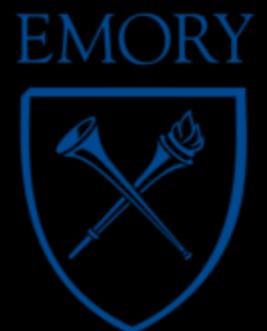


Interesting Case

Miguel G. Echevarria, MD

Emory MSK Radiology

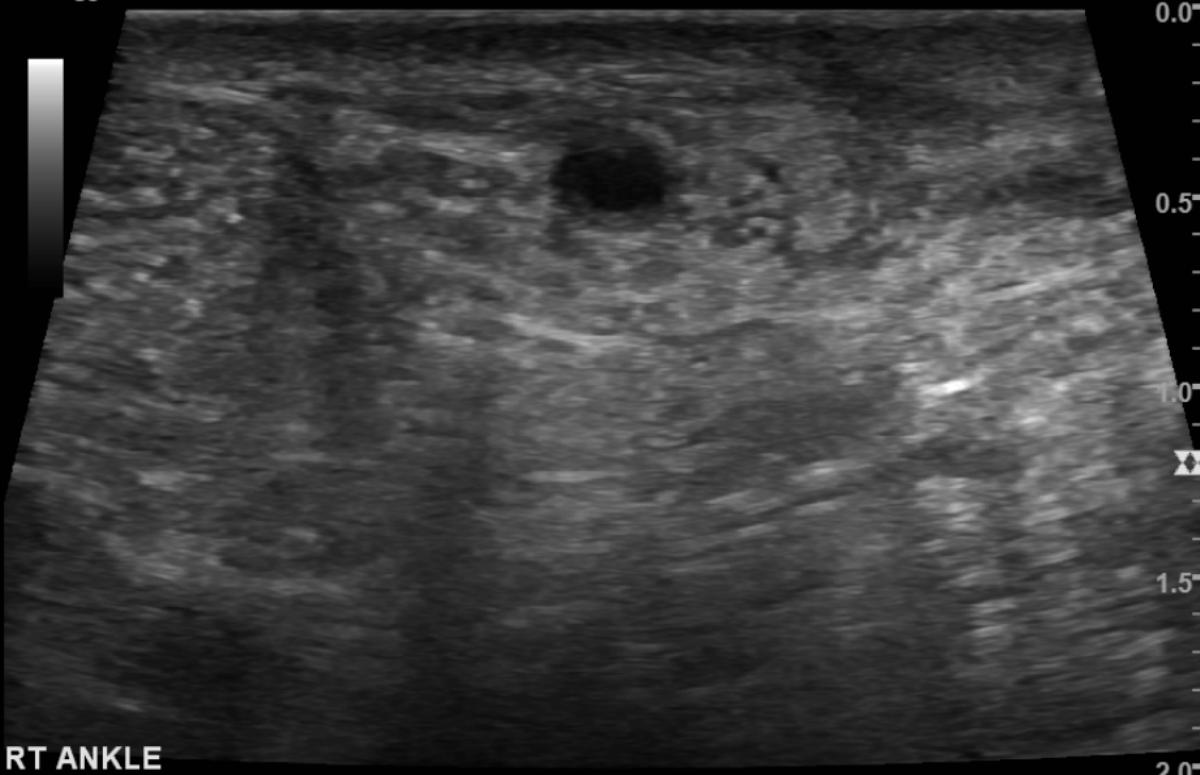


- 66 year old female with history of multiple foot surgeries presenting with lateral foot pain.



