

## file reviewer dr Komang JIMR 20-3227

Dari: komang koping (komang168@yahoo.com)

Kepada: yuyunhand@yahoo.com

Tanggal: Selasa, 23 Maret 2021 09.12 WIB

- Invitation to Review for Journal of International Medical Research - JIMR-20-3227 (IF 1.287)

Yahoo/Email M... ★



Journal of International Medical Research <onbehalfof@manuscriptcentral.com>  
Kepada: komang168@yahoo.com

Sel, 3 Nov jam 05.42 ★

02-Nov-2020

Dear Dr Irianto:

An article entitled "12 years' pain of a woman caused by glomus tumor: a case report and literature review" (JIMR-20-3227) has been submitted to Journal of International Medical Research (Impact Factor: 1.287; listed on MEDLINE, Scopus and the SCIE,). Given your expertise in this field, I am kindly asking if you would be willing to review this manuscript. The article's abstract can be found at the bottom of the email.

Please e-mail me with your reply or alternatively click the appropriate link:

\*\*\* PLEASE NOTE: This is a two-step process. After clicking on the link, you will be directed to a webpage to confirm. \*\*\*

Agreed: [https://mc.manuscriptcentral.com/jimr?URL\\_MASK=b6d546da2b954f1fa895f8a14d6caff2](https://mc.manuscriptcentral.com/jimr?URL_MASK=b6d546da2b954f1fa895f8a14d6caff2)

Declined: [https://mc.manuscriptcentral.com/jimr?URL\\_MASK=a19b7b4ea96f416b98a3aeb5fd9fd63c](https://mc.manuscriptcentral.com/jimr?URL_MASK=a19b7b4ea96f416b98a3aeb5fd9fd63c)

Please note, if you agree to review this manuscript we assume you will be able to review the revised manuscript once submitted.

As a reviewer, we ask you simply to identify the following:

- Major flaws in the methodology used
- Major flaws in the data presented
- Misleading or false conclusions

You do not need to comment on any language or grammatical errors in the manuscript – if the paper is accepted, we will perform a high-quality, three-step "technical" edit, outlined here: <https://journals.sagepub.com/imr/techedit>

If you accept my invitation to review this manuscript, you will be notified via e-mail about how to access SAGETRACK, our online manuscript submission and review system. You will then have access to the manuscript and the reviewer instructions in your Reviewer Center. Ideally, I would like to receive your comments and decision within 2 weeks, if possible, but I can extend this deadline if you need

- Thank you for submitting your review of Manuscript ID JIMR-20-3227 for Journal of International Medical Research

Yahoo/Email M... ★



Journal of International Medical Research &lt;onbehalf@manuscriptcentral.com&gt;

Kepada: komang168@yahoo.com



Rab, 18 Nov jam 04.20



17-Nov-2020

Dear Dr Irianto:

Thank you for reviewing manuscript # JIMR-20-3227 entitled "12 years' pain of a woman caused by glomus tumor: a case report and literature review" for Journal of International Medical Research.

In recognition of your continued support, Journal of International Medical Research and our publisher SAGE are pleased to offer you 60 days complimentary online access to all journals published by SAGE. Register at <http://journals.sagepub.com/page/help/reviewer-access> to activate access to content for all SAGE titles. To also benefit from a 25% discount on all SAGE books ordered online, go to the SAGE website (<http://www.sagepublications.com/>) and add the SAGE books that you would like to purchase to your shopping cart. When checking out, enter the Promotion Code GL10JR0001 when prompted. This will automatically deduct 25% from your final bill.

We are collaborating with Publons to give you the recognition you deserve for your peer review contributions. If you opted in for recognition on Publons when you submitted this review, you will shortly receive an email inviting you to claim your review on the site. If you would like to get credit for your peer review but did not opt in and/or have not yet signed up, you can still do so by registering at <https://publons.com/home/>. Then simply forward this email to [reviews@publons.com](mailto:reviews@publons.com) and the review will be added to your profile.

