

Online Training

Case Study: Recognizing Lipomatosis of the Nerve

Date: Feb. 10 and, 2021

Time: 11:00 AM-1:00 PM

https://umu.zoom.us/j/63084325585?pwd=bkVhRVdZTWEvK2h6V0RSTFBvaDRaZz09





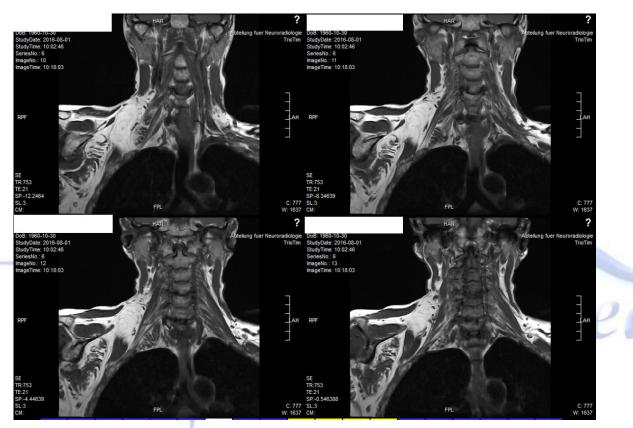


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Case report

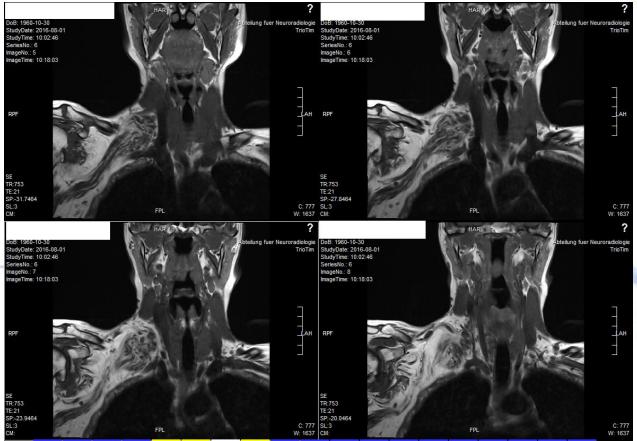
Patient with brachial pain at the right side with movement restrictions of the right hand, which are associated with hypoaesthesia and paresthesia. After several operations of the cervical spine an MRI of the arm plexus was performed for further diagnostics, in which weak contrast-affine, inhomogeneous tumor on the right side with and infraclavicular parts supradisplayed.



T2-weighted coronal image demonstrates an extraneural lipoma was posterior to the affected nerves after they exited the scalene triangle



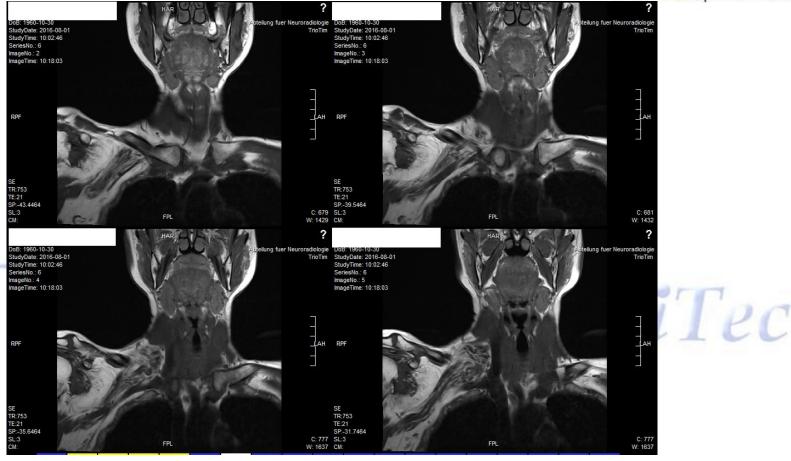
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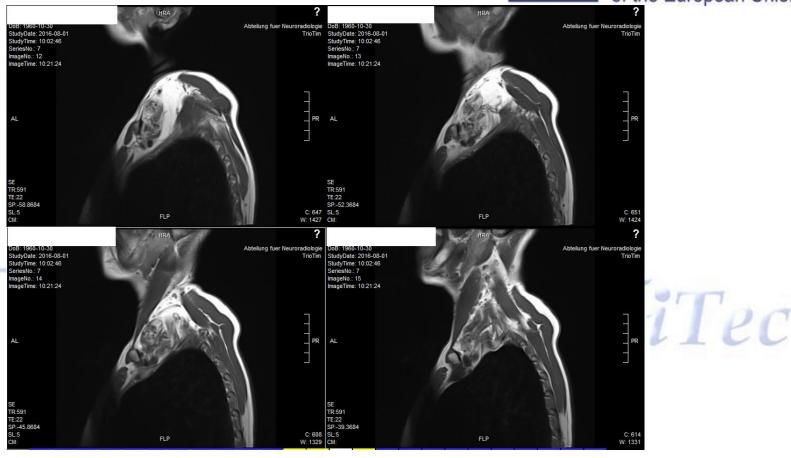
T2-weighted coronal image demonstrates the enlargement of the entire brachial plexus