* Not the actual patient

LOGIQ
S8

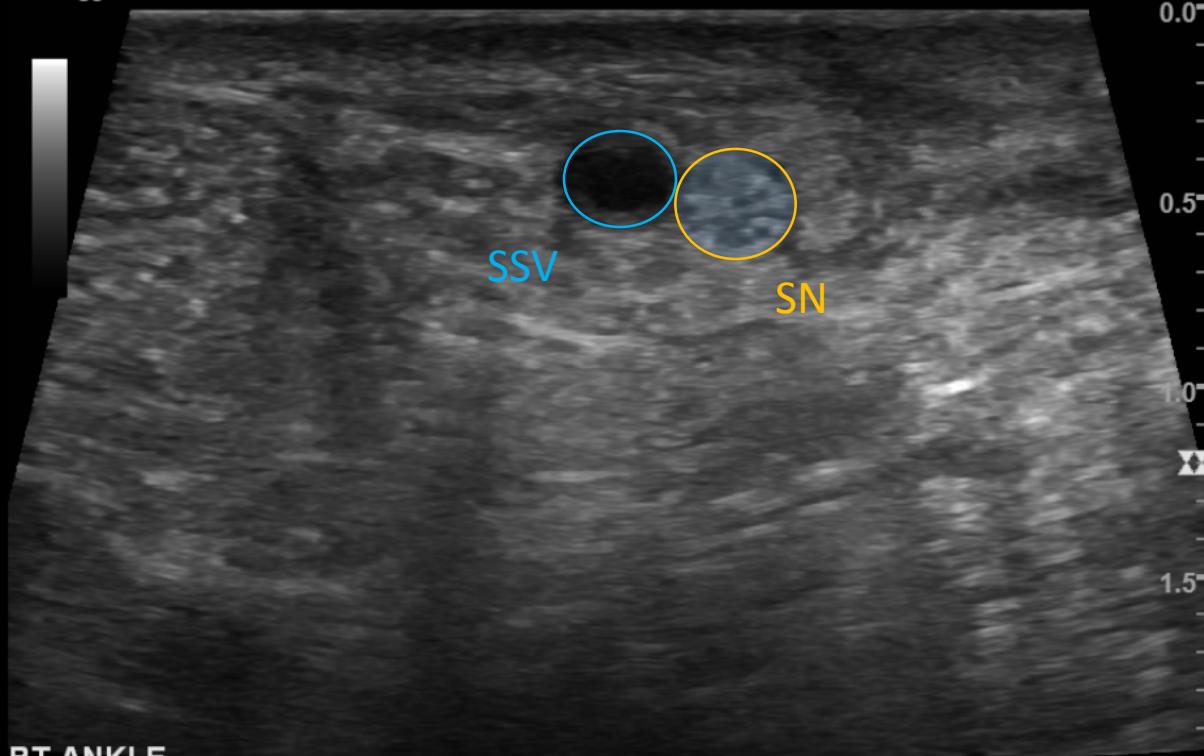


RT ANKLE
SURAL NERVE

FR 68
AO% 100
0.0"-
- CHI
- Frq 18.0
- Gn 64
- S/A 3/3
- Map A/0
0.5"-D 2.0
- DR 69
1.0"-
1.5"-
2.0"-