On behalf of the Editors of Journal of International Medical Research, we appreciate the voluntary contribution that each reviewer gives to the Journal. We thank you for your participation in the online review process and hope that we may call upon you again to review future manuscripts.

Sincerely,  
Editorial Office, PhD  
Managing Editor, Journal of International Medical Research  
[IMR@editorialoffice.co.uk](mailto:IMR@editorialoffice.co.uk)



reviewer. glomus.pdf

695kB

## file reviewer dr Komang JIMR 20-3227

Dari: komang koping (komang168@yahoo.com)

Kepada: yuyunhand@yahoo.com

Tanggal: Selasa, 23 Maret 2021 09.12 WIB

- Invitation to Review for Journal of International Medical Research - JIMR-20-3227 (IF 1.287)

Yahoo/Email M... ★



Journal of International Medical Research <onbehalf@manuscriptcentral.com>  
Kepada: komang168@yahoo.com



Sel, 3 Nov jam 05.42



02-Nov-2020

Dear Dr Irianto:

An article entitled "12 years' pain of a woman caused by glomus tumor: a case report and literature review" (JIMR-20-3227) has been submitted to Journal of International Medical Research (Impact Factor: 1.287; listed on MEDLINE, Scopus and the SCIE,). Given your expertise in this field, I am kindly asking if you would be willing to review this manuscript. The article's abstract can be found at the bottom of the email.

Please e-mail me with your reply or alternatively click the appropriate link:

\*\*\* PLEASE NOTE: This is a two-step process. After clicking on the link, you will be directed to a webpage to confirm. \*\*\*

Agreed: [https://mc.manuscriptcentral.com/jimr?URL\\_MASK=b6d546da2b954f1fa895f8a14d6caff2](https://mc.manuscriptcentral.com/jimr?URL_MASK=b6d546da2b954f1fa895f8a14d6caff2)

Declined: [https://mc.manuscriptcentral.com/jimr?URL\\_MASK=a19b7b4ea96f416b98a3aeb5fd9fd63c](https://mc.manuscriptcentral.com/jimr?URL_MASK=a19b7b4ea96f416b98a3aeb5fd9fd63c)

Please note, if you agree to review this manuscript we assume you will be able to review the revised manuscript once submitted.

As a reviewer, we ask you simply to identify the following:

- Major flaws in the methodology used
- Major flaws in the data presented
- Misleading or false conclusions

You do not need to comment on any language or grammatical errors in the manuscript – if the paper is accepted, we will perform a high-quality, three-step "technical" edit, outlined here: <https://journals.sagepub.com/imr/techedit>

If you accept my invitation to review this manuscript, you will be notified via e-mail about how to access SAGETRACK, our online manuscript submission and review system. You will then have access to the manuscript and the reviewer instructions in your Reviewer Center. Ideally, I would like to receive your comments and decision within 2 weeks, if possible, but I can extend this deadline if you need

- Thank you for submitting your review of Manuscript ID JIMR-20-3227 for Journal of International Medical Research

Yahoo/Email M... ★



Journal of International Medical Research &lt;onbehalf@manuscriptcentral.com&gt;

Kepada: komang168@yahoo.com



Rab, 18 Nov jam 04.20



17-Nov-2020

Dear Dr Irianto:

Thank you for reviewing manuscript # JIMR-20-3227 entitled "12 years' pain of a woman caused by glomus tumor: a case report and literature review" for Journal of International Medical Research.

In recognition of your continued support, Journal of International Medical Research and our publisher SAGE are pleased to offer you 60 days complimentary online access to all journals published by SAGE. Register at <http://journals.sagepub.com/page/help/reviewer-access> to activate access to content for all SAGE titles. To also benefit from a 25% discount on all SAGE books ordered online, go to the SAGE website (<http://www.sagepublications.com/>) and add the SAGE books that you would like to purchase to your shopping cart. When checking out, enter the Promotion Code GL10JR0001 when prompted. This will automatically deduct 25% from your final bill.

