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ABSTRACT
Sub periosteal neurilemoma is very rare. As per our knowledge this is the third reported case. We report a case of young male of 35 years with unexplained knee pain for two years. Without any obvious diagnosis, he was treated with all possible medicaments and physiotherapy. Radiograph was unremarkable. Case confirmed with ultrasonography and excisional biopsy. With excision of mass patient was pain free.

Keywords: Femur, Knee pain, Neurilemoma, Subperiosteal.

INTRODUCTION
Neurilemoma are benign tumors arising from schwann cells of the nervous system. These are usually solitary, encapsulated tumors found on nerve roots. Of all bone tumors neurilemoma accounts for less than 0.2%. It is usually seen in medullar cavity of bone, rarely it is seen under the periosteum. As per the literature there are only two such cases of subperiosteal neurilemoma. These tumors were more common in males with peak in adult age group. Diagnosis of these tumors is usually late, because of its deep location under the periosteum and muscle mass. Mostly patient are treated on different lines before the diagnosis is confirmed. We present a rare case of subperiosteal neurilemoma in a young male of 35 years situated on distal aspect of femur with diffuse knee pain.

CASE REPORT
A young male of 35 year presented with diffused knee pain (Figure 1) for last 2 years. He was on different medication and physiotherapy. But his pain was not responding to analgesics and progressive, in spite of treatment at various clinics. On examination his knee was mobile without any ligament instability and deformity. A vague small swelling was palpable but not visible on medial aspect of lower third of thigh. Swelling was deeply placed where the margin and mobility was difficult to delineate. Routine radiograph of knee was unremarkable (Figures 2,3). Ultrasonography revealed well defined hypoechoic lesion overlying left femur measuring 1.24 Cm X 0.64 Cm without calcification, cystic change, vascularity and bony erosion (Figure 4). Next we planned for excisional biopsy. Intra operatively it was a small glistening mass under the periosteum free from bony cortex measuring 1.4 Cm X 1.0 Cm (Figure 5). On Biopsy the mass was confirmed as neurilemoma. Following excision of the mass pain subsided significantly. Following two weeks of surgery knee was pain free. Patient is asymptomatic till now (4 years follow up).

DISCUSSION
Neurilemoma otherwise called as schwannoma is a benign tumor of nerve sheath. It arises from schwann cells of nerves and mostly on sensory nerves. Neurilemoma are commonly seen in young individuals and in 10 to 15% cases it is associated with neurofibromatosis. Among all...
bone tumors, Neurilemoma is very rare and contribute to less than 0.2% of all bone tumors.\textsuperscript{3,4}

It is usually seen in intraosseous areas of long bones such as tibia, fibula, femur, humerus etc.\textsuperscript{5-7} We found a very rare case of neurilemoma located at subperiosteal region of distal femur. Because of its juxta-articular location patient complained of diffuse knee pain and lead to a diagnostic dilemma. He was treated in line of knee pain at many places for years with medication and physiotherapy without any relief.

A similar one and only case of subperiosteal neurilemoma on of femur was reported by Verma et al. in the year 2002.\textsuperscript{8}

\textbf{CONCLUSION}

Subperiosteal location of neurilemoma is very rare. As it is deeply placed and difficult to palpate diagnosis is usually late. Unexplained diffuse pain around a long bone without any other sign and symptoms, subperiosteal neurilemoma can be thought of.

\textbf{Consent}

Written informed consent was obtained from the patients for publication of this case report and any accompanying images. A copy of the written consent is available for review by the Editor-in-Chief of this journal.

\textbf{Authors’ contributions}

The corresponding author operated the patient, 2\textsuperscript{nd}, 3\textsuperscript{rd} and 4\textsuperscript{th} author assist the operation the 5\textsuperscript{th} author wrote the original report and performed a literature review. All authors have read and approved the final manuscript.

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