LOGIQ
S8

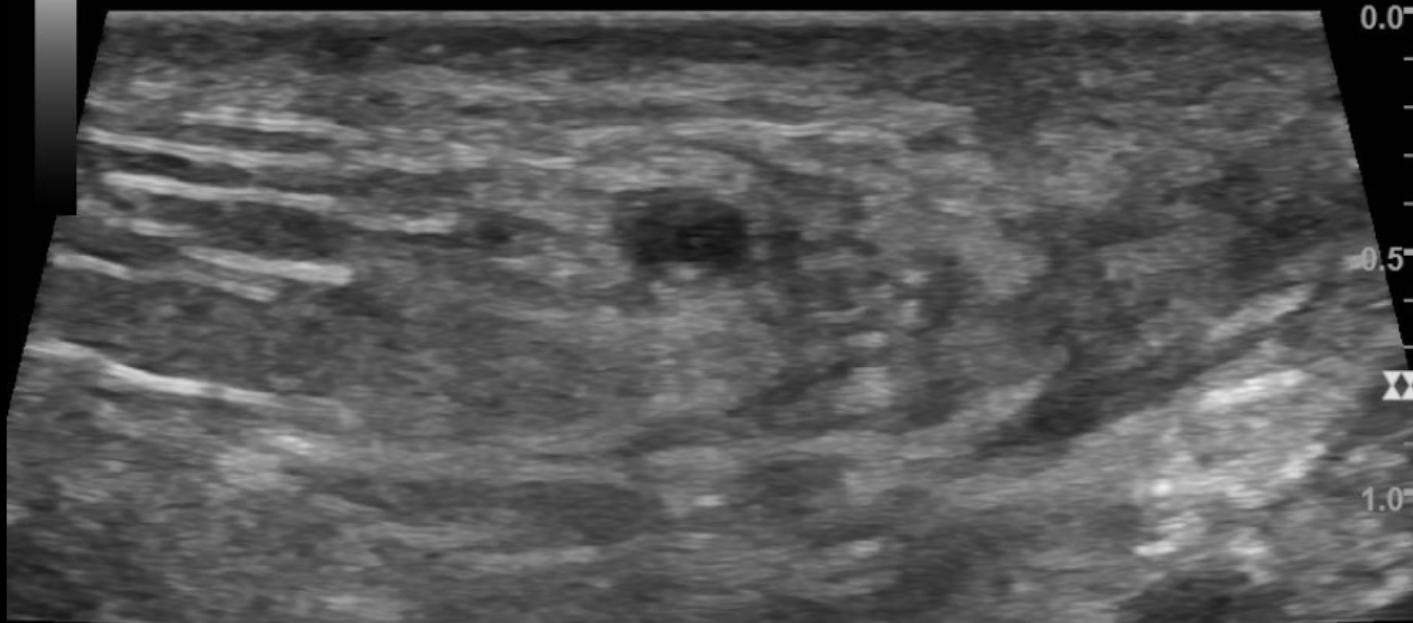


FR 68
AO% 100
0.0"
- CHI
- Frq 18.0
- Gn 64
- S/A 3/3
- Map A/0
0.5" D 2.0
- DR 69
1.0"
1.5"
2.0"