We are collaborating with Publons to give you the recognition you deserve for your peer review contributions. If you opted in for recognition on Publons when you submitted this review, you will shortly receive an email inviting you to claim your review on the site. If you would like to get credit for your peer review but did not opt in and/or have not yet signed up, you can still do so by registering at <https://publons.com/home/>. Then simply forward this email to [reviews@publons.com](mailto:reviews@publons.com) and the review will be added to your profile.

On behalf of the Editors of Journal of International Medical Research, we appreciate the voluntary contribution that each reviewer gives to the Journal. We thank you for your participation in the online review process and hope that we may call upon you again to review future manuscripts.

Sincerely,  
Editorial Office, PhD  
Managing Editor, Journal of International Medical Research  
[IMR@editorialoffice.co.uk](mailto:IMR@editorialoffice.co.uk)



reviewer. glomus.pdf

695kB

## 12 years' pain of a woman caused by glomus tumor: a case report and literature review

Journal:	<i>Journal of International Medical Research</i>
Manuscript ID	JIMR-20-3227
Manuscript Type:	Case Reports
Date Submitted by the Author:	24-Aug-2020
Complete List of Authors:	Zhang, Shuliang; Tongde Hospital of Zhejiang Province, Orthopaedics Xu, Bin; Tongde Hospital of Zhejiang Province, Orthopaedics Lao, Yangjun; Tongde Hospital of Zhejiang Province, Orthopaedics Wan, Junming; Tongde Hospital of Zhejiang Province, Orthopaedics Sheng, Hongfeng; Tongde Hospital of Zhejiang Province, Orthopaedics
Keywords:	glomus tumor, hand, finger, misdiagnosed, missed diagnosis
Abstract:	Glomus tumor is one rare benign tumor, it is often misdiagnosed or missed diagnosis in the early stages, the patients get the confirmed diagnosis often at 3 to 15 years after the onset of symptoms. This case report one glomus tumor on the right ring finger of one woman who had the typical symptoms persisted for 12 years. Before the woman got the correct diagnosis, she had consulted more than ten doctors in seven hospitals or clinics. We analyzed the possible causes of misdiagnosis and missed diagnosis of glomus tumor, and reviewed the methods of physical examination and imaging examination for glomus tumor.

SCHOLARONE™  
Manuscripts

1  
2  
3  
4 **Title:** 12 years' pain of a woman caused by glomus tumor: a case report and literature review

5 **Author names, affiliations:** Shuliang Zhang, Bin Xu, Yangjun Lao, Junming Wan\*\*,  
6  
7  
8 Hongfeng Sheng\*

9  
10 Department of Orthopaedics, Tongde Hospital of Zhejiang Province.

11  
12 **Present/permanent address:** 234# Gu-cui Road, Hangzhou 310012, People's Republic of  
13  
14  
15 China

16  
17 **\*Corresponding author:** tdhongfeng@126.com

18  
19 **\*\*Corresponding author :** doctorwan@i.smu.edu.cn

20  
21  
22 Shu-liang Zhang: hztree78@163.com

23  
24 Bin Xu: spotxu@163.com

25  
26 Yangjun Lao: liuxianguiji@gmail.com

27  
28  
29 **Short title:** a missed glomus tumor

30  
31  
32  
33 **Acknowledgements**

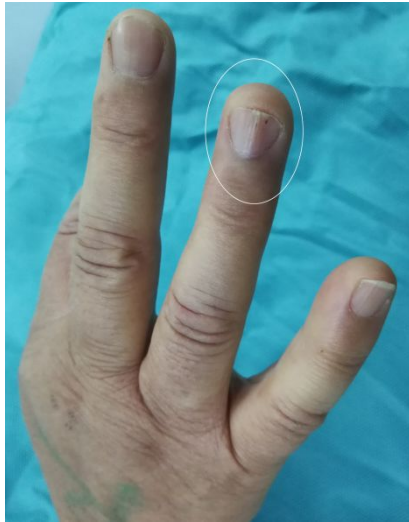
34  
35 Not Applicable

36  
37  
38 **Declaration of conflicting interest**

39  
40 The authors declare that there is no conflict of interest.

