CHRONIC POST TRAUMATIC POSTERIOR TIBIAL NERVE NEUROMA

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Introduction: Neuroma by definition is abnormal growth of a neuron. Following injury to a peripheral nerve, the proximal nerve stump invariably attempts to regenerate toward its distal target. If this process is disorganized or incomplete, it may result in the formation of a neuroma. However, posterior tibial nerve neuroma are rare. 43 years old involved in a road traffic accident in 1993. He presented to us with complain of hyperalgesia and hypersensitive over right ankle. Swelling over right ankle increasing in size for the past 2 years. On examination noted minimal swelling over posterolateral ankle. Oblong shaped swelling of size 3x4 cm, soft in nature, smooth surface, well circumscribed, non-fluctuant, non-pulsatile non mobile, and tender on palpation. Tinel sign positive over posterior tibia nerve distribution.

Discussion: Magnetic Resonance Imaging (MRI) of right ankle showed right tarsal tunnel region bulbous sold lesion along the pathway of tibia nerve, likely compressing adjacent posterior tibia vessels. Patient was scheduled for neuroma excision and sural nerve grafting of the right ankle. Intraoperatively, posterior tibial nerve identified and was swollen. The swelling are bulbous like in nature. The affected nerve completely removed was 6 cm in length and 3 cm in diameter. We harvested the sural nerve which was 10 in length. Both distal and proximal nerve end are intact after excision. The autograft nerve reconstruction with nerve transfer procedure was done using the sural nerve as donor nerve. The procedure was further augmented with saphenous vein wrapping of the nerve. Histopathology confirmed the diagnosis of bulbous neuroma.

Conclusion: There has been an ongoing paradigm shift in the treatment of neuroma, and the nerve surgeon now has a plethora of contemporary tools available to more actively address this problem.