

INTRODUCTION

Rheumatoid arthritis is a generalized disorder which predominantly affects synovial joints. The synovial membrane displays a chronic nonsuppurative inflammation which is associated with erosive destruction of joint cartilage, ligaments, tendons, and subchondral bone (*Manicourt et al., 1993*).

Synovial tissue particularly tendon sheath and bursae may undergo the same inflammatory changes, so tenosynovitis of flexor and extensor tendons are not rare (*Fornage, 1989*).

Finger tendon involvement is a common feature of both the early and the late stages of rheumatoid arthritis (*Grassi et al., 1993*).

A diffuse swelling between joints on the volar surfaces of the phalanges is generally regarded as the most clinical of finger flexor tenosynovitis (*Harris, 1993*).

Ultrasound has been proved a useful diagnostic modality in evaluation of tendinous abnormalities (*Martinoli et al., 1993*).

High frequency sonography is helpful in assessing even minimal finger tendon lesions in rheumatoid arthritis patients (*Grassi et al., 1993*).