



Original article

The supratrochlear lymph nodes: their diagnostic significance in a swollen elbow joint

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In the differential diagnosis of a swollen elbow, the palpation of the supratrochlear glands is useful. They are not enlarged in a traumatic elbow joint. They are enlarged, discrete and shotty in rheumatoid arthritis. In tuberculosis, they are enlarged, matted and they may caseate and form a cold abscess on the medial aspect of the supratrochlear region of the arm.

Key words: Supratrochlear lymph nodes – Elbow joint

Supratrochlear lymph nodes are situated on the medial aspect of the arm, 1–2 cm above the elbow joint in front of the medial intermuscular septum between the biceps and triceps muscles. They vary in number from one or two,¹ to several nodes extending in a row proximally in the intermuscular groove. They drain the medial aspect of the forearm. What is not generally recognised is that they also drain the elbow joint,¹ and get enlarged in inflammations of the joint; then, they are readily palpable. However, much of the published literature has either ignored them or made just a passing mention of them.²

Over the last nearly 30 years, I have found it useful to look for enlarged supratrochlear nodes in the clinical examination of a swollen elbow.³

Trauma

In patients with a swollen elbow after trauma, as expected, there is no enlargement of the supratrochlear nodes.

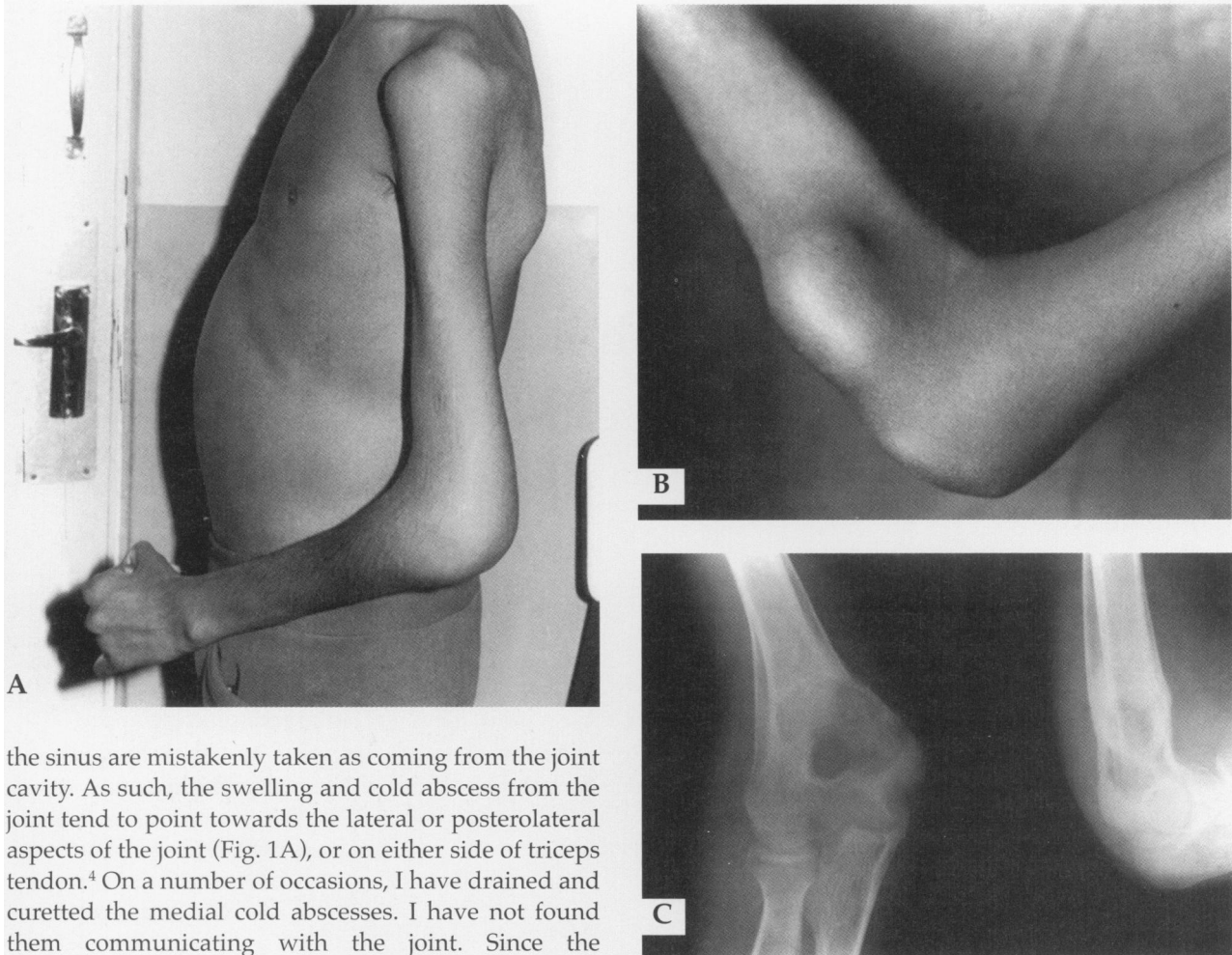
Rheumatoid arthritis

I have observed that in patients with rheumatoid affection of the elbow, the supratrochlear lymph nodes are found enlarged. They are discrete, firm and feel shotty.

Tuberculosis

When the elbow has a tuberculous infection, the supratrochlear lymph nodes are likely to be enlarged.³ Tuli found such glandular enlargement in only one-third of his patients.⁴ However, I have found them nearly always enlarged whenever there is a tuberculous infection in the elbow.³ They are often matted together. On occasion, there is a string of them in the intermuscular groove between the biceps and triceps muscles. Caseation and a subsequent cold abscess formation follow frequently (Fig. 1B,C). A sinus may form later on. Almost invariably, the cold abscess and

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the sinus are mistakenly taken as coming from the joint cavity. As such, the swelling and cold abscess from the joint tend to point towards the lateral or posterolateral aspects of the joint (Fig. 1A), or on either side of triceps tendon.⁴ On a number of occasions, I have drained and curetted the medial cold abscesses. I have not found them communicating with the joint. Since the supratrochlear lymph nodes are easily accessible, biopsy under local anaesthesia or FNAC can be easily performed without violating the joint.

Septic arthritis

Here, the supratrochlear nodes will be inflamed, enlarged and very tender. They may suppurate.

It is to be remembered that the enlargement of the supratrochlear lymph nodes can occur in the absence of any swelling of the elbow. The nodes are likely to be enlarged if there is a septic focus in the medial aspect of the forearm, or in conditions of generalised lymph adenopathy, such as syphilis or lymphoma.

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