RT ANKLE
SURAL NERVE



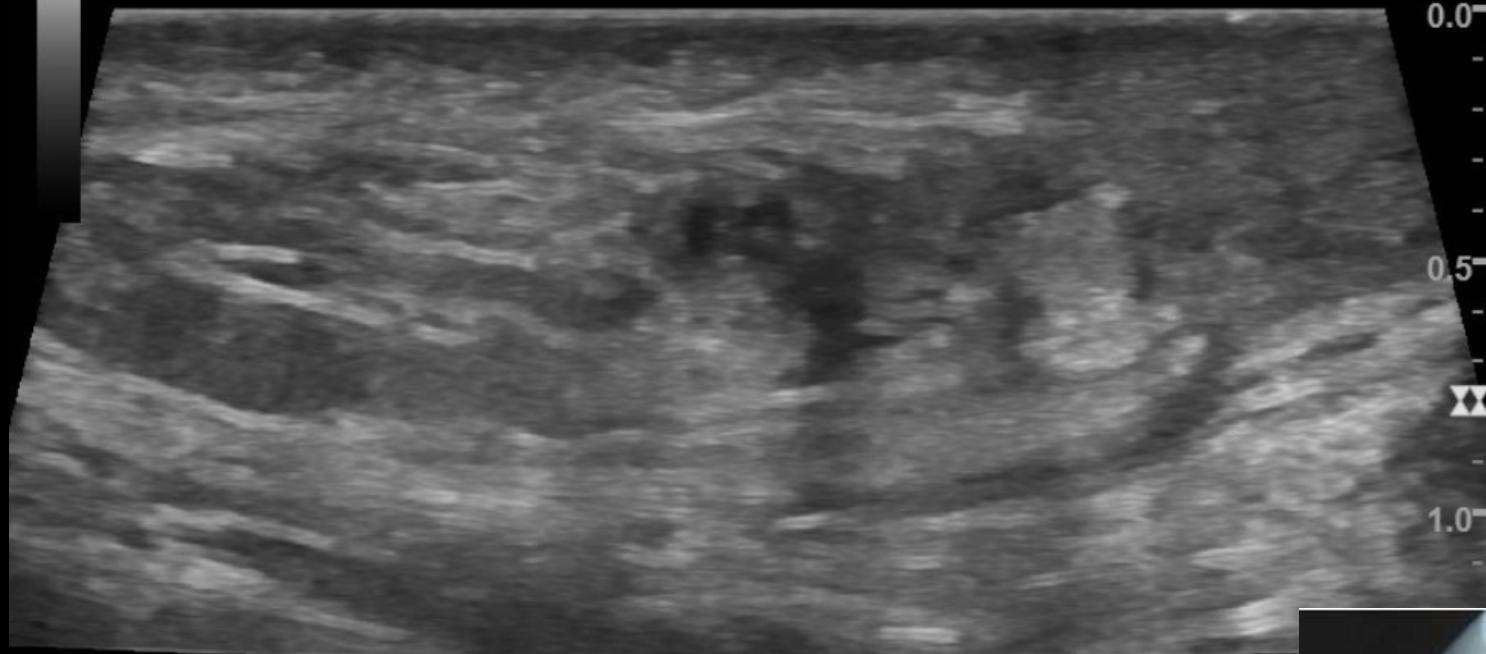
LOGIQ
SS



RT ANKLE
SURAL NERVE
PROX TO DISTAL



LOGIQ
S8



RT ANKLE
SURAL NERVE
