History

42 year old status post left below knee amputation 2 years prior with persistent pain.
Findings

MRI demonstrates previous below knee amputation with the distal tibial nerve demonstrating marked enlargement, loss of normal fascicular architecture, and increased signal intensity on the inversion recovery sequence.
Diagnosis: Stump Neuroma

Stump neuroma represents a disorganized proliferation of nerve fascicles and fibrosis at the site of a transected nerve in the setting of amputation. Stump neuromas are thought to play a part not only in the localized phenomenon of stump pain, but in a more globalized phantom pain of the amputated extremity. The role of peripheral vs. central neurologic factors in the etiology of these phenomena is still to be explained. Recent therapies have utilized neurosclerosing agents such as phenol with limited success.
Markedly thickened tibial nerve with loss of fascicular architecture.

Increased signal of the tibial nerve.
What’s the Diagnosis - Case 16

Sagittal Proton Density MRI

Normal Tibial Nerve

Stump Neuroma
Resources


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