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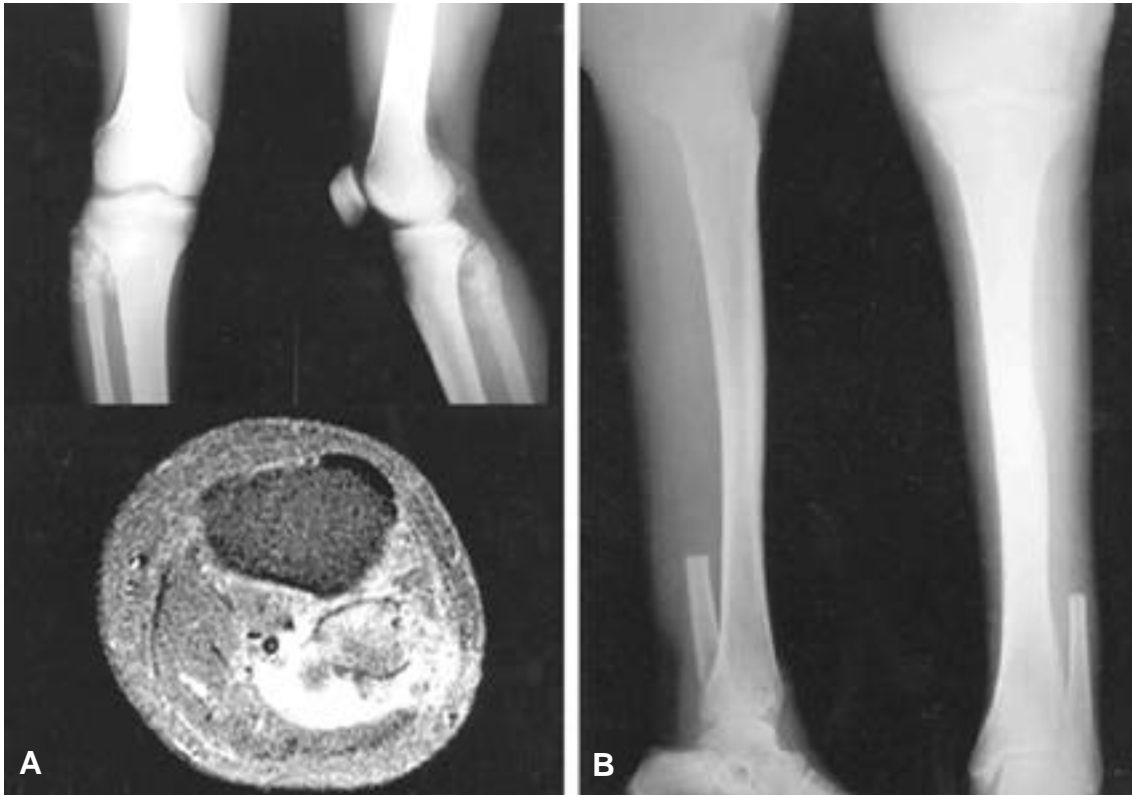
**Table 1.** Demographics of Patient Data

Case	Gender /Age (year)	Tumor	Location	Treatment for Perineal N. Injury	F-U	Clinical results
1	M/17	Osteosarcoma	Fibula	T.P transfer and triple arthrodesis	8yr	D.F.S
2	M/18	Osteosarcoma	Fibula	T.P transfer	4yr	D.F.S
3	F/51	Chondrosarcoma	Calf	T.P transfer	5yr	D.F.S
4	F/60	Osteosarcoma	Fibula	Brace	6yr	D.F.S
5	F/51	Chondrosarcoma	Fibula	Brace	2yr	D.F.S
6	M/61	MFH	Calf	Brace	4yr	Local recurrence
7	F/42	MFH	Calf	Brace	4yr	D.F.S

- D.F.S - Disease Free Survival
- MFH - Malignant Fibrous Histiocytoma
- T.P - Tibialis Posterior



**Fig. 1.** (A) Radiograph and MRI of proximal fibula osteosarcoma with 17-year-old man. (B) Radiograph after wide margin resection of osteosarcoma. (C) Radiograph of the ankle 13 month after tendon transfer demonstrate fusion of triple joint. He can discontinue to using short leg brace.



**Fig. 2.** (A) Radiograph and MRI of proximal fibular periosteal sarcoma with 60-year-old woman. (B) Radiograph of ankle 24 month after operation demonstrate mild osteoporotic tarsal bones. She satisfied with using Klenzak articulation shoe leg brace.

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**Abstract**

**Peroneal Nerve Palsy Associated with Musculoskeletal Tumor Resection**

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We retrospectively reviewed the cases of peroneal nerve palsy in seven patients after musculoskeletal tumor resection. Their mean age was 38 years. Three had osteosarcoma in proximal fibula, 2 had chondrosarcoma in proximal fibula and calf and 2 had malignant fibrous histiocytoma in calf.

Four of 7 patients had been managed using active dorsiflexion brace. Three patients who underwent tibialis posterior transfer and could walk without brace were able to discontinue the use of the orthosis.

Peroneal nerve palsy after wide excision of tumor including peroneal nerve can not resolve spontaneously and results in severe functional disability. To improve the gait function, active surgical treatment should be considered.

**Key Words:** Tumor excision, Peroneal nerve injury

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