INTRODUCTION

Neuromas can result from any surgery and occur in 2.1% of patients with a Pfannenstiel incision.\textsuperscript{1} This etiology is frequently missed in patients who often have their complaints dismissed as psychosomatic. This case details a patient with pain from an ilioinguinal neuroma that was successfully diagnosed and treated using ultrasound.

CASE REPORT

A 29-year-old female presented four months post C-section indicated for breech status presented with non-radiating stabbing pain located superior and lateral to the left side of her incisional scar. She reported paresthesias at the lower border of her scar extending to the midline of her abdomen. Ultrasound scanning identified a round structure in the area her pain (Figure 1). It was ovoid, hypoechoic with a hyperechoic ring measuring 3.6 mm by 3.9 mm. Functionally, it was severely tender on pressure, non-compressible and showed no vascular signal using Doppler. The diagnosis of neuroma was made and 1% lidocaine was injected around the neuroma followed by an intraneurual injection of 2 ml of 0.25% bupivicaine and 40 mg of triamcinolone under ultrasound guidance. On follow up eight weeks later, her pain was markedly reduced, yet greater than her baseline. Another injection was repeated in the same fashion and the neuroma was observed to have decreased in size to 2.5 mm by 2.5 mm (Figure 2). She was instructed to follow-up as needed and taper off the gabapentin over the next three months.

REFERENCES