PROX TO DISTAL

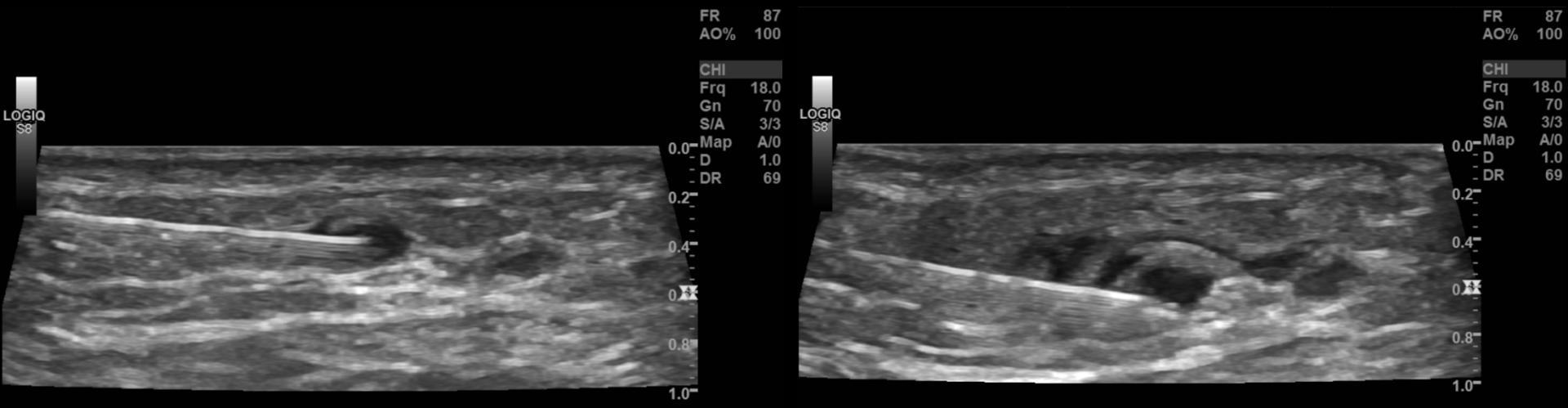


LOGIQ
S8



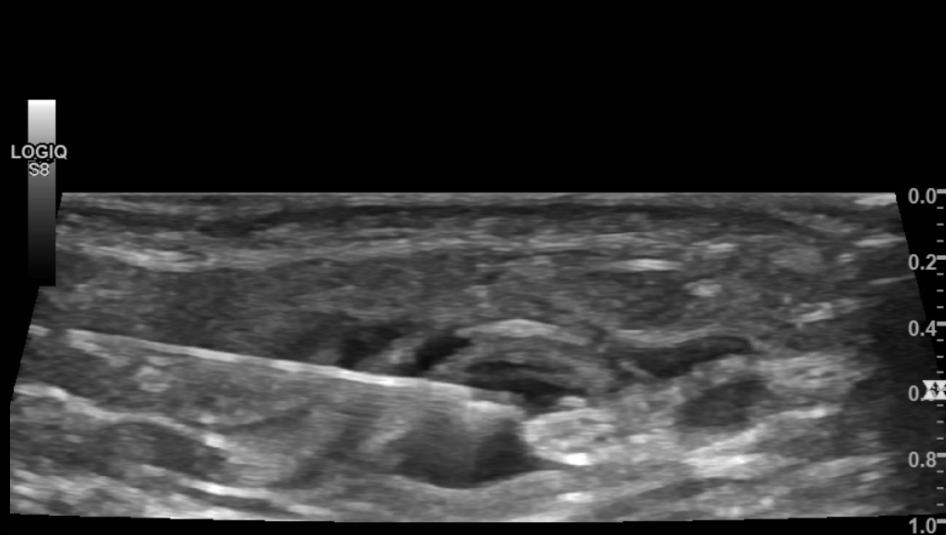
RT ANKLE
SURAL NERVE
PROX TO DISTAL