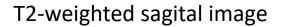


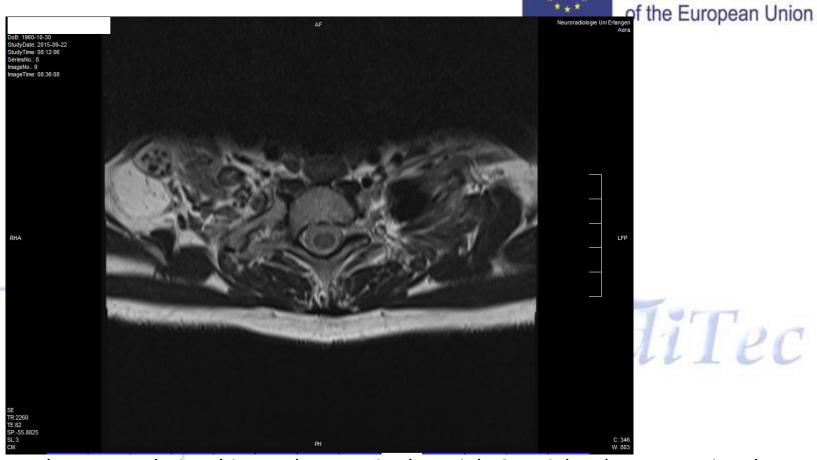


The T2-weighted coronal image demonstrates the overgrowth of the acromion and coracoid process







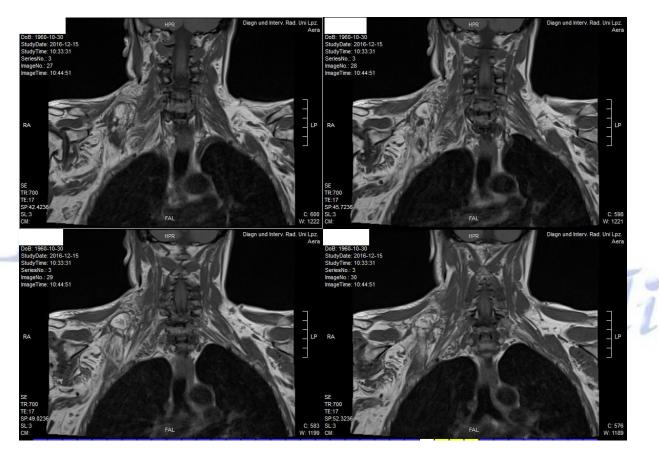


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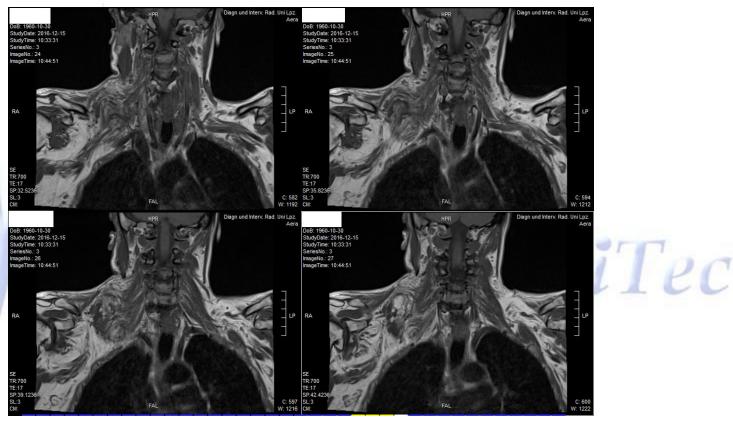
The same relationship can be seen in the axial T2-weighted cross-sectional imaging depicting the cable-like appearance of the brachial plexus (solid arrow) and the extraneural lipoma (hollow arrow)



