

3-24-2012

Ultrasound as a Modality for Detection and Treatment of an Ilioinguinal Neuroma

Adam Currier

University of Massachusetts Medical School, Adam.Currier@umassmemorial.org

Issam Khayata

University of Massachusetts Medical School, Issam.Khayata@umassmemorial.org

Follow this and additional works at: http://escholarship.umassmed.edu/anesthesiology_pubs



Part of the [Anesthesiology Commons](#)

Repository Citation

Currier, Adam and Khayata, Issam, "Ultrasound as a Modality for Detection and Treatment of an Ilioinguinal Neuroma" (2012). *Anesthesiology Publications and Presentations*. 113.

http://escholarship.umassmed.edu/anesthesiology_pubs/113

This material is brought to you by eScholarship@UMMS. It has been accepted for inclusion in Anesthesiology Publications and Presentations by an authorized administrator of eScholarship@UMMS. For more information, please contact Lisa.Palmer@umassmed.edu.

INTRODUCTION

Neuromas can result from any surgery and occur in 2.1% of patients with a Pfannenstiel incision.¹ This etiology is frequently missed in patients who often have their complaints dismissed as psychosomatic. This case details a patient with pain from an ilioinguinal neuroma that was successfully diagnosed and treated using ultrasound.

CASE REPORT

A 29-year-old female presented four months post C-section indicated for breech status presented with non-radiating stabbing pain located superior and lateral to the left side of her incisional scar. She reported paresthesias at the lower border of her scar extending to the midline of her abdomen. Ultrasound scanning identified a round structure in the area her pain (Figure 1). It was ovoid, hypoechoic with a hyperechoic ring measuring 3.6 mm by 3.9 mm. Functionally, it was severely tender on pressure, non-compressible and showed no vascular signal using Doppler. The diagnosis of neuroma was made and 1% lidocaine was injected around the neuroma followed by an intraneuromal injection of 2 ml of 0.25% bupivacaine and 40 mg of triamcinolone under ultrasound guidance. On follow up eight weeks later, her pain was markedly reduced, yet greater than her baseline. Another injection was repeated in the same fashion and the neuroma was observed to have decreased in size to 2.5 mm by 2.5 mm (Figure 2). She was instructed to follow-up as needed and taper off the gabapentin over the next three months.

IMAGING

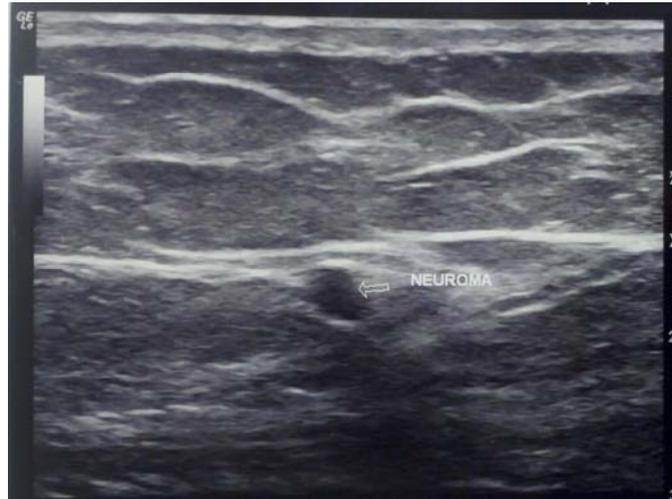


Figure 1: Left ilioinguinal neuroma



Figure 2: Left ilioinguinal neuroma decreased in size after one injection

DISCUSSION

For some time, the literature has described Morton neuromas sonographically as ovoid, hypoechoic masses; ultrasound also provides guidance during corticosteroid injections as a means to alleviate pain.² In addition, it has been reported to be helpful in the detection and treatment of painful stump neuromas from amputations as well.³ Upon literature search, we found few cases describing abdominal wall neuromas. We believe that ultrasound can provide valuable assistance in identifying the neuroma, defining its exact location and perhaps improving the success rate of neuroma injections, and ultimately the long term prognosis. Ultrasound scanning should be considered as a diagnostic and therapeutic modality when a neuroma is suspected.

REFERENCES

1. Luijendijk RW, et al. The low transverse Pfannenstiel incision and the prevalence of incisional hernia and nerve entrapment. *Annals of Surgery*. 1997;225(4):365-369.
2. Markovic M, et al. Effectiveness of ultrasound-guided corticosteroid injection in the treatment of Morton's Neuroma. *Foot and Ankle International*. 2008;29(5):483-487.
3. Ernberg LA, et al. Ultrasound in the detection and treatment of a painful stump neuroma. *Skeletal Radiology*. 2003;32:306-309.