**Solitary Neurofibroma**

The solitary neurofibroma, unlike the neurolemoma, is usually a fusiform, sweet potato shaped peripheral nerve sheath tumor that arises centrally from the mid-portion of a peripheral nerve. The lesion is usually small and in a subcutaneous location. It occurs in males and females equally between the ages of 20 and 30 years, and is ten times more common than the neurofibroma seen in Von Recklinghausen's neurofibromatosis. On magnetic resonance imaging, the lesion is low signal on T1 and very bright on T2, and sometimes can be seen arising from a small peripheral nerve. Histologically, the lesion will have dense Antoni-A substance with palisading schwann cells, similar to that seen in the neurolemoma. Treatment consists of simple surgical excision and the recurrence rate is low. A specific reactive type neurofibroma occurs in the foot between the third and fourth toes, in the common digital nerve in the web space. It arises as a result of recurrent compression trauma from wearing tight shoes. This type of neurofibroma, usually occurring in females, can be excised surgically for relief of pain. The so-called amputation neuroma is a bulbous traumatic neurofibroma seen at the end of an amputation stump where the peripheral nerves have been transected during the amputation.