신경근육재활 및 전기진단

게시일시 및 장소 : 10 월 18 일(금) 13:15-18:00 Room G(3F)

질의응답 일시 및 장소 : 10 월 18 일(금) 15:45-16:30 Room G(3F)

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RADIAL NEUROPATHY CAUSED BY INTRANEURAL LEIOMYOMA: A CASE REPORT

BYUNG CHAN LEE[1*], JAE RIM KIM[1], HYUN JIM KIM[2], YOON LA CHOI[2], BYUNG JOON JEON[3], DUK HYUN SUNG[1†]

Samsung Medical Center, Department of Physical and Rehabilitation Medicine[1], Samsung Medical Center, Department of Pathology and Translational genomics[2], Samsung Medical Center, Department of Plastic Surgery[3]

Leiomyoma of peripheral nerve is a rare condition characterized by neuropathy of affected nerve. We herein report a rare presentation of leiomyoma of radial nerve which presented with wrist drop. The patient underwent excision of mass and attached nerve tissue, followed his medial antebrachial nerve graft for repair of the defected radial nerve. The strength of wrist dorsiflexion improved to grade 4/5 after 12 months. Utilizing its characteristic signs on MR imaging (homogeneous internal signal intensity, absence of split fat sign or target sign, and presence of hypo-intensity rim around the mass in T1-weighted and T2-weighted images), physicians can differentiate intra-neural leiomyomas from other benign peripheral nerve sheath tumors.

