Ultrasound Imaging and Guidance of A Copeman Nodule

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INTRODUCTION

The Copeman nodule (episacral lipoma) is a disease of the subcutaneous soft tissue consisting of subcutaneous adipose tissue herniation through the superficial muscular fascia.¹ It is noteworthy in the differential diagnosis of disc herniation or kidney lithiasis.²

CASE REPORT

A 60-year-old man- with a complaint of localized persistent non-specific left-sided low back pain for the past 6 months- applied to our PRM department. Non-steroidal anti-inflammatory drugs nor myorelaxants had been effective. Clinically, there was a 1x1 cm soft and round palpable mobile mass over the left sacroiliac. Upon ultrasound (US) examination (Figure 1), using sonopalpation, the Copeman Nodule was diagnosed.

A US-guided diagnostic injection was performed with 1mL 2% prilocaine. The baseline Numerical Rating scale (NRS) score of 5-6 decreased to 1-2. Thereafter, a therapeutic injection with 1mL 2% prilocaine and 1mL (5mg) betamethasone was performed and the NRS score improved from 4 to 1.

DISCUSSION

The Copeman nodule is a very common condition with no etiological causes known, usually aggravated by wearing a tight belt.¹ Heat, massage, manipulation, local anesthetic, and steroid injection can be used as treatment modalities. Ultrasound is an excellent modality to detect Copeman Nodule¹ thus guiding the pain intervention.

CONCLUSION

Copeman nodule is a treatable but often underdiagnosed cause of low back pain. Significant reduction in pain is achieved with intralesional injection. Needless to say, US imaging and guidance should remain as a prerequisite in its management.

REFERENCES