



# MUCH MORE THAN A FOOT DROP

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## INTRODUCTION

The authors present a clinical case characterized by right lower limb distal paresis and hypoesthesia with “lower stocking” distribution which subsequent research led to the etiologic diagnosis.

## CLINICAL CASE

### IDENTIFICATION AND MEDICAL HISTORY

69-year-old woman with medical history of lumbar spine discopathy, hysterectomy for fibromiomas and tubular carcinoma of the breast underwent lumpectomy six months ago, followed by radiotherapy and hormone therapy with tamoxifen.

### CLINICAL HISTORY

Presented to the Emergency Department with complaints of weakness and paresthesia of her right foot in the past week, pain and edema of her right lower limb.

**Physical examination** revealed marked edema of the right lower limb, right inguinal adenopathy and filiform right popliteal and pedal pulses. On neurologic examination she presented right foot paralysis with zero grade muscle strength in all planes and hypoesthesia with “lower stocking” distribution of the right foot, suggesting multiple peripheral nerves being affected.

The patient underwent various imaging exams until the final diagnosis.

Lumbar spine CT scan  
 Degenerative changes of the spine

Cerebral CT scan  
 Incipient ischemic leukoencephalopathy

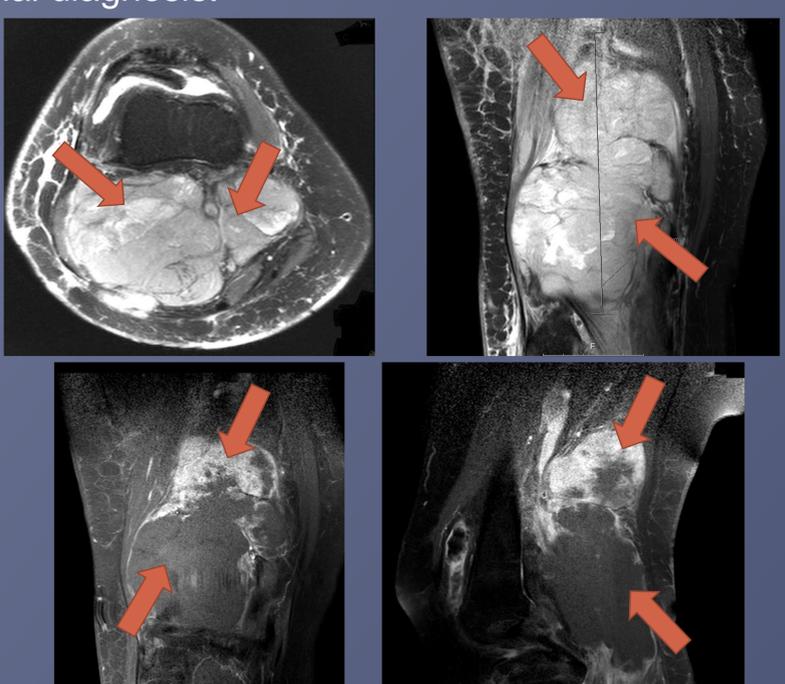
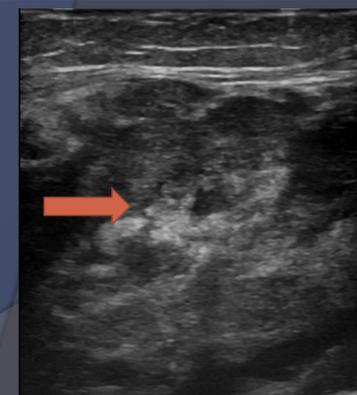
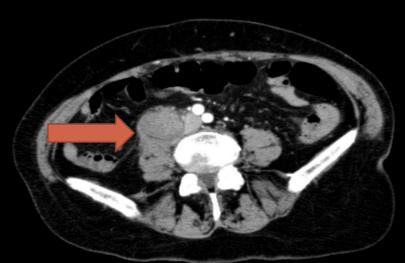
Neuro axis MRI scan  
 Degenerative changes of the spine ... two voluminous masses, one located at L4-L5, anterior to the right psoas muscle topography, and a second, large, level location with S1 prior to the wing of the sacrum

Abdominal-pelvic CT scan  
 Internal and external iliac peri-axis conglomerate adenopathy

Right lower limb doppler ultrasound  
 solid and heterogenous mass found in the popliteal cavity compatible with a voluminous neoplastic process

Right lower limb MRI scan  
 The popliteal cavity is occupied by a voluminous tumor mass which invades several muscular compartments and reveals signs of perineural and vascular invasion, namely on the popliteal neurovascular bundle

Biopsies of the popliteal cavity mass and inguinal adenopathy  
**Proximal type epithelioid sarcoma with nodal metastasis**  
 Chemotherapy with doxorubicine and ifosfamide



## CONCLUSION

The authors pretend to show the importance of confronting the neurologic examination with the imaging study in establishing the differential diagnosis.