MI-COD

MSS INDIA- Case Of the Day



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Case contributor – Dr (Prof). Rajesh Botchu and colleagues Musculoskeletal Society of India (MSS) & Indian Journal of Musculoskeletal Radiology (IJMSR), the official publication of MSS India

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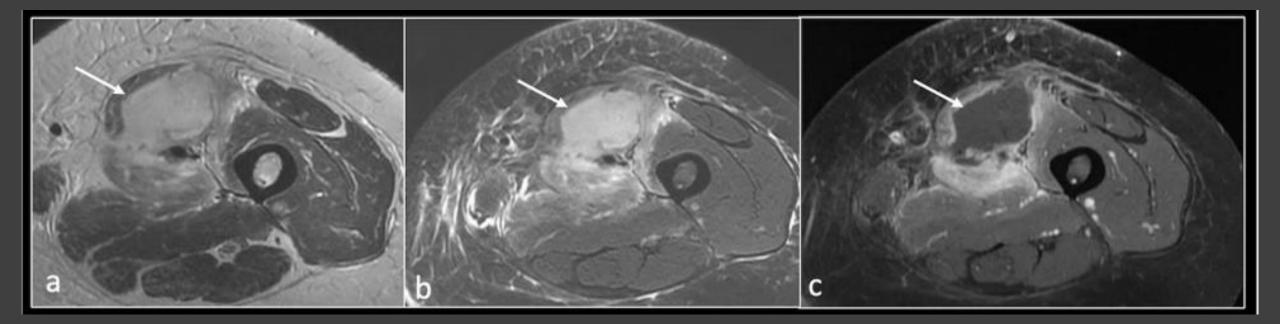
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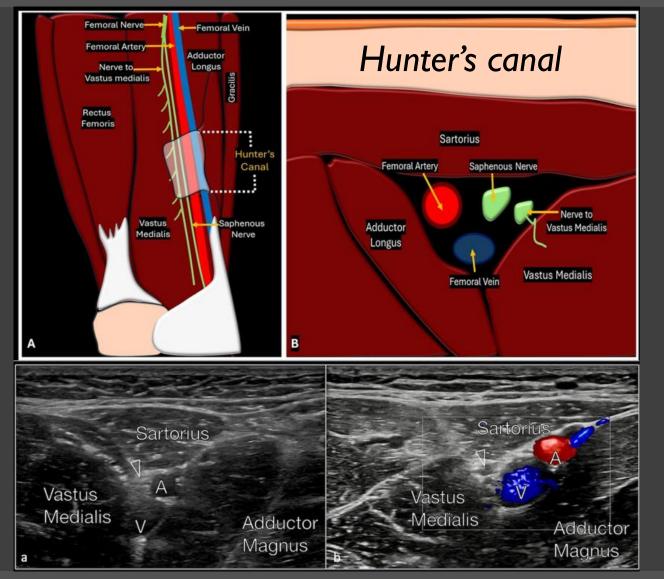


MRI images of a 40-year-old lady



Axial T2 (a), STIR (b), T1 fat-suppressed post-contrast (c) MRI images show large rim enhancing abscess in the Hunter's canal

Saphenous nerve abscess



Diffuse thickening and decreased echogenicity of the saphenous nerve are seen in cases of saphenous neuritis, and can be associated with abscess.

- Thickening and hypo echogenicity, accompanied by adjacent hyperemia seen on ultrasound as increased signal on Doppler are seen in cases of neuritis
- Presence of hypoechoic, avascular areas, with a few mobile echoes on ultrasound could represent abscess formation.

This presentation is indicative of a leprotic saphenous nerve abscess, which can often be mistaken for a neurofibroma. In regions where leprosy is prevalent, differential diagnosis should include nerve abscess.

Mettu S, Saran S, Shirodkar K, Shah AB, Shah BR, Siddi Ganie I, Raghu Teja KJSS, Iyengar KP, Botchu R. Anatomy and pathology of adductor canal (Hunter's canal). Skeletal Radiol. 2024 Oct 13.

Saphenous nerve abscess



Companion case - In a 57-year-old lady patient with leprosy, the short axis image (a) shows a marked enlargement of the saphenous nerve along with a loss of the honeycomb pattern. Intra fascicular edema is seen to extend into the cutaneous branches of the saphenous nerve. Extended field of view image (b) of the Hunter's canal shows loss of the filamentous pattern along with architectural distortion in the thickened saphenous nerve. The complex cystic lesion within the enlarged nerve represents a poorly liquefied intraneural and perineural abscess.

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