

Traumatic neuroma

- Case report of traumatic bile duct neuroma mimicking cholangiocarcinoma after iatrogenic bile duct injury 13 years ago
- A Rare Case of Myofibroma of the Mandible Complicated by Traumatic Neuroma Arising After a Conservative Surgical Approach
- Return to Preoperative Level of Sporting Function after Surgical Repair of the Pyramidalis-Anterior Pubic Ligament-Adductor Longus Complex in Professional Athletes
- Targeted Muscle Reinnervation Using the Anterior Interosseous Nerve for Symptomatic Wrist Level Neuromas
- Traumatic retroperitoneal neuroma at the site of prior radical nephrectomy: A case report
- Radiological approach to metatarsalgia in current practice: an educational review
- PREVENTION OF SYMPTOMATIC NEUROMA BY USING SYNTHETIC CONDUITS IN FINGER AMPUTATION STUMPS
- Ultrasound-guided platelet-rich plasma injection for traumatic painful neuroma of brachial plexus: a case report and literature review

Traumatic [neuroma](#) is a pathological condition of the peripheral nervous system consisting of localized proliferation of injured nerve elements.

In particular, traumatic neuroma results from trauma to a nerve, often during a surgical procedure.

Nerve Injury or Irritation: Neuromas often develop as a response to nerve injury, irritation, or compression. Common causes include surgical procedures, traumatic injuries, repetitive motion, or pressure on a nerve.

see [Entrapment neuropathy](#)

[Neuroma](#) formation following transection of the palmar cutaneous branch (PCB) of the [median nerve](#) as a complication of [carpal tunnel release surgery](#)

[Neuroma](#) of the dorsal sensory branch of the [radial nerve](#)

The symptoms depend on the type of involved nerve (motor and/or sensitive) and on the site and the extension of the lesion. Ultrasound is the best tool to depict the morphology of nerves, especially in traumatic conditions.

Case series

18 patients with neuromas (not transected) occurred after a closed nerve trauma evaluated with clinical and ultrasound assessment. The clinical evaluation was related to the % of increase of cross sectional area as detected by nerve ultrasound respect to normal nerve.

Observed dimensions of neuromas are not related to function until neuroma have cross sectional area 5 times enlarged respect to normal nerve, in this case recovery never occurs.

The study failed to clear detect a relation between cross sectional area enlargement of neuroma and

nerve function, but showed a cut off beyond which prognosis is negative. This result provide some useful information for prognosis, nevertheless we believe that future perspective studies are needed to better understand the timing of developing neuromas and its evolution ¹⁾.

1)

Coraci D, Pazzaglia C, Doneddu PE, Erra C, Paolasso I, Santilli V, Padua L. Post-traumatic neuroma due to closed nerve injury. Is recovery after peripheral nerve trauma related to ultrasonographic neuroma size? *Clin Neurol Neurosurg.* 2015 Nov 2;139:314-318. doi: 10.1016/j.clineuro.2015.10.034. [Epub ahead of print] PubMed PMID: 26571458.

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