Baylor Collegeof Medicine

Case Description

63-year-old male with history of sciatica presented with a one-week history of right lower leg pain, difficulty walking, and numbness in his foot after hiking

PHYSICAL MEDICINE

& REHABILITATION

• A small painful mass has developed over the past week prior to presentation to PM&R clinic

Examination

- Decreased sensation to pinprick and light touch on the dorsal aspect of his right foot with limitations in dorsiflexion or eversion
- Non-compressible visible solid mass near the head of the fibula that reproduced pain on palpation

Imaging

- Initial diagnostic ultrasound revealed a 3.7 cm hypoechoic cyst compressing the fibular nerve. Follow up right knee MRI showed a cyst (Figure 1) that appeared to branch from the nearby popliteal vein. Based on this location, the cyst was believed to be a popliteal varix.
- Pre-treatment doppler ultrasound showed no flow across the cyst (Figure 2).
- Based on these findings, a new diagnosis of intraneural ganglion cyst was made

H. BEN TAUB DEPARTMENT OF Compression of Fibular Nerve from Intraneural Ganglion Cyst, a Case Report

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Images







Figure 2





- after diagnosis

- physical therapy



Results

• The patient underwent surgical removal of the cyst to decompress the nerve and alleviate symptoms 1 month

Anterior and posterior septums compressing the fibular nerve were identified and dissected out completely.

• A 4 x 4 in human allograft was used to wrap the nerve and provide a barrier against development of future adhesions

Post op-follow up demonstrated improvement in both examination and symptomatically, with patient continuing

Discussion

Intraneural ganglion cysts are mucinous lesions formed in peripheral nerves and can lead to signs and symptoms of peripheral neuropathy. A large majority of them (60%) originate from the fibular nerve near the fibular head. The origin of these cysts is thought to be from a capsular defect of the neighboring joint allowing for cyst formation.

• This case is significant for demonstrating a few key points: • Ultrasound plus doppler can be very helpful in delineating the origin of cystic lesions

> • Superficial cysts may not always be what they seem, so it is essential to exercise caution before aspirating.