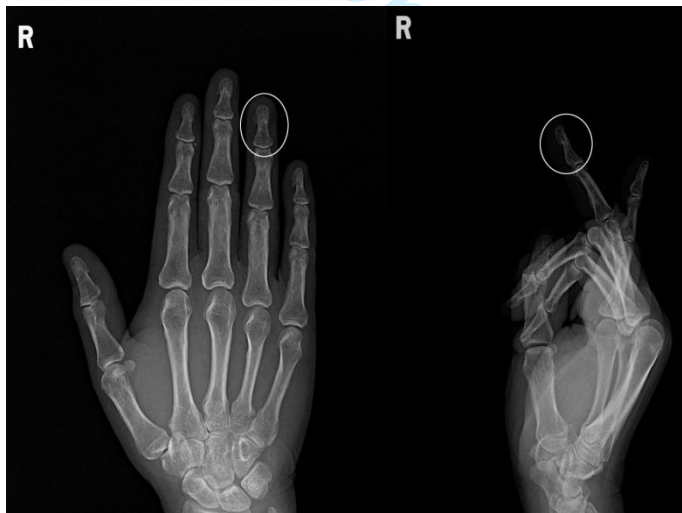
41  
42 **ORCID iD**

43  
44  
45 Shuliang Zhang iD <https://orcid.org/0000-0003-2320-7912>



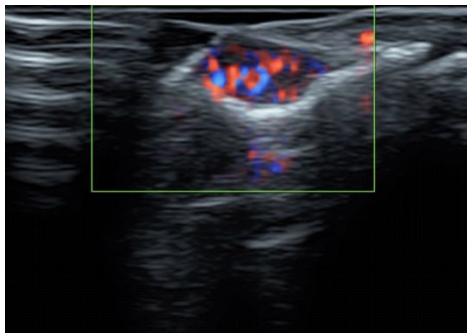
20  
21  
22  
23  
24

**Figure 1.** There was fold elevation on the right ring finger nail and bluish discoloration at the base of the nail.



41  
42  
43

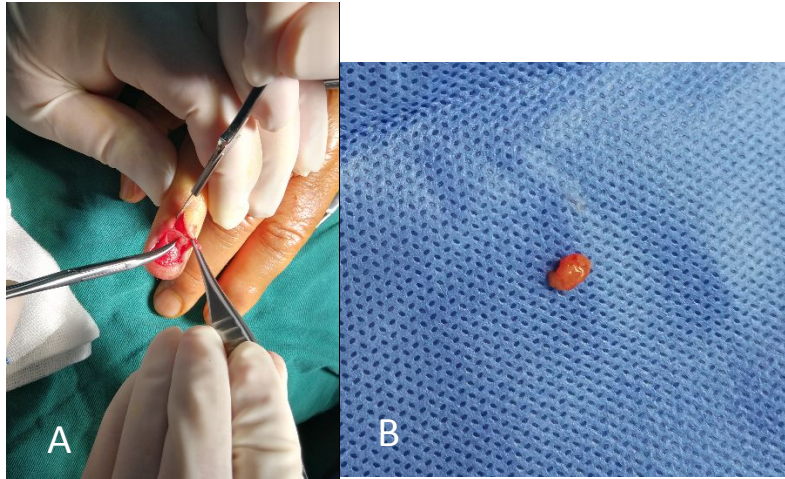
**Figure 2.** The X-ray film of the woman right ring finger was normal.



