Detection of Intraneural Ganglia With Nerve Sonography as a Cause for Painful Peroneal Palsy: a Case Series and Review of the Literature

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Acute peroneal palsies reflect the most common acquired mononeuropathy of the lower extremities. Risk factors are external compression at the fibular head, severe weight reduction, and diabetes mellitus. Peroneal nerve lesions may also be caused by structural lesions like intraneural ganglia, but MRI or ultrasound is rarely applied in this condition. Thus, the true incidence of intraneural ganglia as cause of acquired peroneal palsy is unknown. Data in the literature are limited and heterogeneous, but intraneural ganglia could be responsible for up to 18% of cases of acute peroneal palsy.

Conclusion: In selected cases acquired peroneal palsy is caused by intraneural ganglia. In contrast to the much more frequent "loco typico" lesion which is caused by external pressure intraneural ganglia can be treated by microscopic nerve surgery as part of primary treatment strategy. A careful clinical history as well as a profound clinical and electro-physiological examination are required to disclose unusual findings. These are common in non-typical peroneal palsy. In this situation high resolution nerve sonography is a fast and sensitive method to detect intraneural ganglia.

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