

CASE 7

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This 42-year-old woman first experienced "funny feelings" of the right great toe about four years ago; that sensation gradually spread to involve the other toes. Funny feelings included tingling, pins and needles, hot and cold sensations recurred and worsened during the past several months before the admission for surgery. One year after the onset of funny feelings, she started to experience pain in the right toes which later spread to the whole right foot. The pain was continuous, intermittently severe, affected her during weight bearing and at rest, and interfered with sleep. She also experienced some pain in the right calf muscle. On examination the right toe was hyperpathic and dystonic, demonstrating peculiar involuntary toe movement. The right popliteal fossa felt full and tender to percussion. She had no difficulty in manipulating her right toe during all tests of gait and station. However, once any type of manual examination on the right foot was attempted, she brought the foot and toes into plantar flexion and would not relax them. This made testing of the right ankle jerk impossible. Sensory examination was normal. There was an equivocal positive Tinel's phenomenon with percussion of the right posterior tibial nerve at the medial malleolus. There was tenderness over the right metatarsal arch. The straight leg raising test was negative. EMG localized a lesion between the mid thigh and above the knee. An MRI (to be shown) revealed a right tibial nerve tumor 15 cm in length, 1.8 cm in diameter and spindle in shape. The tumor was removed. Six months later, she continued to have pain in her calves with some dysesthesias. Careful lymphnode examinations and repeated chest x-rays were negative and she was doing well otherwise one year after the surgery.

Material Submitted:

- 1) One H&E slide from right tibial nerve tumor
- 2) One unstained slide from the same

Points of Discussion:

- 1) Diagnosis
- 2) Pathogenesis and correlation of:
 - a) onion-bulb formation
 - b) lymphofollicular formation
 - c) vasculitis
- 3) Clinicopathologic correlation