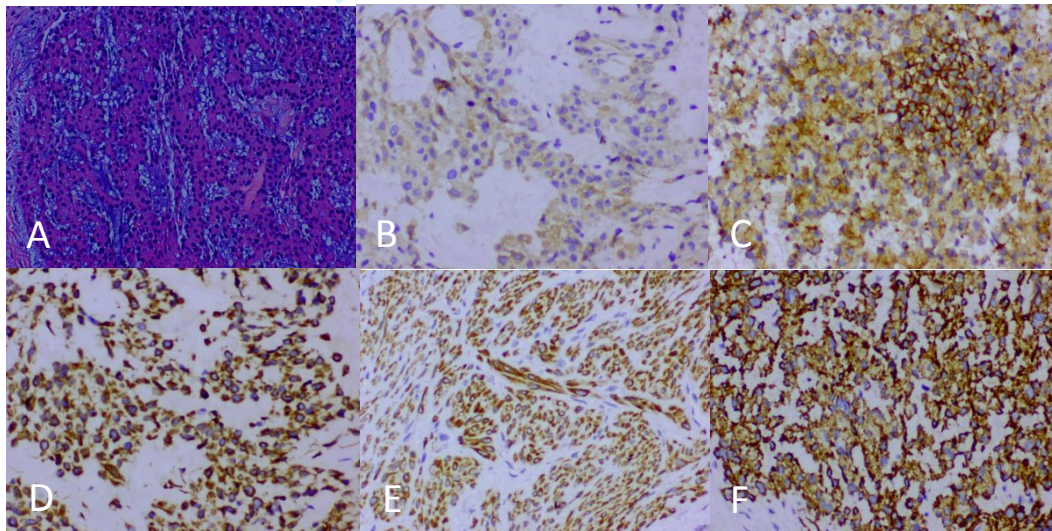
56  
57  
58  
59  
60

**Figure 3.** Color doppler ultrasound showed a hypoechoic nodule about 0.7cm×0.4cm in the right ring finger, with a clear boundary and abundant blood flow.





**Figure 4.** the nail plate was removed and the glomus tumor with 0.5cm diameter was completely excised.



**Figure 5.** Histopathology showed glomus cells with small, regular, round nuclei, eosinophilic cytoplasm, aggregating to be nestlike (A. hematoxylin and eosin stain,  $\times 100$ ). Immunohistochemistry (original magnification,  $\times 100$ ) showed the histiocytes were positive for Calponin (B), CD34 (C), Vim(D), Desmin(E) and SMA (F).



# 12 years' pain of a woman caused by glomus tumor: a case report and literature review

## Abstract

Glomus tumor is one rare benign tumor, it is often misdiagnosed or missed diagnosis in the early stages, the patients get the confirmed diagnosis often at 3 to 15 years after the onset of symptoms. This case report one glomus tumor on the right ring finger of one woman who had the typical symptoms persisted for 12 years. Before the woman got the correct diagnosis, she had consulted more than ten doctors in seven hospitals or clinics. We analyzed the possible causes of misdiagnosis and missed diagnosis of glomus tumor, and reviewed the methods of physical examination and imaging examination for glomus tumor.

## Keywords

glomus tumor, hand, finger, misdiagnosed, missed diagnosis

## Introduction

Glomus tumor is one rare benign soft tissue tumor which infrequently encountered in clinical practice. Early paper reported the tumor often happened among young adults, but the recent report suggested the tumors tend to strike women between the ages of forty and seventy<sup>1</sup>. Its typical clinical manifestation is severe intermittent pain, hypersensitivity to cold, excruciating pain on touch<sup>2</sup>. Because glomus tumor is a uncommon disease,

1  
2  
3 it is often missed in the early stages, the patients get the confirmed  
4  
5 diagnosis often at 3 to 15 years after the onset of symptoms<sup>2</sup>. Here we  
6  
7 report a case of glomus tumor on the right ring finger of one woman who  
8  
9 had the typical symptoms persisted for 12 years. All procedures were  
10  
11 performed according to the Declaration of Helsinki and approved by the  
12  
13 Ethics Committee of Tongde Hospital of Zhejiang Province and written  
14  
15 informed consent was obtained from the patient.  
16  
17  
18  
19  
20  
21

