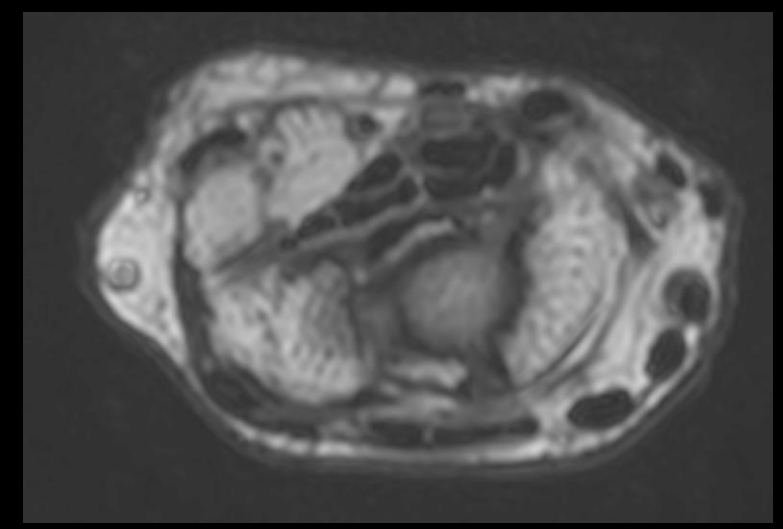
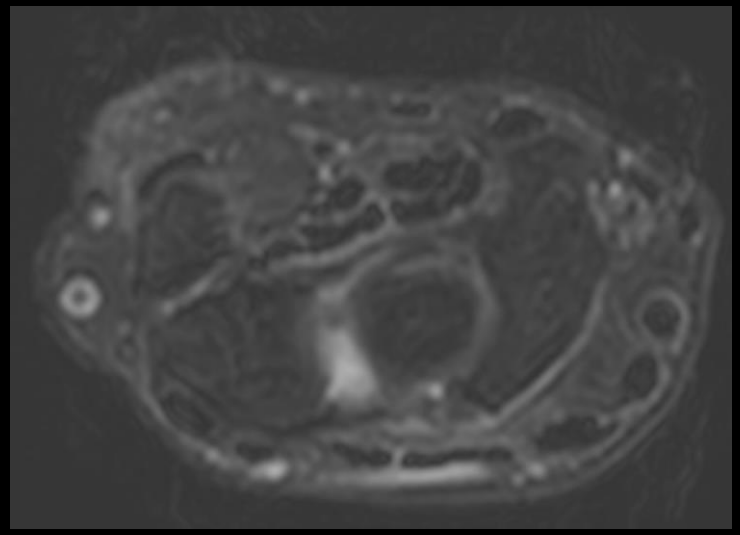
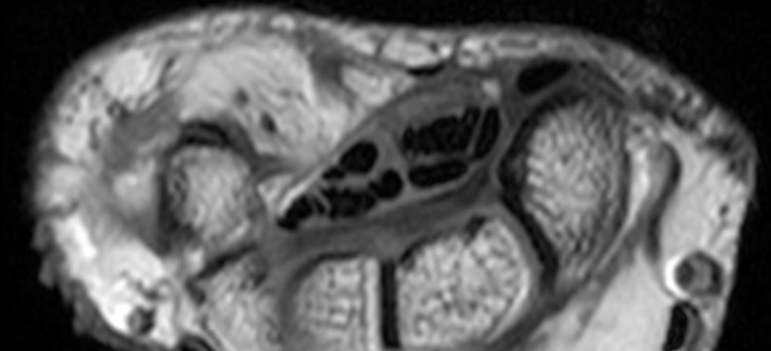
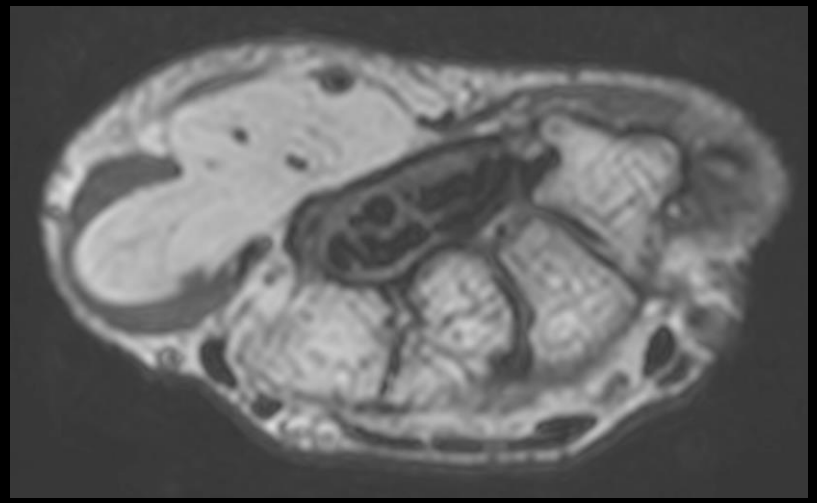
MICOD – 10/06/2024
Case contributor – Dr. Ankur Shah