RT ANKLE
SURAL NERVE BLOCK

RT ANKLE
SURAL NERVE BLOCK

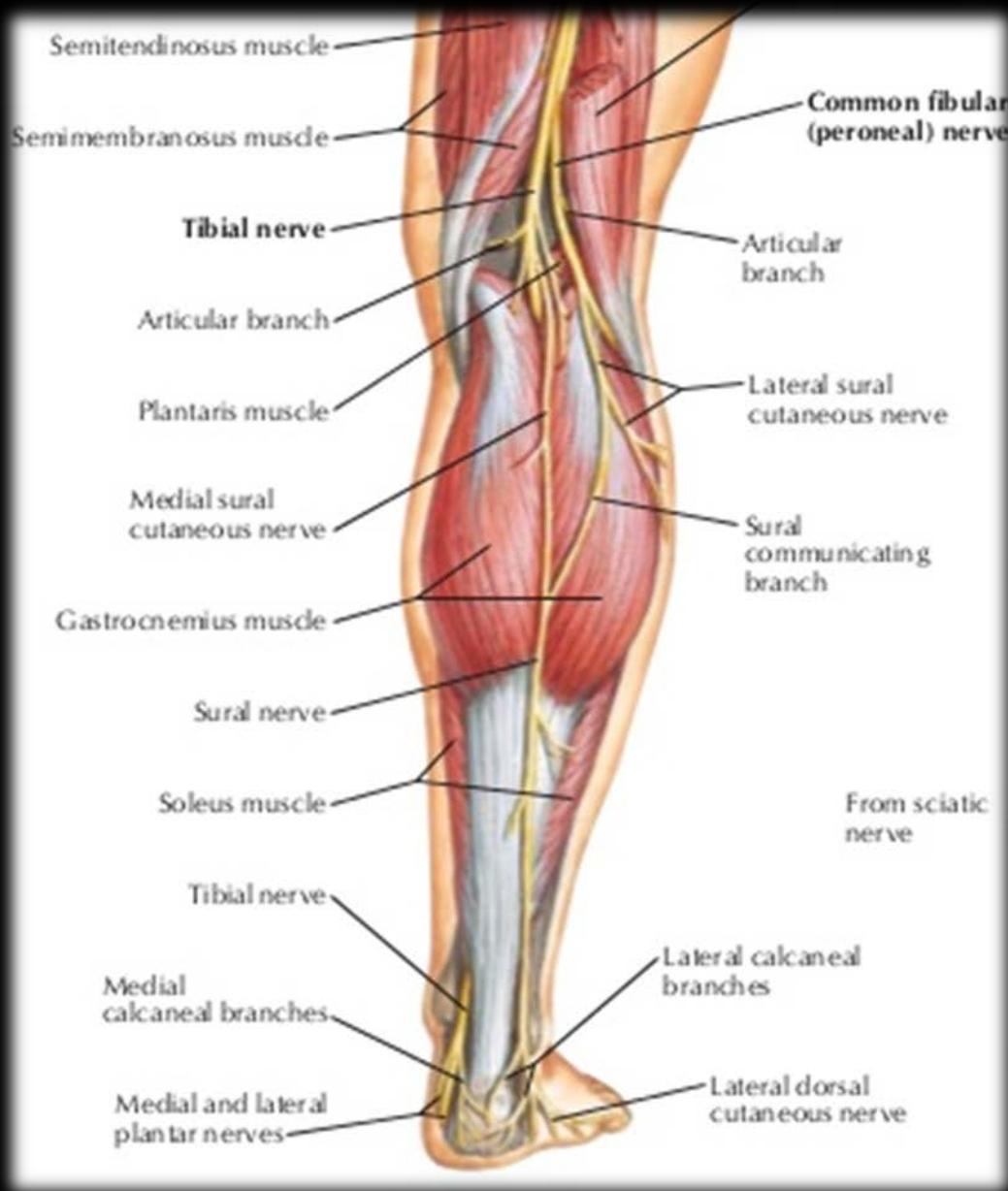
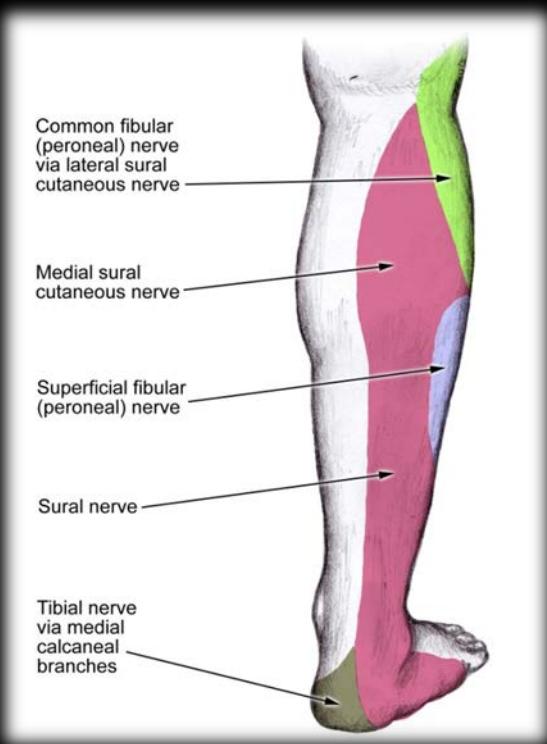


