Lipofibromatous hamartoma is an uncommon lesion of peripheral nerves first described in 1953 by Mason. Several reports of this condition have appeared (Johnson and Bonfiglio 1969; Silverman and Enzinger 1985), but most cases have involved the median nerve in the distal forearm, wrist or palm and presented with carpal tunnel syndrome. Only two cases of involvement of the distal ulnar nerve have previously been reported (Silverman and Enzinger 1985).

**Case Report.** A 59-year-old man presented with an 18-month history of progressive weakness of his left hand with some numbness around the elbow but no gross disturbance of sensation in the ulnar distribution. On examination, he had normal grip strength but loss of fine finger movements with paralysis and gross wasting of the ulnar intrinsic muscles. The ulnar-supplied forearm flexors were normal. There was minor sensory impairment in the ulnar distribution. Diffuse thickening of the ulnar nerve was palpable in the region of the ulnar groove behind the distal humerus.

At operation, the ulnar nerve was found to be diffusely expanded by fibrofatty tissue for 12 cm of its length (Fig. 1); 5 cm distal to the elbow it tapered to normal size but was pale and somewhat sclerotic. The branches to flexor carpi ulnaris were involved and one trochanteric osteotomy and distal placement is indicated, as four of our five patients recovered good abductor strength. We believe that the procedure described provides long term salvage after failed resurfacing arthroplasty and should be considered in young patients in preference to revision to a total joint replacement, arthrodesis, or a conventional Girdlestone arthroplasty.

No benefits in any form have been received or will be received from a commercial party related directly or indirectly to the subject of this article.

**REFERENCES**


length. Histology showed scattered nerve trunks set within fibrofatty tissue. Perineural, epineural and endoneural thickening and fibrosis were seen (Fig. 2) with a mild to moderate degree of axonal loss and degeneration of myelin sheaths.

**Discussion.** Fewer than 50 cases of this condition have been reported under a variety of synonyms such as lipoma, fibrolipoma, and fibrofatty proliferation. Most involved the median nerve at the wrist, but Paletta and Senay (1981) report a five-year-old boy in whom branches of the ulnar nerve in the hand as well as the median nerve were involved. Silverman and Enzinger (1985), describe two cases affecting the ulnar nerve distally and one affecting "an unidentified nerve along the extensor surface of the elbow".

Our case is unusual, first, in that involvement of the ulnar nerve at the elbow has not been reported before; secondly, our patient is older than all other reported cases, most being under 30; and thirdly, in the unusual degree of axonal degeneration with loss of myelin sheaths and fibrosis. This last feature may reflect the duration of the disease.

The many synonyms for this condition reflect the confusion as to its nature. The diffuse involvement of the nerve with relatively bland histological changes support a hamartomatous rather than a neoplastic origin. Our case shows that lipofibromatous hamartoma are not limited to the median nerve or to the younger patient.

Our thanks go to Mr J. Chalmers for allowing us to report this case. No benefits in any form have been received or will be received from a commercial party related directly or indirectly to the subject of this article.

**REFERENCES**


