

Lumps in the Hand and Fingers

Patient information from Mendip Hand Clinic

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This leaflet explains the common causes of lumps in the hand and fingers, how they are diagnosed, and what can be done about them. It is designed to support, not replace, your conversation with Miss Edwards.

Written by Miss Alison Edwards, Consultant Hand Surgeon. Published: September 2026.
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The reassuring part first

Finding a lump in your hand is worrying, and most people's first thought is cancer. So it is worth saying at the outset: cancerous tumours in the hand are very rare. The great majority of hand and finger lumps are benign — harmless — and many need no treatment at all.

That does not mean every lump should be ignored. Some cause discomfort, interfere with how the hand works, or point to an underlying condition worth treating. And a small number do need prompt assessment. There is a list further down of the features that mean you should be seen.

Why lumps develop here

The hand packs a great deal into a small space: bones and joints, tendons that move the fingers, the sheaths those tendons run through, ligaments, connective tissue, skin and soft tissue. Because these structures sit so close together, even a small change in one of them produces a noticeable lump.

Most hand lumps come from one of three places — the lining of a joint, the lining around a tendon, or a benign growth in the local tissue.

The five common ones

Ganglion cyst

What it is. A fluid-filled sac arising from a joint capsule or tendon sheath, filled with a thick, jelly-like fluid similar to the fluid that lubricates your joints. It is the most common lump in the hand and wrist. Most often it sits on the back of the wrist, but ganglions also occur on the palm side and at the base of the fingers.

What it feels like. Smooth, round or oval, soft to firm. The size often fluctuates — larger with activity, smaller with rest. Some are painful and some cause nothing at all. Occasionally one presses on a nearby nerve and causes numbness or tingling.

How it is diagnosed. Usually by examining it. Shining a light through it — transillumination — helps confirm that it is fluid-filled. A scan is only needed if the diagnosis is unclear.

What can be done. Leaving it alone is often the right answer, and more often than people expect: in UK follow-up studies, 42% of ganglions on the back of the wrist and 51% of those on the palm side disappeared without any treatment (Dias et al., 2007; Dias and Buch, 2003). Roughly half resolve on their own.

Aspiration — drawing the fluid out with a needle in clinic — shrinks the lump immediately, but because the root of the cyst remains it commonly refills: around 59% come back, against around 21% after surgical removal (Head et al., 2015).

Surgery removes the cyst together with the part of the joint capsule or tendon sheath it grows from, which is what makes recurrence less likely. There is a separate Patient Information and Consent leaflet covering ganglion excision in detail.

Flexor sheath ganglion

What it is. A small cyst on the sheath surrounding the tendons that bend the fingers, usually at the base of the finger on the palm side, near the same area involved in trigger finger.

What it feels like. A small, firm, pea-sized lump, often tender. Because of where it sits, it tends to be uncomfortable when gripping tools, handlebars or a steering wheel.

What can be done. Observation, rupturing it with a needle, or minor surgical removal. Surgery for these is straightforward and usually effective.

Giant cell tumour of tendon sheath

What it is. A benign growth arising from the lining of a tendon sheath. Despite the alarming name these are almost always non-cancerous. They are the second most common soft tissue lump in the hand.

What it feels like. Firm, usually painless, well-defined, growing slowly over months or years, often on the palm side of a finger. Unlike a ganglion it is solid rather than fluid-filled, so it does not transilluminate and does not fluctuate in size.

How it is diagnosed. Examination, usually with an ultrasound scan, and sometimes an MRI. The diagnosis is confirmed by examining the tissue after it is removed.

What can be done. Surgical removal is the usual treatment. It can recur in a small proportion of cases, but most people do very well.

Mucous cyst

What it is. A type of ganglion that occurs at the end joint of the finger, near the base of the nail. It is associated with osteoarthritis in that joint.

What it feels like. A small, translucent, dome-shaped swelling. The skin over it can become thin. It often produces a groove or ridge in the nail, and occasionally it leaks clear fluid.

What can be done. Monitoring, if it is not causing trouble. Aspiration, though it commonly recurs. Steroid injection. Or surgical removal, usually together with the small bone spurs in the arthritic joint underneath — treating the joint is what stops it coming back. Surgery protects the nail bed and the thin skin, and the nail can begin to grow a normal shape again.

