovery was observed, evidenced by: Near-complete resolution of edema. Disappearance of pain. Restoration of active mobility approaching near-normal function (See* ***Figure 5****)*

***An important observation:***

*The etiology, pathophysiology, and clinical significance of this constricting skin ring—whether it initiated the primary condition or triggered the relapse—****continue to occupy my clinical thinking****since its first appearance.*

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| ***Figure (1): Pre-Operative View- Left Upper Limb*** *Diffuse edema involving the left hand extending to the mid-forearm. Note: Well-demarcated proximal border of edema with initial formation of a bracelet-like skin ring.* |

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| ***Figure (2): Pre-Operative X-Ray- Left Wrist***  *Positive ulno-radial index. Erosion of the lunate articular surface opposing the ulnar head. Radiographic osteoporosis in carpal bones and distal forearm bones****.*** |

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| ***Figure (3): Pre-Operative View- Left Upper Limb Note****:****Constricting skin ring representing the proximal border of edema.*** | | | |
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| *(a)* | ***(b)*** | |
| ***Figure (4): Per-Operative View- Left Upper Limb*** ***Figure (4-a):*** *Intraoperative Finding Absence of subcutaneous adipose tissue with thrombosis of superficial veins in the constriction zone.*  ***Figure (4-b):*** *Surgical Technique Wound line broken at both ends to prevent recurrent constriction during scar maturation.*   |  |  | | --- | --- | | *8* | *7* | | ***Figure (5): 3-month Post-Operative Views- Left Upper Limb******Demonstrating functional and aesthetic outcomes****: Near-complete edema resolution. Restoration of near-normal active mobility. Satisfactory cosmetic appearance*  ***(From the surgeon’s archive)***  *…………………………………………………………………….* | | | | |

*In other contexts, you can also read the following articles:*

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| *[video](https://youtu.be/ClqHfY65WQI)* | [*DOI*](https://doi.org/10.5281/zenodo.16070941) | [*The Spinal Reflex, New Hypothesis*](https://drive.google.com/file/d/1Nh0yxWLf3gPOlSKdftIZykUjb3xpsPBe/view?usp=sharing) *of Physiology* |
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