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Ipsilateral Lower Limb Weakness After Sarcoma Treatment: A Case Report

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Given the presence of milder nerve abnormalities of the right lower limb in addition to the patient's left sided lower limb weakness, the cause is likely multifactorial and temporally related to his cancer treatments. Persistent or worsening neuropathy features may appear in patients who received vincristine despite termination of treatment. A review by Seretny et al. found that 68.1% of patients experience chemotherapy-induced peripheral neuropathy one month after chemotherapy, and 30% continue to experience neuropathy six or more months after treatment. The pattern of CIPN is typically predominantly a sensory neuropathy, but may be accompanied by motor changes, as seen in this patient, or even autonomic features.

The left worse than right pattern could suggest radiation induced neuropathy, but no myokymic potentials were seen. Myokymic potentials are common in radiation induced neuropathy, although their absence does not rule this out.

**Management:** Treatment included physical therapy, gabapentin, and an ankle foot orthosis.

**Outcome:** Fourteen months after completing radiation and seven months after completing chemotherapy, the patient's symptoms are markedly improved.

**References**

**DISCUSSION**
Neuropathy after treatment in sarcoma patients may be multifactorial. Imaging may be necessary to rule out recurrence. Establishing both the chronology of complaints and cancer treatments is important to determine the most likely etiology.