AANP Slide Session 1989

# Case #4

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Reference #: S88-27831

Clinical Abstract: J.Z. is a 28-year-old white female who presented in July, 1986 with complaints of pain in the lateral left foot and ankle of recent onset. Past medical history included Harrington rod placement for scoliosis in 1985 and an undisclosed illness. Family history is positive for hypertension only. Social history includes social alcohol consumption and 3.5 pack year smoking history. Physical examination revealed a mass in the left popliteal fossa and an entirely normal neurologic exam. EMG was not performed. CT scan of the lower left thigh confirmed a 5 x 5 cm mass in the expected position of the common peroneal and tibial nerves and displacing the posterior compartment musculature. Total excision of a tumor obliterating the left common peroneal and tibial nerves was achieved in August 1986. No invasion of contiguous structures was noted at the time of surgery. The patient received no further treatment and was well and without evidence of disease until September, 1988 when left lateral foot pain recurred. CT scan of the left thigh revealed a 3 cm soft tissue mass in the expected position of the common peroneal and tibial nerves previously operated with no invasion of contiguous structures. An excision of the tumor was undertaken in early November 1988. At the time of surgery, the tumor encompassed the left tibial nerve, however, the common peroneal nerve was free of tumor. The tumor was completely excised and a sural-tibial nerve graft completed with good post-operative functional result.

Material Submitted: One H&E stained and one unstained microscopic section.

Points for Discussion:

1. What is the best diagnosis for this lesion?
2. What is the histogenesis of the globoid cells?
3. What undisclosed illness might this patient have?