Fibroma of The Tendon Sheath (FTS) Mimicking Morton's Neuroma

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INTRODUCTION:

Fibroma of the tendon sheath (FTS) is a rare benign soft tissue tumor that generally arises from a synovial sheath and grows slowly¹. It commonly occurs in upper extremity and rarely presents in the foot.¹ We report a case of fibroma of the tendon sheath involving the fourth webspace of the foot that mimicked Morton's neuroma.

REPORT:

An 18-year-old man noticed pain over fourth webspace with a palpable lump for 2 years. The pain worsened over time affecting his mobility. Clinical findings were tenderness over the fourth webspace with palpable mass felt at the fourth web space with positive Mulder's sign.

Plain x-rays of the left foot showed radiolucent appearance over area between the metatarsal heads of 4th and 5th toe. Ultrasound findings were a lobulated soft tissue mass, abutting the adjacent flexor tendon. MRI showed lobulated lesion occupying the plantar aspect of 4th and 5th intermetatarsal space, abutting the flexor digitorum longus and flexor digitorum brevis tendon. This lesion returned hypo-intense signal on T1-weighted images and heterogenous with hyperintensities and some areas of low signal in T2-weighted images.

The entire lesion was excised surgically. The tumor was found to be well circumscribed, solid and whitish, with smooth surfaces measuring 3.0 x 1.5cm. The lesion was found to be adhering to the tendon sheath of flexor digitorum longus (FDL) of the fourth toe. Postoperatively, the symptoms subsided and the toe sensation was preserved.



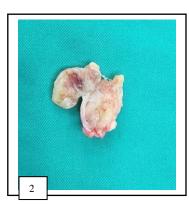


Figure 1: Lesion occupying the 4th webspace, arising from FDL tendon sheath.

Figure 2: The tumor was found to be encapsulated, firm and white-colored.

CONCLUSION:

Although usually painless, about one third of cases present with tenderness or radiating pain due to compression of the nerves underlying fibroma of tendon sheath¹. The standard treatment of FTS is surgical excision, however the recurrence rate after surgical treatment is up to 24%¹, therefore, Ludke at al.suggested that follow-up should last for at least 3 years.

REFERENCES:

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