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# Medical Journal of Indonesia

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Paracentesis as an initial intervention in Malay Indonesian eyes with acute primary angle closure
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Benign schwannoma of the radial nerve mimicking cervical radicular pain
Radicular pain on the arm often referred to cervical disc problems, but it might be due to peripheral nerve tumor, which requires careful neurological examination.

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Benign schwannoma of the radial nerve mimicking cervical radicular pain

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Abstract

Radicular pain on the arm often referred to cervical disc problems. If cervical MRI is normal, then it is necessary to rule out peripheral nerve tumor. A 54-year-old man presented with radicular pain in his left arm, investigated for cervical disc problems, with normal cervical MRI. Examination shows a positive Tinel's sign on the proximal part of his left arm. Focal MRI revealed a lobulated tumor in the radial nerve 1.5 cm in diameter. The patient was operated and the tumor was completely removed. Histopathology confirmed the diagnosis of schwannoma. (Med J Indones. 2012;21:118-20)

Keywords: Peripheral nerve tumour, radicular pain, schwannoma, Tinel's sign

Schwannoma, also known by other names such as neurilemmoma or neurinoma refers to the tumor arising from Schwann cells, the cells that provide myelin sheath insulation for peripheral nerves.¹ It is the predominant tumor of peripheral nerves. This report discusses a case of a benign schwannoma arising from the radial nerve of the patient's left arm. Only 19% of schwannomas are found in the upper extremity.² Within the upper limb, schwannomas tend to associate with major nerves of flexor surfaces, such as the ulnar nerve; therefore schwannoma of the radial nerve, which supplies extensor compartment, is a rare finding. Only 7% of all peripheral schwannomas (excluding intracranial cases) arise from the radial nerve.³

CASE REPORT

A 54 year old male shopkeeper presented with a 2 year history of spontaneous pain on his left arm. Each episode of pain lasted approximately between an hour to a day. The pain gradually became more frequent and severe; occasional night pains affected his sleep. While taking a shower, the patient noted that palpation of medial aspect of his left arm evoked a radicular tingling pain. The patient had a history of a burn on the posterior aspect of his left forearm 11 years previously. The patient is otherwise healthy.

The patient presented to other institution. Cervical magnetic resonance imaging (MRI) was taken, but it did not reveal any pathology. The patient was treated for muscle pain with pain killer and physiotherapy, but the pain persisted. Eventually he was referred to our unit.

Upon clinical examination, a palpable mass was identified on the medioposterior side of proximal part of the patient's left arm, close to the axilla. Palpation of the mass produced a radicular tingling-like pain originating from the site of palpation which travelled through the posterior aspect of arm down to the dorsum of the hand (positive of Tinel's sign). The journey of the pain corresponded to the cutaneous sensory branches of the radial nerve. Other findings of the clinical examination were unremarkable.

MRI on left upper arm demonstrated a lobulated mass lesion of a diameter of 1.5 cm on the radial nerve at the level of proximal part of humerus, between the medial head of the triceps muscle and the brachialis muscle. On T-1 weighted imaging with gadolinium enhancement, the mass appeared hyperintense with respect to the surrounding muscles (Figure 1 & 2).

The patient was operated under general anesthesia. A linear incision was made with the patient in supine and arm-extended position. The proximal and distal ends of the fascicle involving the tumor were identified and complete removal was performed. The tumor only involved one nerve fascicle and there were no extraneural tumors.

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