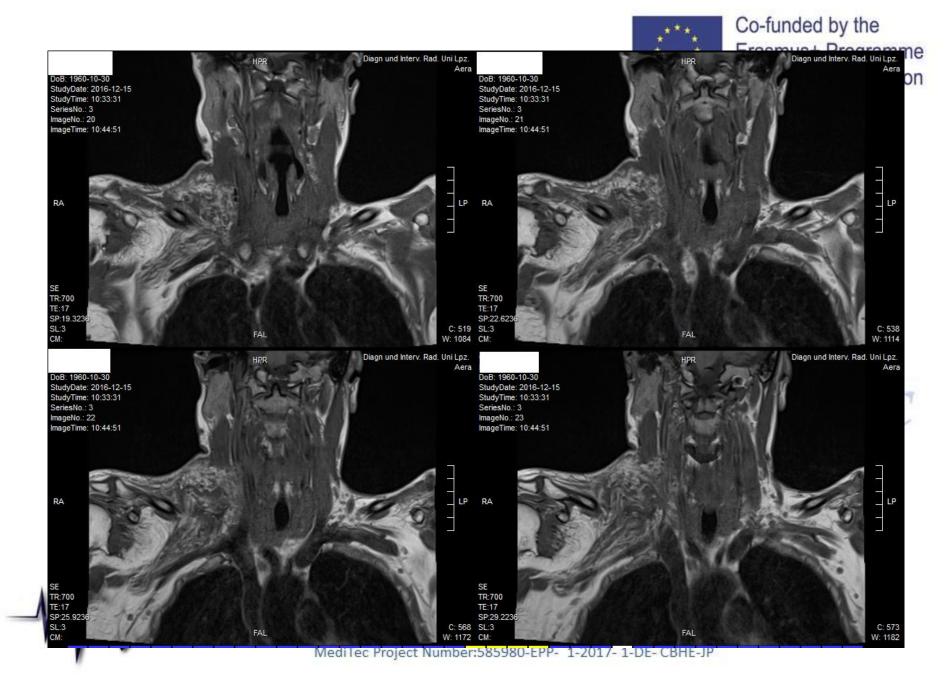




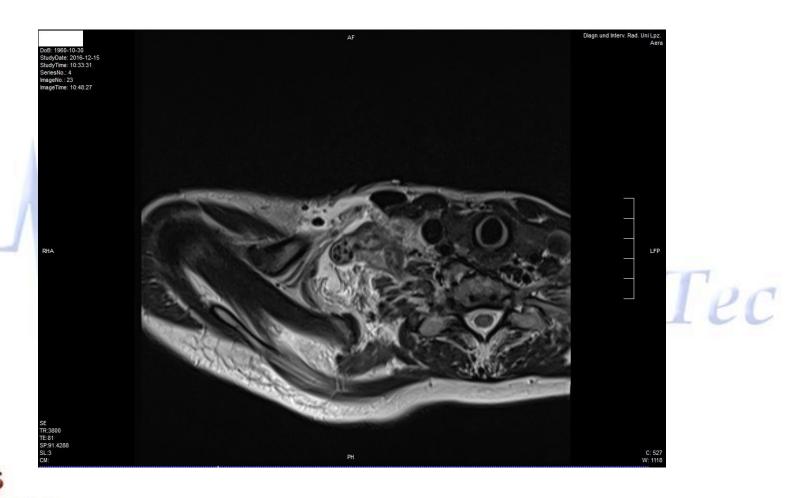






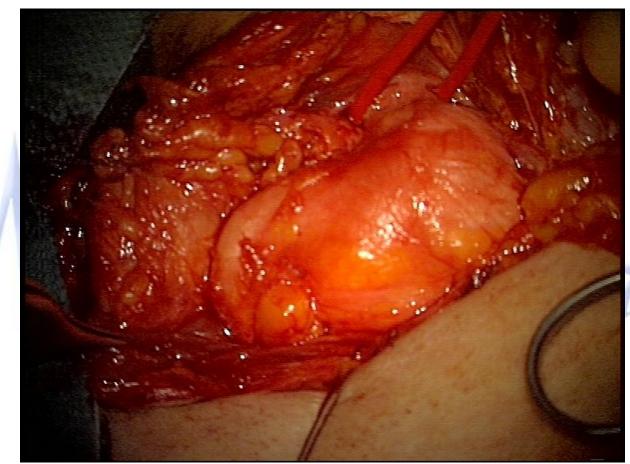










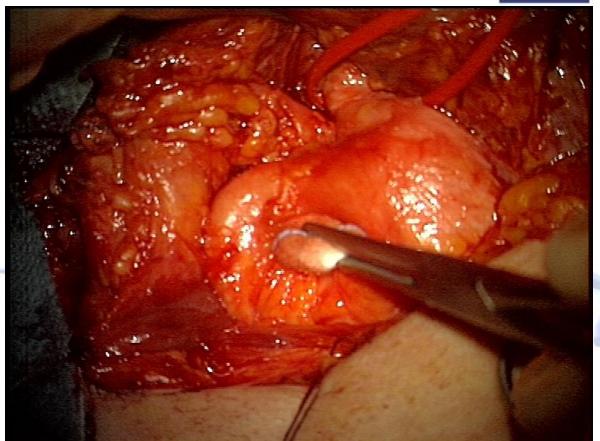


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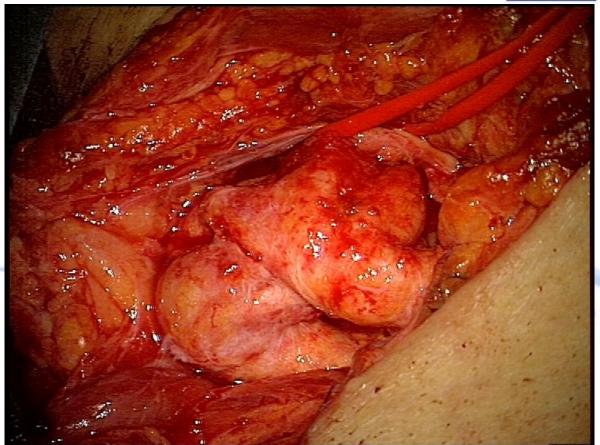


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Intraoperative microscopic photographs demonstrate the extraneural, encapsulated lipoma

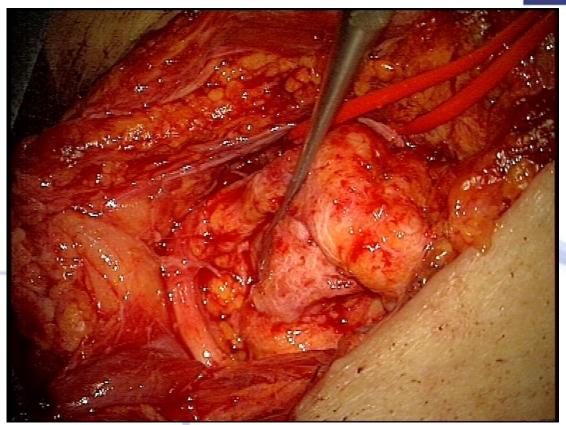


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Intraoperative microscopic photographs demonstrate the massively enlarged, redundant, and fibrotic elements of the brachial plexus.



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Intraoperative microscopic photographs demonstrate the fascicle after laborious microsurgical decompression



Postoperative the pain and hypoaesthesia were declining. There was also a subjective improvement of the claw hand but with renewed worsening after few months.

Histology:

Fibrolipomatous tissue structures with embedded vessels. The connective tissue shows some degenerative changes and high in reticulin fibers.

Partially dilated vascular structures, the vessel walls of which have in part caliber fluctuations. Smaller perivascular accentuated lymphomonocytic infiltrates. Lipomatous hyperplasia?



➤ Similar cases?

➤ Therapy proposals?