## 22 **Case report**

23  
24 One 63 years old woman came to our orthopedic outpatient department,  
25  
26 she complained that her right ring finger had been painful for 12 years. She  
27  
28 had seen more than ten doctors in seven hospital or clinic in the past 12  
29  
30 years, the doctors checked her finger and carried out X ray examination,  
31  
32 they found nothing wrong with her and prescribed analgesics or non-  
33  
34 steroidal anti-inflammatory medication to relieve the pain. But the drug  
35  
36 effect was not obvious. The pain in her right ring finger persisting to now.  
37  
38 She said the pain was not constant, it was intermittent and paroxysmal. The  
39  
40 pain was worse in winter, and the pain got severe when she washed her  
41  
42 hand with cold water. As the pain intensified, she could hardly sleep at  
43  
44 night. When she turned over in a deep sleep, she would wake up with pain  
45  
46 if her finger touched other objects. She had no injury to her right hand and  
47  
48 no history of surgery. There were no the same symptoms in her family  
49  
50 members.  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

1  
2  
3 Physical examination found normal skin color of her finger, no redness  
4  
5  
6 and swelling, the finger movements was normal. However, her right ring  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
Physical examination found normal skin color of her finger, no redness and swelling, the finger movements was normal. However, her right ring finger nail was not as smooth as other fingernails, there was fold elevation and significant tenderness on her right ring fingernail (Fig.1). Moreover, there was bluish discoloration at the base of the nail. We gave her X ray examination again and found nothing (Fig.2). At the same time, color Doppler ultrasound examination was performed and detected a hypoechoic nodule with a clear boundary and abundant blood flow signals, its size was about 0.7cm×0.4cm (Fig.3). We advised the woman to have a surgery, she agreed and said that she would rather have her right ring finger amputated if only she could get rid of the 12 years pain. The woman underwent a tumor excision with a transungual approach, the nail plate was removed and the tumor was completely excised (Fig.4). After the surgery, the woman symptoms vanished, she was very grateful to us for curing her 12 years pain. Postoperative histopathologic examination and immunohistochemical examination verified the tumor did be one glomus tumor (Fig.5).

## Discussion

Glomus tumor has characteristic presentation of severe intermittent pain, hypersensitivity to cold, excruciating pain on touch<sup>2</sup>. However, due to its rare incidence, glomus tumor is usually misdiagnosed<sup>3</sup> or missed diagnosis<sup>4</sup>. The patients got the confirmed diagnosis often at 3 to 15 years

1  
2  
3 after the onset of symptoms<sup>2</sup>, it was reported that the glomus tumor patients  
4  
5  
6 had consulted 2.5 physicians on average before got the correct diagnosis<sup>5</sup>,  
7  
8  
9 the averaged interval between onset of symptoms and treatment of glomus  
10  
11  
12 tumor patients was 10 years<sup>5</sup>. Refer to our reported patient, the woman had  
13  
14  
15 consulted more than ten doctors in seven hospital or clinic. She was missed  
16  
17  
18 diagnosis for 12 years.

19  
20 Although glomus tumor has typical clinical manifestation, why it is  
21  
22 often misdiagnosed or missed? On the one hand, many clinicians has less  
23  
24 awareness of glomus tumor is the main cause. When they were medicine  
25  
26 college students, they were only taught the common soft tissue tumors such  
27  
28 as hemangioma, hydatoncus and neurofibroma, the rare glomus tumor was  
29  
30 not mentioned by their teacher. After they graduated, there was little  
31  
32 chance to meet one patient with uncommon glomus tumor in their work  
33  
34 unit, the superior doctor would not specialize in giving them the knowledge  
35  
36 of glomus tumor. Once the clinicians met one glomus tumor patient, it was  
37  
38 paronychia or other most common disease flashing in their brain but not  
39  
40 glomus tumor. Consequently, the corresponding physical examination and  
41  
42 imaging examination would not be carried out. It is necessary to strengthen  
43  
44 the continuing medical education and improve the clinicians' awareness of  
45  
46 glomus tumor. On the other hand, the characteristics of the glomus tumor  
47  
48 itself make it easy to miss diagnosis. The glomus tumor is small, it is  
49  
50 difficulty to locate the tumor. Its diameter usually less than 1cm and  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

