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# NEUROLOGICAL PICTURE

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## An unusual case of thigh adductor weakness: obturator nerve ganglion

A 34 year old sportsman suffered from thigh adduction weakness and moderate adductor muscle atrophy with unspecific pain at the pelvic region. After deterioration of the symptoms and exclusion of muscle lesion by ultrasound, neurological examination and EMG diagnosed an isolated obturator motor neuropathy. A tumour measuring 3×2×1.5 cm was detected by MRI and sonographically guided biopsy confirmed mucous content of the cyst. Upon surgical exploration the tumour was visualised in the obturator foramen, compressing the obturator nerve between the pubic bone ramus and the external obturator muscle (fig 1). Decompression of the obturator nerve was successfully done by extirpation of the ganglion (fig 2). Nerve stimulation at the level of tumour resection revealed contractibility of all the adductor muscles. Immobilisation of the thigh (preventing abduction and external rotation) was advised for three weeks and forced muscle training started not earlier than six weeks after the surgery to allow sufficient pectineus muscle reattachment. After intensive rehabilitation the adductor muscles regained normal clinical function verified by EMG at four month follow up.

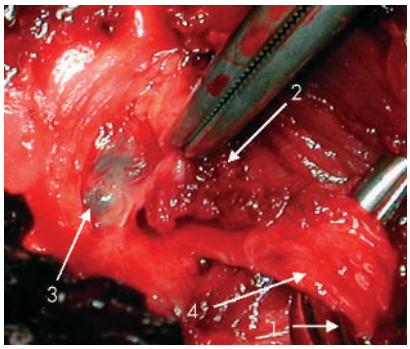


**Figure 1** Intraoperative picture showing the obturator ganglion in situ just before its removal. Arrow 1, long adductor muscle; arrow 2, pectineus muscle; arrow 3, ganglion; arrow 4, obturator nerve.

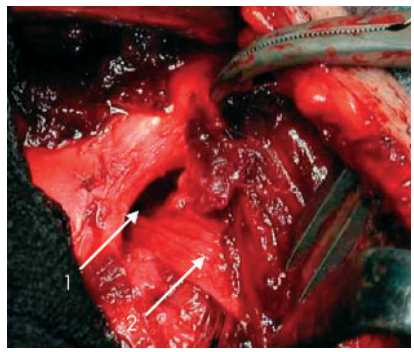


**Figure 2** Decompression of the obturator nerve after the ganglion was extirpated. Arrow 1, note the potential space developed above the nerve after removal of the ganglion; arrow 2, obturator nerve.

Obturator neuropathy due to a ganglion is a rare entity that requires a continuing investigation to verify the exact diagnosis. In addition to a complete neurological examination, colour Doppler ultrasound, MRI, EMG, and eventually fine needle aspiration biopsy are usually required to confirm the diagnosis. Surgical treatment is usually successful when performed early, but, when diagnosis is delayed, tumour growth may cause irreversible axonal injury and muscle palsy. This report illustrates the importance of timely diagnosis and treatment of a seldom case of obturator neuropathy.[1–5]

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