A 63-year-old man with a 6-month history of pain and swelling of his right hand was referred to a rheumatology clinic by his primary care physician. The metacarpophalangeal and proximal interphalangeal joints on his right hand were tender, and the dorsum of his right wrist and hand was swollen substantially, with flexion deformities of the metacarpophalangeal joints. Rheumatoid factor, anti-cyclic citrullinated peptide antibodies, and acute phase reactants were normal. The initial provisional diagnosis of atypical inflammatory arthritis vs crystal deposition disease was quickly revised because of a lack of response to 3 weeks of oral corticosteroid therapy.

At the patient's second clinic visit, his right hand was more swollen, and allodynia was evident. Neurologic examination revealed sensory signs in the C5-C6 dermatomal distribution. Radiography of the patient's hands and wrists showed marked erosive changes and extensive patchy osteoporosis of the right hand. Magnetic resonance imaging of the cervical spine revealed a cystic lesion between C5-C7 that was compressing the nerve roots. A bone scan showed diffuse increased activity with juxta-articular accentuation. Complex regional pain syndrome type 2, secondary to a compressive spinal cord tumor, was diagnosed. Urgent neurosurgery was arranged, and the spinal lesion was excised. Histologic study yielded a benign nerve sheath tumor (schwannoma). Within 48 hours, the patient's symptoms and signs had dramatically improved with less hand swelling and pain. Six weeks postoperatively, his symptoms had completely disappeared. At 1-year postoperatively, the patient was still completely asymptomatic, with no abnormal rheumatologic or neurologic signs.