1  
2  
3 average about 0.3cm-0.4cm in diameter<sup>6</sup>. The diameter of our case glomus  
4 tumor is about 0.5cm. The X-ray film of most glomus tumor patient is  
5 normal, only a little more than 30% of glomus tumor patient can be found  
6 osseous defect on X-ray film<sup>7</sup>. So we found nothing wrong with our case  
7 through X-ray film. One crucial feature of glomus tumor is rich internal  
8 vascularity, but there is no significant internal blood flow in about a quarter  
9 of glomus tumors<sup>8</sup>. This also increases the difficulty of diagnosis.

20  
21  
22 To reduce the chance of misdiagnosed and missed diagnosis, physical  
23 and imaging examination should be combined. There are several tests can  
24 be used to distinguish glomus tumor. The first is Love' pin test, it has 100%  
25 sensitivity and 78% accuracy. The second is Cold sensitivity test, its  
26 sensitivity, accuracy and specificity are all 100%. The third is Hildreth's  
27 test, it presents 100% specificity, 71.4% sensitivity and 78% accuracy. The  
28 fourth is trans-illumination test, its sensitivity is 23%-38%, specificity is  
29 90%<sup>9</sup>. X-ray is the first choice of imaging examination. If there is bony  
30 erosion, X ray will show scalloping on the distal phalanx<sup>2</sup>. But more than  
31 60% of glomus tumor patient' X ray is normal<sup>7</sup>. Multidetector computed  
32 tomography angiography (MDCTA) had been used to check glomus tumor,  
33 the acquired three-dimensional volume-rendered images could clearly  
34 illustrate vascular branches, the location and extent of glomus tumor<sup>10</sup>,  
35 MDCTA is more useful for such ill-defined tumor at the initial  
36 stage. Magnetic Resonance Imaging (MRI) is one better choice for soft  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60



1  
2  
3 tissue tumor, it can clear present the tumor boundary. MRI can detect a  
4  
5  
6 glomus tumor as small as 2 mm<sup>11</sup>. Glomus tumor presents T1-weighted  
7  
8  
9 images with low signal intensity, T2-weighted images with high signal  
10  
11  
12 intensity<sup>9, 11</sup>. However, the effect of MRI in glomus tumor diagnosis  
13  
14 remains controversial. Ham' study<sup>11</sup> showed that MRI had a 100% positive  
15  
16 predictive value for detecting a glomus tumor. On the contrary, the report  
17  
18 of Al-Qattan showed that MRI had no value in the diagnosis of glomus  
19  
20 tumor<sup>12</sup>. In addition, some patients with low incomes were unwilling to pay  
21  
22 high MRI inspection fees for such a pinkle. Since MRI cannot be  
23  
24 immediately available and high cost, its use is limited. So our patient did  
25  
26 not got MRI examination. At present, the most widely used and essential  
27  
28 examination way is color Doppler ultrasound<sup>3, 8</sup>. It can not only clearly  
29  
30 show the characteristics of the glmous tumor in real time, such as  
31  
32 location, size, borders, depth to superficial, but also whether it is with or  
33  
34 without capsule, and relationship between internal blood flow and the  
35  
36 surrounding tissues, which are important parameters for surgery<sup>8</sup>. Our  
37  
38 patient underwent ultrasonic examination when she arrived outpatient  
39  
40 department, a hypoechoic nodule with a clear boundary and abundant blood  
41  
42 flow signals was shown. But the disadvantage of ultrasound is that it is  
43  
44 greatly influenced by the experience of the examing physician.  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55