The skin over a mucous cyst breaking down is a reason to be seen sooner rather than later, because the joint underneath is then exposed.

Dupuytren's nodule

What it is. A firm lump in the palm, usually near the base of the ring or little finger. It is the early stage of Dupuytren's disease, in which the connective tissue of the palm gradually thickens.

What it feels like. A firm lump in the palm with thickened skin over it, occasionally mildly tender early on. Over time, cords of tissue may form and pull the finger towards the palm.

An important point. Many people develop nodules without ever going on to a bent finger. A nodule is not a reason for treatment in itself.

What can be done. Early nodules usually need nothing. If the finger begins to bend, the options are set out in the separate leaflet, *Dupuytren's Disease — What Are My Options?*

One more worth knowing about

Epidermoid or inclusion cyst. A benign cyst formed when skin cells become trapped beneath the skin, often after a minor injury or a small puncture. Small, round, firm and slow-growing, usually painless unless it becomes infected. Treated by surgical removal, with antibiotics if it is infected.

How lumps are diagnosed

Diagnosis usually begins and often ends with a clinical examination. A hand specialist will assess the size and shape of the lump, whether it is soft, firm or fluid-filled, whether it moves with the tendons or the joints, and whether there is any tenderness or nerve symptoms.

Where more is needed: an ultrasound scan is very good at distinguishing a cyst from a solid lump, and Miss Edwards can perform one in clinic. An MRI is used when the diagnosis remains unclear. X-rays are useful where arthritis is suspected, particularly with a mucous cyst.

Anaesthetic — what to expect on the day

This depends on where the lump is, and it matters because it determines whether you need to fast beforehand.

Small lumps in the fingers and palm are usually removed under local anaesthetic, as a day case. You do not need to starve beforehand, and you can eat, drink and take your usual medications as normal.

Wrist ganglions are normally removed under a general anaesthetic. If that applies to you, the hospital will send you fasting instructions before the day, and you must follow them carefully.

Your appointment letter will tell you which applies. If you are not sure, ring the clinic and check rather than assuming.

When you should be seen

Most hand lumps are harmless. See a doctor if a lump:

- is growing, particularly if it is growing quickly
- becomes painful, or is painful from the start
- interferes with how the finger or hand moves
- causes numbness or tingling
- changes the skin over it, or the skin breaks down
- is bleeding

None of these means something sinister. They mean the lump should be looked at rather than watched.

Key points

- Most lumps in the hand and fingers are benign and common.
- The frequent causes are ganglion cysts, flexor sheath ganglions, giant cell tumours of tendon sheath, mucous cysts, Dupuytren's nodules and epidermoid cysts.
- Diagnosis is usually straightforward, from examination and often an ultrasound scan.
- Around half of wrist ganglions disappear without any treatment, so leaving one alone is a genuine option rather than a delay.
- Fasting depends on where the lump is — check your appointment letter.
- A lump that grows quickly, hurts, or changes the skin should be assessed.

Contact details

Mendip Hand Clinic, Practice Plus Group Hospital, Old Wells Road, Shepton Mallet, Somerset BA4 4LP. Bookings: 0330 818 8981.

If you think anything in this leaflet is unclear or needs updating, please tell us using the contact details above. For further background, the British Society for Surgery of the Hand publishes patient information at bssh.ac.uk/patients.

A final note

This leaflet is general information and does not replace individual advice. Your own diagnosis, options and expected recovery should be discussed personally with Miss Edwards, in line with GMC guidance on decision making and consent.

References

Dias JJ, Dhukaram V, Kumar P. The natural history of untreated dorsal wrist ganglia and patient reported outcome 6 years after intervention. *Journal of Hand Surgery (European Volume)*, 2007;32(5):502–508.

Dias J, Buch K. Palmar wrist ganglion: does intervention improve outcome? *Journal of Hand Surgery (British Volume)*, 2003;28(2):172–176.

Head L, Gencarelli JR, Allen M, Boyd KU. Wrist ganglion treatment: systematic review and meta-analysis. *Journal of Hand Surgery (American Volume)*, 2015;40(3):546–553.