

# GIANT LIPOMA OF THE DEEP PALMAR SPACE, MIMICKING PERSISTENT CARPAL TUNNEL SYNDROME

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**In a patient with persisting signs of median nerve compression, a giant lipoma of the deep palmar space was discovered during revision surgery. All symptoms disappeared postoperatively.**

**Keywords :** giant lipoma ; palmar space ; carpal tunnel syndrome.

**Mots-clés :** lipome géant ; espace palmaire ; syndrome du tunnel carpien.

## INTRODUCTION

This article describes a case of persisting symptoms of median nerve compression in the carpal tunnel after decompression and progressive swelling of the hand, due to a large mass in the deep palmar space.

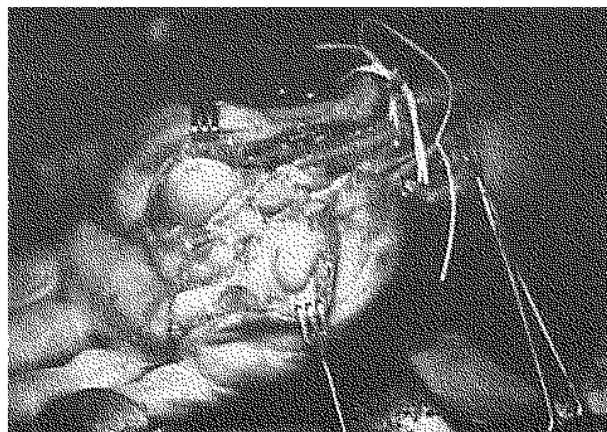
## CASE REPORT

A 58-year-old male printer consulted the hand clinic for persisting paresthesias and numbness in the thumb and the three radial fingers of the right hand. He had undergone a carpal tunnel release four years before but noticed that the symptoms did not disappear completely. One year after the operation moderate swelling of the palm of this hand appeared. The swelling increased progressively.

The swelling was firm and seemed to be adherent to the carpal and metacarpal skeleton. Sensibility was not disturbed. Phalen's test was negative, but Tinel's sign over the median nerve in the carpal tunnel was positive.

Through a Y-shaped palmar incision, the carpal tunnel and the midpalm were exposed. The trans-

verse ligament was found to be completely divided. The median nerve and the common digital nerves were stretched over a large mass, obviously compressing these nerve branches (fig. 1) from the carpal canal to their divisions into the proper digital nerves. The tumor seemed to originate in the deep midpalmar space. The mass was carefully dissected from the neighboring structures and shelled out in toto. The mass measured  $8 \times 6 \times 2.5$  cm, (weight 61 g.); it was lobulated and had a yellow to brown color, with sparse vasculature. Macroscopically, the diagnosis of lipoma was obvious. The pathological examination confirmed the clinical impression.



**Fig. 1.** — Exposing the lipoma. Median nerve (asterix) compressed by the lipoma.

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After 3 weeks all symptoms of nerve compression had disappeared and the patient returned to his previous job. One year after the operation there was no evidence of recurrence.

### DISCUSSION

Lipomas are occasionally seen in the hand and wrist region. They usually cause symptoms by their size, but occasionally nerve compression has been reported. In the larger series the infrequency of median nerve compression in the carpal canal by lipomas is documented : 1 out of 15 (1), 1 out of 141 (2) and 2 out of 59 (3). Giant lipomas in the deep palmar space are even more rare and recently Oster *et al.* (4) reported seven cases, of which two had median nerve irritation.

This case is interesting not only for its rarity, but because the compression was present distal to the carpal canal.

### REFERENCES

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### SAMENVATTING

*L. DE SMET, S. BANDE, G. FABRY. Reuzenlipoma van de diepe palmaire ruimte, carpal tunnel syndroom simulerend.*

Bij een patiënt met blijvende klachten na een carpal tunnel decompressie, werd bij revisie een zeer groot lipoma geresceerd met onmiddellijk verdwijnen van de paresthesieën.

### RÉSUMÉ

*L. DE SMET, S. BANDE, G. FABRY. Lipome géant de l'espace palmaire profond, simulant un syndrome du canal carpien persistant.*

Chez un patient présentant des plaintes persistantes après décompression du canal carpien, un lipome géant fut résequé, avec disparition immédiate des paresthésies.