A 61-YEAR-OLD OTHERWISE HEALTHY man presented with pain and altered sensation in his right wrist and palm. Physical examination revealed painful and lightening Tinel sign at the base of the thenar eminence as the only abnormal sign. Electrodiagnostic studies showed a 30% reduction in the sensory action potential amplitude of the palmar cutaneous nerve as compared with the left, without any change in the usual transcarpal parameters of the median and ulnar nerve conduction studies. Magnetic resonance imaging of the wrist demonstrated a subcutaneous mass on the palmar aspect of the wrist, suggestive of a peripheral nerve sheath tumor (Figure 1). At surgery, the tumor was found to be an encapsulated mass of the thenar branch of the median nerve, in contrast with the invasive, nonencapsulated characteristics encountered in neurofibromatomas. Histopathologic examination was compatible with a schwannoma (Figure 2). The operation was reported to be without complications, and at 12 months' follow-up, the patient was asymptomatic, underlying the good prognosis of some median nerve tumors.

COMMENT

The interest of this case lies in the unusual location of the schwannoma in the palmar cutaneous branch of the median nerve, which was not demonstrable by performing more conventional nerve conduction studies through the carpal tunnel. This underlines the usefulness of combining recordings of unusual sensory nerves with imaging in atypical carpal tunnel presentation cases. As far as we know, there is no other case described in the literature of schwannoma of this branch of the median nerve.

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REFERENCES

Figure 1. Magnetic resonance imaging findings. Axial T1-weighted (A), proton density–weighted (B), and gadolinium-enhanced fat-suppressed T1-weighted magnetic resonance images (C), revealing a tumor in the cutaneous branch (arrow) of the median nerve (arrowhead), medial to the flexor carpi radialis tendon (*). avidly enhancing after intravenous administration of contrast material. C indicates capitatum; L, lunatum; R, radius; and U, ulna.

Figure 2. Pathology findings. Histological overview of the tumor, showing a well-delineated nodular encapsulated mass with histologic section showing the typical biphasic pattern of benign schwannoma, with an Antoni A (*) and B (†) pattern (hematoxylin-eosin).