RT ANKLE
SURAL NERVE BLOCK

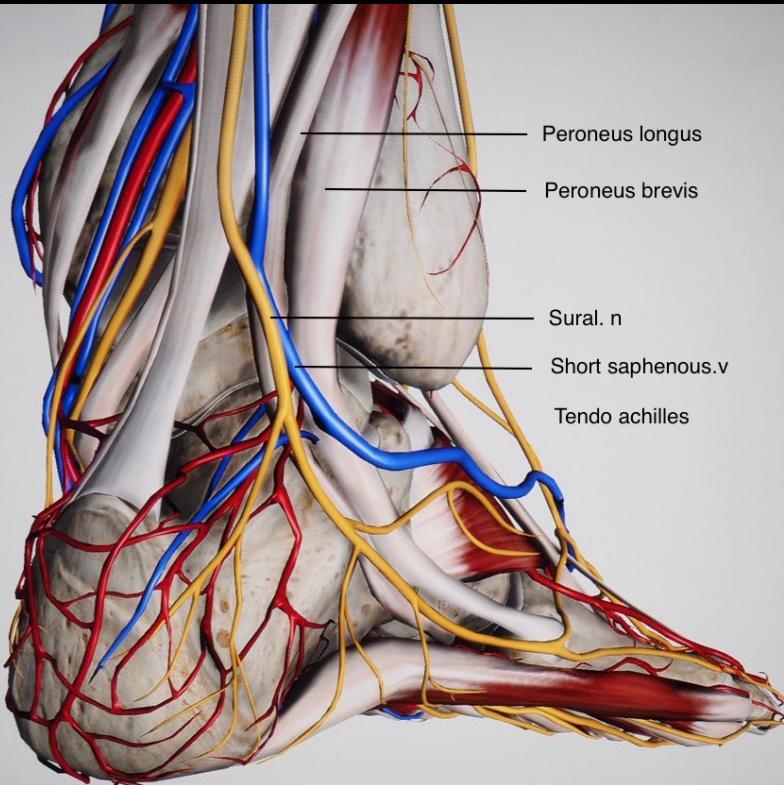


Sural Nerve

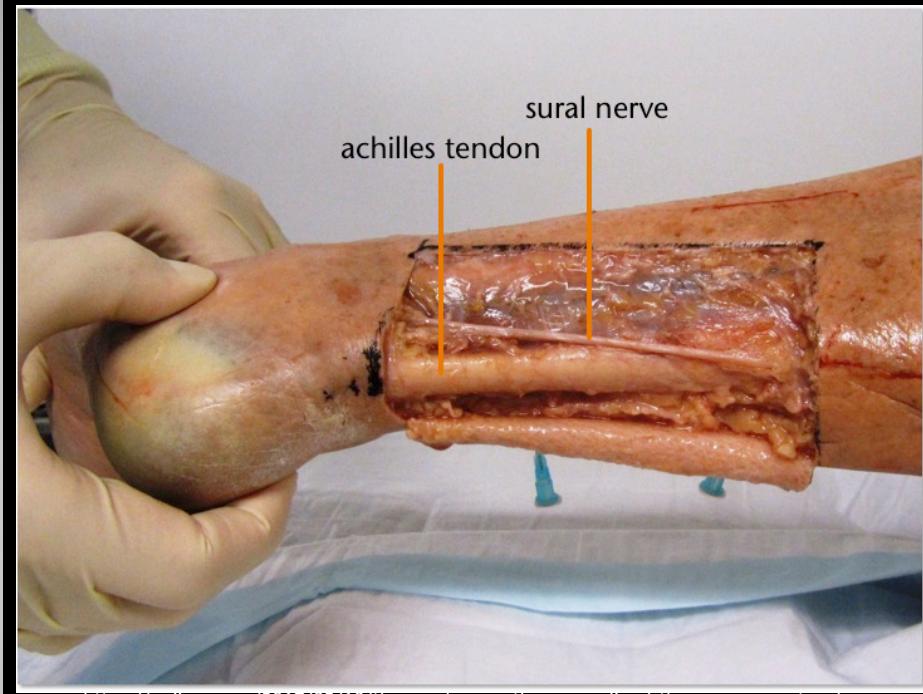
- Sensory nerve in the calf region (sura) of the leg.



