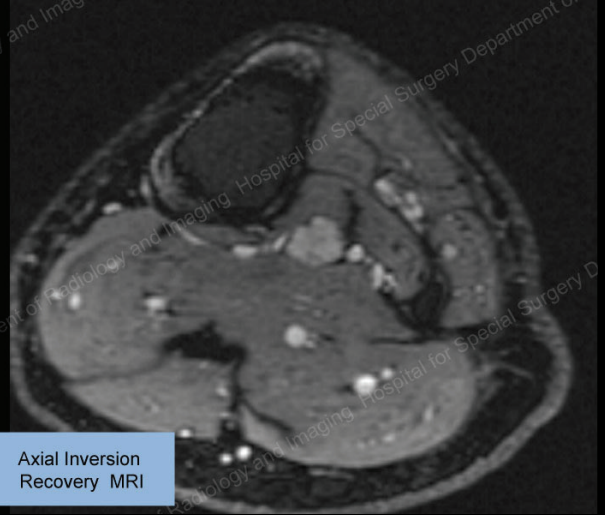


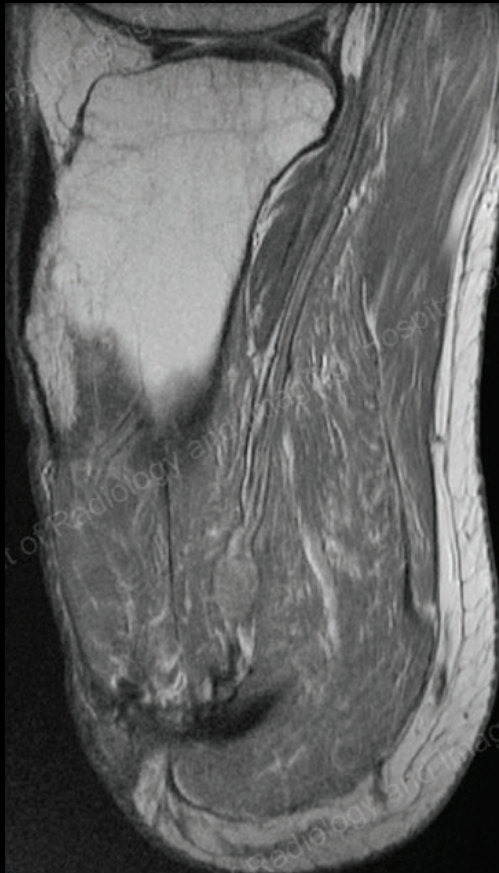
Axial Proton  
Density MRI



Axial Inversion  
Recovery MRI

## History

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



Sagittal Proton  
Density MRI

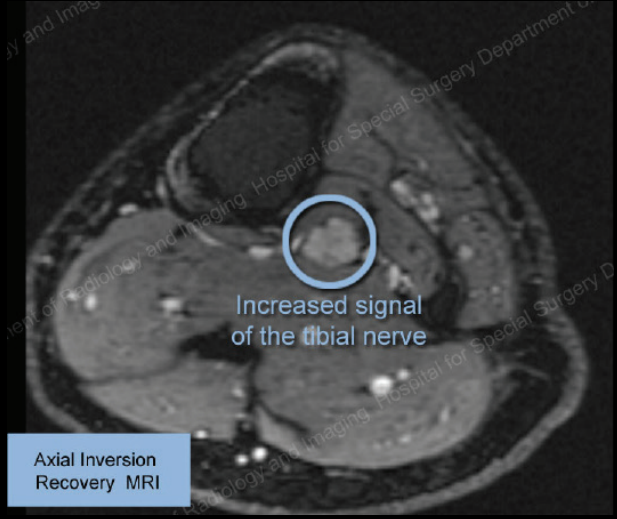
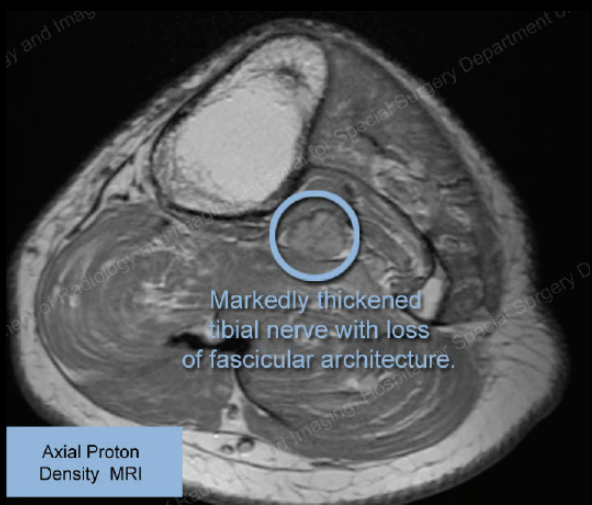


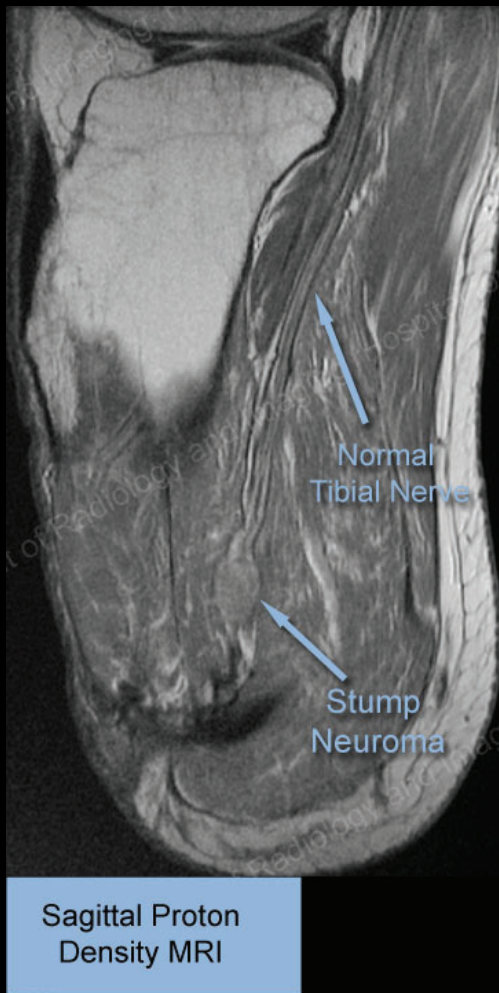
# Findings

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.









# Resources

- Galiano, Klaus, Strasak, Alexander, Peer, Siegfried. "Practical Experience with Sonographically Guided Phenol Instillation of Stump Neuroma: Predictors of Effects, Success, and Outcome." Am. J. Roentgenol. 2008;190: 1263-1269.
- Flor H. "Phantom-Limb Pain: Characteristics, Causes, and Treatment." Lancet Neurol. 2002;1: 182-189.

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