56  
57 In this article, we present one rare glomus tumor female patient  
58  
59 undiagnosed for 12 years, she had consulted more than ten doctors in seven  
60

1  
2  
3 hospital or clinic in the past twelve years. She underwent longterm pain, the  
4  
5  
6 quality of her life had seriously declined. There is still difficulty in the early  
7  
8  
9 diagnosis of glomus tumors, but it is our duty to avoid missed diagnosis and  
10  
11  
12 misdiagnosis, so to eliminate the suffering of patients. In any case, the most  
13  
14  
15 important thing is to introduce glomus tumor widely through any medium,  
16  
17  
18 let the general doctors know it. As a result, when they come across a  
19  
20  
21 suspicious patient, the glomus tumor will come into their mind.  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

## References

1. Mravic M, LaChaud G, Nguyen A, et al. Clinical and histopathological diagnosis of glomus tumor: an institutional experience of 138 cases. *Int J Surg Pathol* 2015; 23: 181-188. 2015/01/24. DOI: 10.1177/1066896914567330.
2. Jalan D, Elhence A, Rathore DS, et al. A recurred subungual glomus tumour of the thumb. *BMJ Case Rep* 2016; 2016 2016/01/06. DOI: 10.1136/bcr-2015-212963.
3. Bouayyad S, Abdelaty M and Mishra A. A 15-year mystery resolved: a large bone-boring glomus tumor mistaken as dermatitis. *J Surg Case Rep* 2020; 2020: rjaa013. 2020/02/27. DOI: 10.1093/jscr/rjaa013.
4. Santoshi J, Kori V and Khurana U. Glomus tumor of the fingertips: A frequently missed diagnosis. *Journal of Family Medicine and Primary Care* 2019; 8. DOI: 10.4103/jfmpc.jfmpc\_88\_19.
5. Stewart DR, Sloan JL, Yao L, et al. Diagnosis, management, and complications of glomus tumours of the digits in neurofibromatosis type 1. *J Med Genet* 2010; 47: 525-532. 2010/06/10. DOI: 10.1136/jmg.2009.073965.
6. Fazwi R, Chandran PA and Ahmad TS. Glomus tumour: a retrospective review of 15 years experience in a single institution. *Malays Orthop J* 2011; 5: 8-12. 2011/11/01. DOI: 10.5704/MOJ.1111.007.
7. Van Geertruyden J, Lorea P, Goldschmidt D, et al. Glomustumours of the hand: A retrospective study of 51 cases. *J Hand Surg Br* 1996; 21: 257-260. DOI: 10.1016/s0266-7681(96)80110-0.
8. Fan Z, Wu G, Ji B, et al. Color Doppler ultrasound morphology of glomus tumors of the extremities. *Springerplus* 2016; 5: 1319. 2016/08/27. DOI: 10.1186/s40064-016-2883-0.
9. Morey VM, Garg B and Kotwal PP. Glomus tumours of the hand: Review of literature. *J Clin Orthop Trauma* 2016; 7: 286-291. 2016/11/20. DOI: 10.1016/j.jcot.2016.04.006.
10. Xia J, Cai YX, Jin ZQ, et al. Preoperative evaluation of a subungual glomus tumor case using multidetector computed tomography angiography. *Ann Dermatol* 2015; 27: 226-227. 2015/04/04. DOI: 10.5021/ad.2015.27.2.226.
11. Ham KW, Yun IS and Tark KC. Glomus tumors: symptom variations and magnetic resonance imaging for diagnosis. *Arch Plast Surg* 2013; 40: 392-396. 2013/07/31. DOI: 10.5999/aps.2013.40.4.392.
12. Al-Qattan MM, Al-Namla A, Al-Thunayan A, et al. Magnetic resonance imaging in the diagnosis of glomus tumours of the hand. *J Hand Surg Br* 2005; 30: 535-540. 2005/08/09. DOI: 10.1016/j.jhsb.2005.06.009.