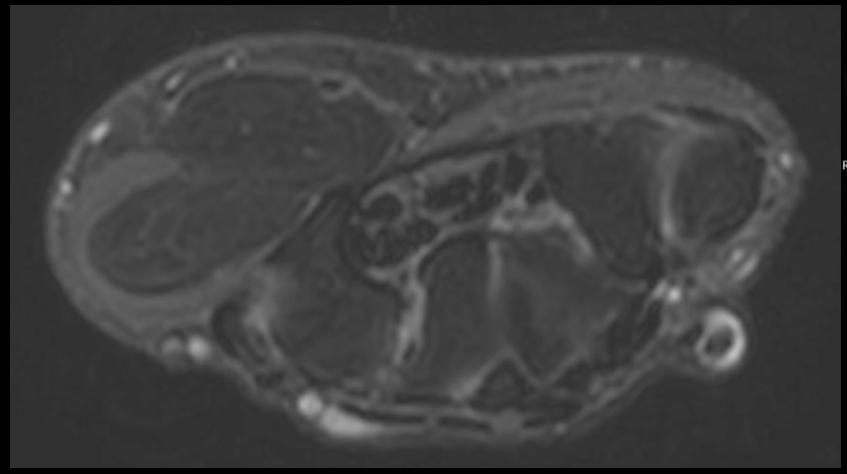
Intraneural lipoma in ulnar nerve

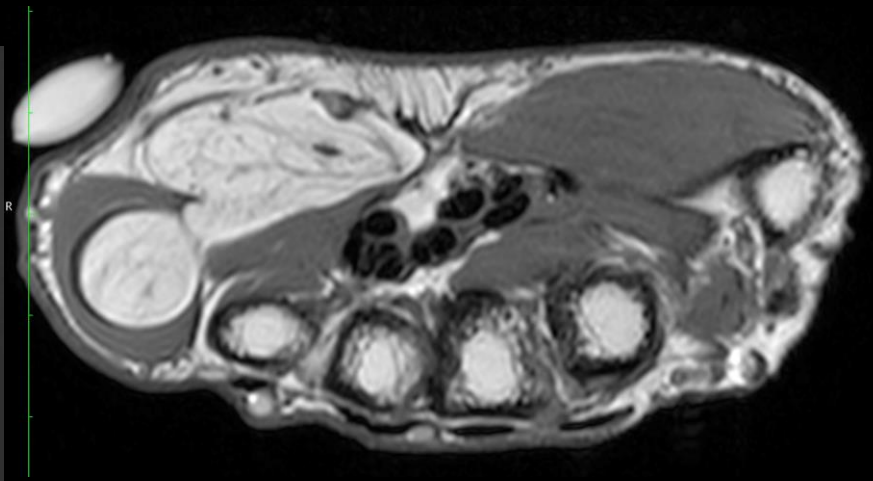












T2

STIR

T1

Intraneural lipoma in ulnar nerve

Intraneural lipoma in ulnar nerve

- Rare peripheral nerve tumor in an uncommon location
- Although its benign course, it can cause disabling symptoms such as pain, diminished sensation or paraesthesia, tenderness, and occasionally even loss of strength.
- MRI helps in characterizing these lesions obviating most of the times the need of biopsy and also helps in planning treatment.
- Intraneural lipoma appears as a focal fatty mass hyperintense on T1 and T2 completely separated to the nerve which loses signal on fat-saturated sequences

- The main differential diagnosis of this entity is fibrolipomatous hamartoma (FLH) which consists of distributed fat in contiguity with the nerve as opposed to intraneural lipoma
- On MRI, FLH has a spaghetti-like appearance on coronal images and in the axial images exhibits a coaxial-cable-like appearance
  - ✓ Cylindrical hypointense structures correspond to nerve fascicles and fibrous tissue surrounded by high signal intensity adipose tissue
  - ✓ Nerve fibers show low signal intensity both in T1 and T2
- This differentiation is very important because it has different implications in management

Matos I, Miragaia L, Florim S. Intraneural lipoma of the ulnar nerve: A rare case report and review. Radiol Case Rep. 2023 Aug 30;18(11)

Thank you