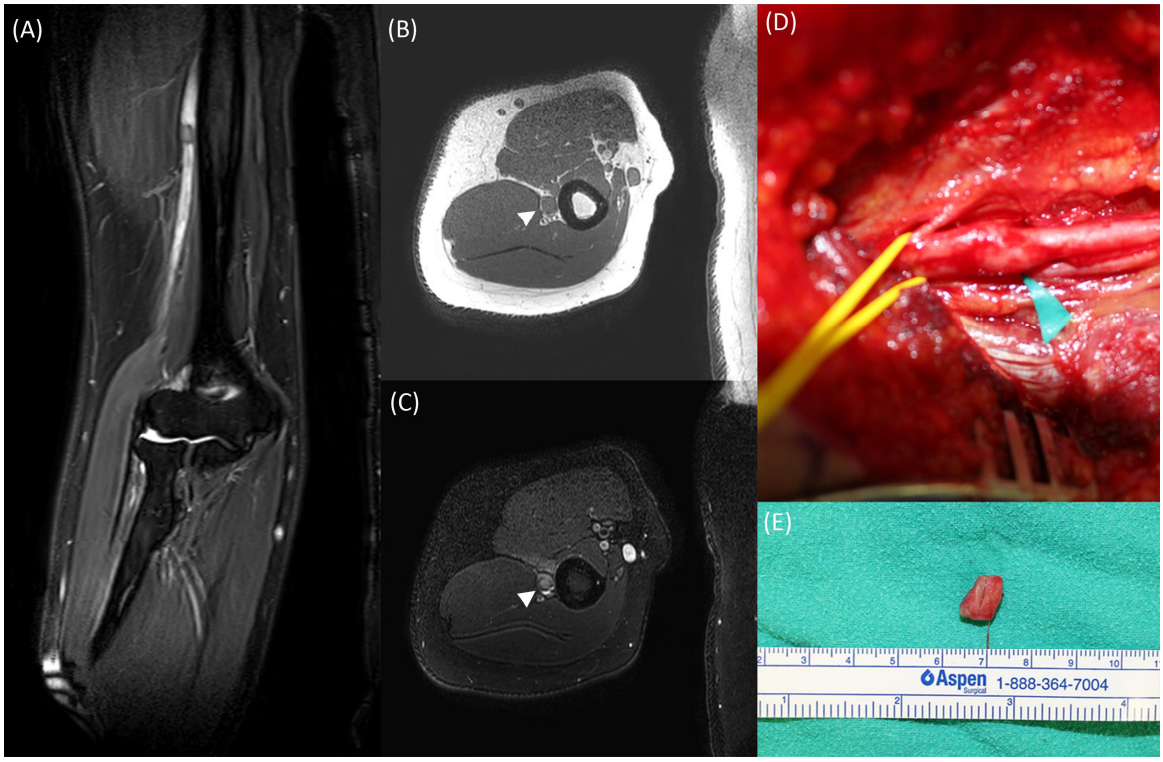

Figure. 1 Right humerus MRI. T2-weighted with fat saturation image (A) showed a 0.8 · 0.5 cm round mass within the radial nerve. Increased signal intensity and enlargement of the radial nerve below the radial groove of the right humerus was also noted. This mass exhibited an iso-intensity signal, and a well demarcated hypo-intense rim surrounded the mass in T1-weighted and T2-weighted images (B, C). The patient's right radial nerve was exposed, revealing a 0.8 x 0.5 cm-sized firm mass (D). The tumor and adjacent radial nerve were excised (E).

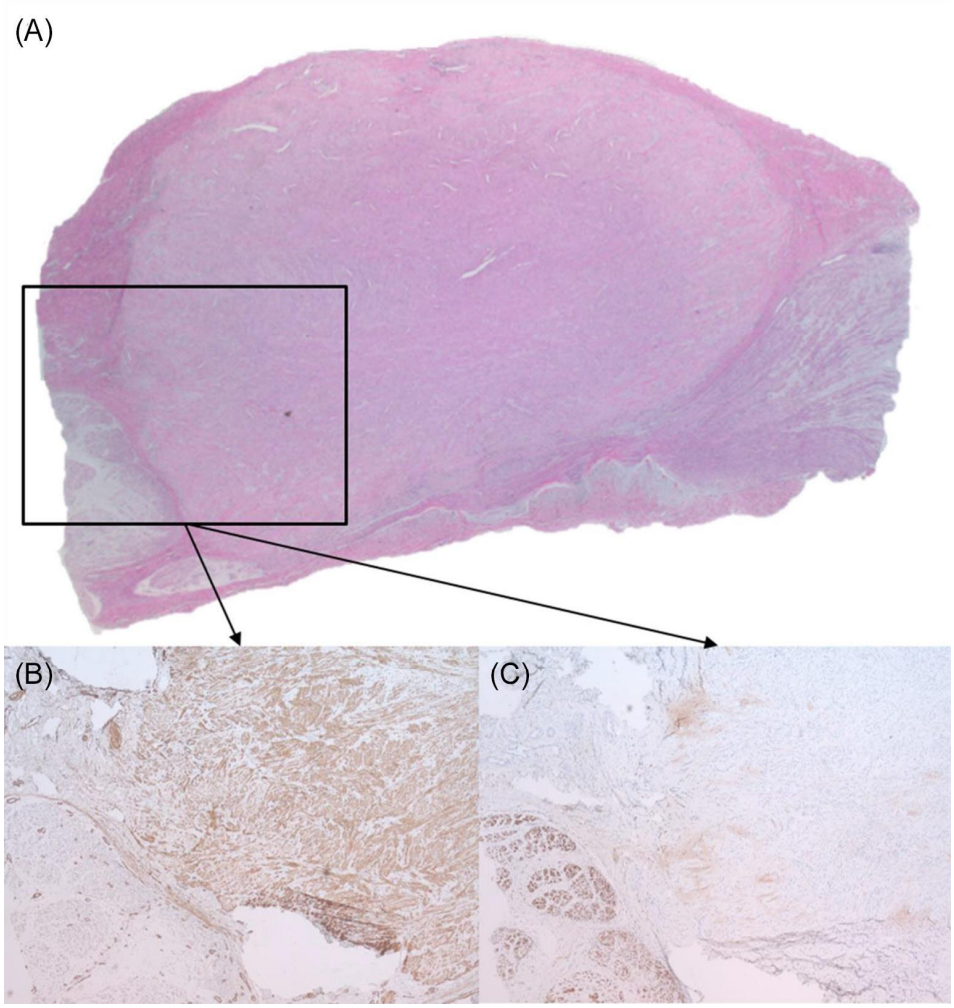

Figure. 2 Intraneural leiomyoma. Hematoxylin and eosin (H&E) stain (A) demonstrated fascicles of the radial nerve compressed at the periphery of the trunk by an intraneural tumor mass, and some axonal degeneration of the affected nerve fascicle was noted. Immunohistochemistry staining (B) showed diffuse smooth muscle actin (SMA) positivity in contrast to the S100 positive nerve fascicles shown in (C).