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Common fibular nerve motor lesion as first syntom of a neoformation

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Introduction: Lesions in the common fibular nerve occur, in most cases, associated with iatrogenic nerve injury caused by compression of the knee during surgical procedures. Other causes can be due to proximal fractures of the fibula, sprain nerve by external patella dislocation, sustained compression in the region (casts, anesthesia, or occurred during sleep), or due to internal causes such as tumors.
Objectives: Description of a clinical case of compression injury in the common fibular nerve by a lipoma, at the level of the proximal fibula.
Methods: 38 years old female patient observed in an emergency room for inability to perform extension of the right hallux since 8 weeks ago. No known traumatic event.
The patient also refered pain around the knee and decreased sensibilly in the territory of the common fibular nerve. CT study revealed "lipoma/liposarcoma along the proximal fibula which can compress nerve structures". NMR revealed a large mass of about 9x4cm concerning the three compartments of the leg and to surround the proximal fibula with a set of suggestive of possible liposarcoma. Electromyography described axonal sensorimotor lesion, moderate to severe, in common fibular nerve with fascicular involvement in the extensor muscle of the hallux and short extensor of the fingers.
Was performed a guided needle biopsy of the lesion whose clinical pathology study revealed a lipoma (without malignancy sinal). The patient was submitted to a surgical excisional biopsy. During the procedure it was identify the fibular nerve (figure 1) and was performed it`s decompression (also checked the nerve integrity)
Results: Complete excision of the lesion (figure 2), which was compressing the nerve. Pathological examination confirmed lipoma. So far the patient keeps the motor deficit and diminution of sensibilly.
Conclusions: The peripheral nerve compression change nerve conduction and can damage the axon leading to Wallerian degeneration. The recovery time after injuries of peripheral nerves is variable, and in more severe cases the reversal of the injury does not occur.
In this clinical case the folllow-up is short (6M), and with unsatisfactory results.
It is necessary at this stage to wait for a longer period of follow-up to determine the evolution of the lesion. As final conclusion, this is a case of atypical presentation of a common fibular nerve injury, as a sequel to an internal compression, demonstrating the importance of a complete physical examination for definitive diagnosis.
Keywords: Common Fibular Nerve; Nerve; Lipoma; Motor Nerve Lesion

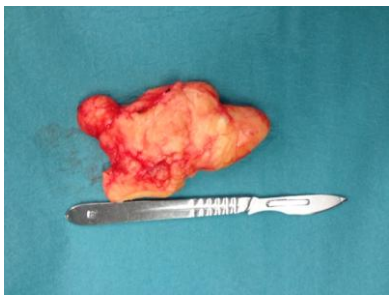

Figure 1.

Figure 2.