Sural Nerve



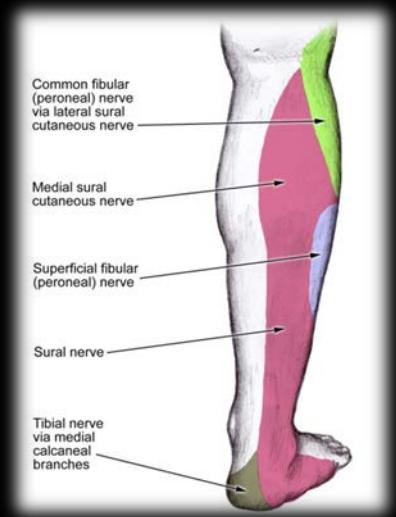
http://www.bats.ac.nz/detail-foot_and_ankle_surgery-2



<https://noijam.com/2017/05/10/the-sural-nerve-the-appendix-of-the-nervous-system/>

Sural Nerve

- May be susceptible to mechanical impingement or entrapment, injured secondary to trauma (fibular fracture) or iatrogenic.
- Burning, numbness, or aching at the posterolateral leg.
- Nerve block
 - Determine site of entrapment
 - Cause of patients pain
- Conservative treatment
 - Physical therapy
 - Corticosteroid injection
- Surgical resection, neurolysis



Local Anesthetics

Table 4

Comparative Table of LAs

Generic Name	Trade Name	Relative Potency	Protein Binding (%)	pKa Value*	Lipid Solubility	Onset	Duration of Action (min)
Procaine hydrochloride	Novocain	1	5.8	8.9	1.7	Moderate	30–60
Lidocaine hydrochloride	Xylocaine	2	55	7.8	25	Rapid	80–120
Bupivacaine hydrochloride	Marcaine	8	96	8.1	346	Longest (2–10 min)	180–360
Ropivacaine hydrochloride	Naropin	6	95	8.1	115	Moderate	140–200

Corticosteroids

PRODUCT (Chemical Name)	mg/ml	Dosage	POTENCY (When compared w/ Hydrocorti- sone mg to mg)	Hydro- cortisone Equivalency	Route of Admin.	Type	Contains Benzyl Alcohol
<u>Solu-Cortef®</u> (Hydrocortisone Sodium Succinate)	50	See insert	1	50	IM or IV	Rapid Acting Short Duration	NO
<u>Aristospan®</u> (Triamcinolone Hexacetonide)	20	0.25-2 ml	5	100	IA & Soft Tissue	Long Acting	YES
<u>Celestone Soluspan®</u> (Betamethasone Sodium Phosphate & Betamethasone Acetate)	3+3	0.25-2 ml	25	150	IM, IA, IL & Soft Tissue	Both Rapid & Long Acting	NO
<u>Kenalog®-40</u> (Triamcinolone Acetonide)	40	0.25-2 ml	5	200	IM, IA, IL & Soft Tissue	Long Acting	YES
<u>Depo-Medrol®-40</u> (Methylprednisolone Acetate)	40	0.25-2 ml	5	200	IM, IA & Soft Tissue	Long Acting	SDV-NO MDV-YES
<u>Depo-Medrol®-80</u> (Methylprednisolone Acetate)	80	0.25-2 ml	5	400	IM, IA & Soft Tissue	Long Acting	SDV-NO MDV-YES
<u>Dexamethasone Sodium Phosphate</u>	4	See insert	25	100	IM, IV, IA, IL & Soft Tissue	Rapid Acting Short Duration	YES
<u>Dexamethasone Sodium Phosphate PF</u>	10	See insert	25	250	IM or IV	Rapid Acting Short Duration	NO
<u>Solu-Medrol®</u> (Methylprednisolone Sodium Succinate)	40	See insert	5	200	IM or IV	Rapid Acting Short Duration	NO

References

- Ultrasound-Guided Peripheral Nerve Injection Techniques, O. Kenechi Nwawka and Theodore T. Miller
American Journal of Roentgenology 2016 207:3, 507-516