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## Intraneural ganglion cyst of the ulnar nerve: A rare localisation

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**Background:** Intraneural ganglion cysts are very rare benign tumors. They also called nerve ganglion, intraneural synovial cyst, intraneural cyst, nerve sheath ganglion, intraneural mucoid cyst, intraneural mucoid pseudocyst or intraneural ganglion. These cysts are most commonly seen in the common peroneal nerve near the head of the fibula. They are less common in the ulnar nerve. These cysts can cause pain, swelling, different variations of sensory or motor deficit at the affected nerve territory.

**Methods:** Our case is 58 years old female who complained from pain, progressive numbness, tingling and weakness at the left hand. She denied having trauma to her left hand. During our physical examination we found that muscle atrophy, swelling at the lesion side. She has positive Froment's sign. She had no provocative signs of nerve compression at his elbow or wrist. Preoperative electromyogram findings suggested that acute - subacute almost complete denervation of the muscles innervated by ulnar nerve distal to the lesion. magnetic resonance imaging showed us 9.5X7 millimeters ulnar nerve sheath tumor. Ulnar nerve seemed thicker. Surgery was performed two months after the complaints onset. During the surgery ganglion cyst was carefully excised while avoiding any damage to the surrounding nerve fibers. Gelatinous material was encountered. Gelatinous material and wall of the cyst was sent to the laboratory for pathological examination. Pathological findings were consistent with ganglion cyst.

**Results:** After surgery her complaints; especially pain recovered rapidly. 8 weeks later physical therapy and rehabilitation has been started and continued for 15 days. Electromyogram was repeated 12 weeks after the surgery. Electromyogram findings were compatible with regeneration of ulnar nerve distal to the lesion and partial axonal damage.

**Conclusions:** The English literature on intraneural ganglions are limited to only a few case reports, making it difficult for us to diagnose and plan a treatment algorithm for intraneural ganglions. We suggest surgically nerve decompression and ganglion excision for intraneural ganglion cyst. Especially in patients who's presented with pain and rapidly progressive denervation findings at nerve territory, intraneural ganglion cysts should be considered instead of entrapment neuropathy.

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