

Significant Resolution of Symptoms from a Large C6–7 Nerve Sheath Tumor Following Cervical Epidural Steroid Injection



Blake Sowers, MD
Aaron Hanyu-Deutmeyer, MD

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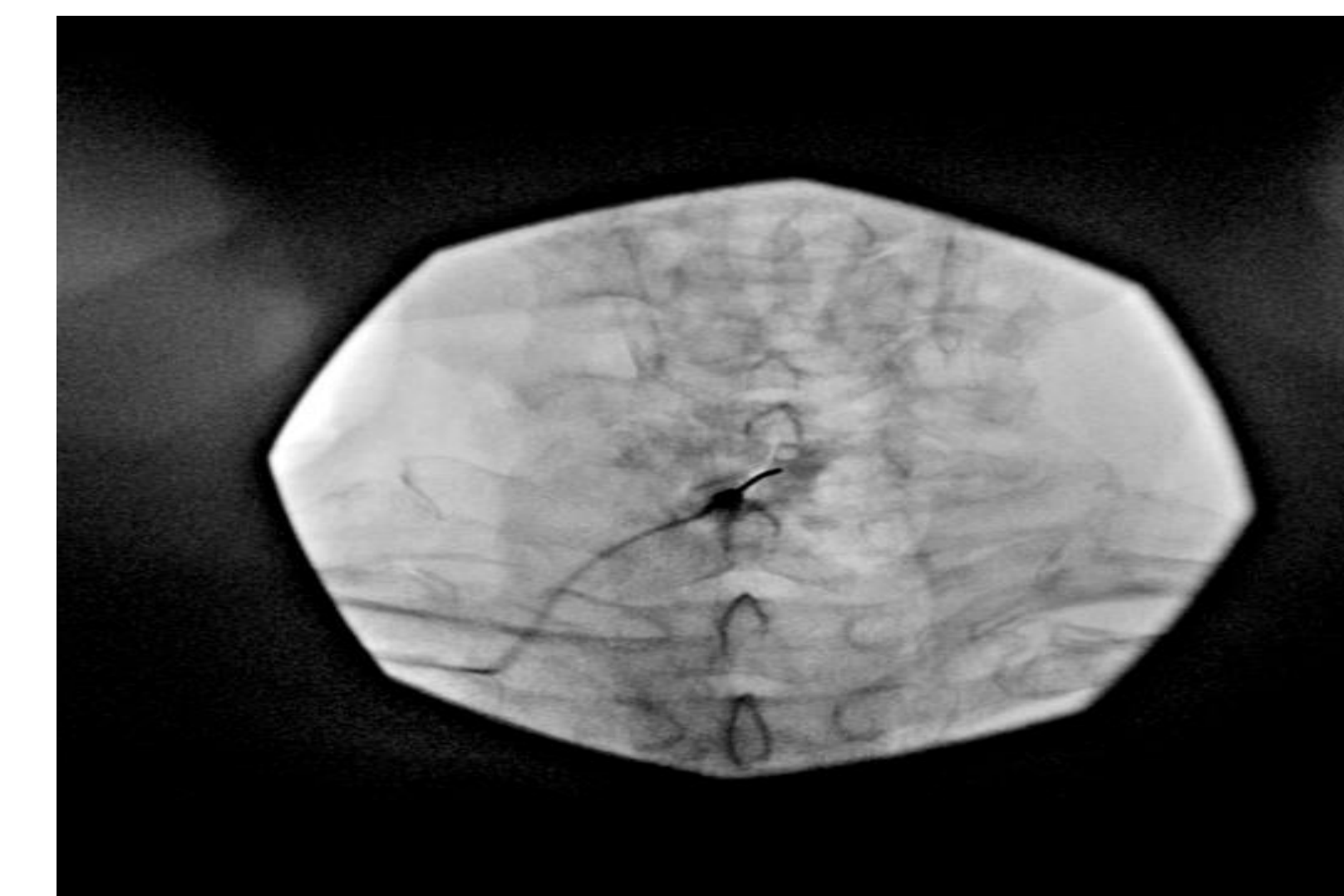
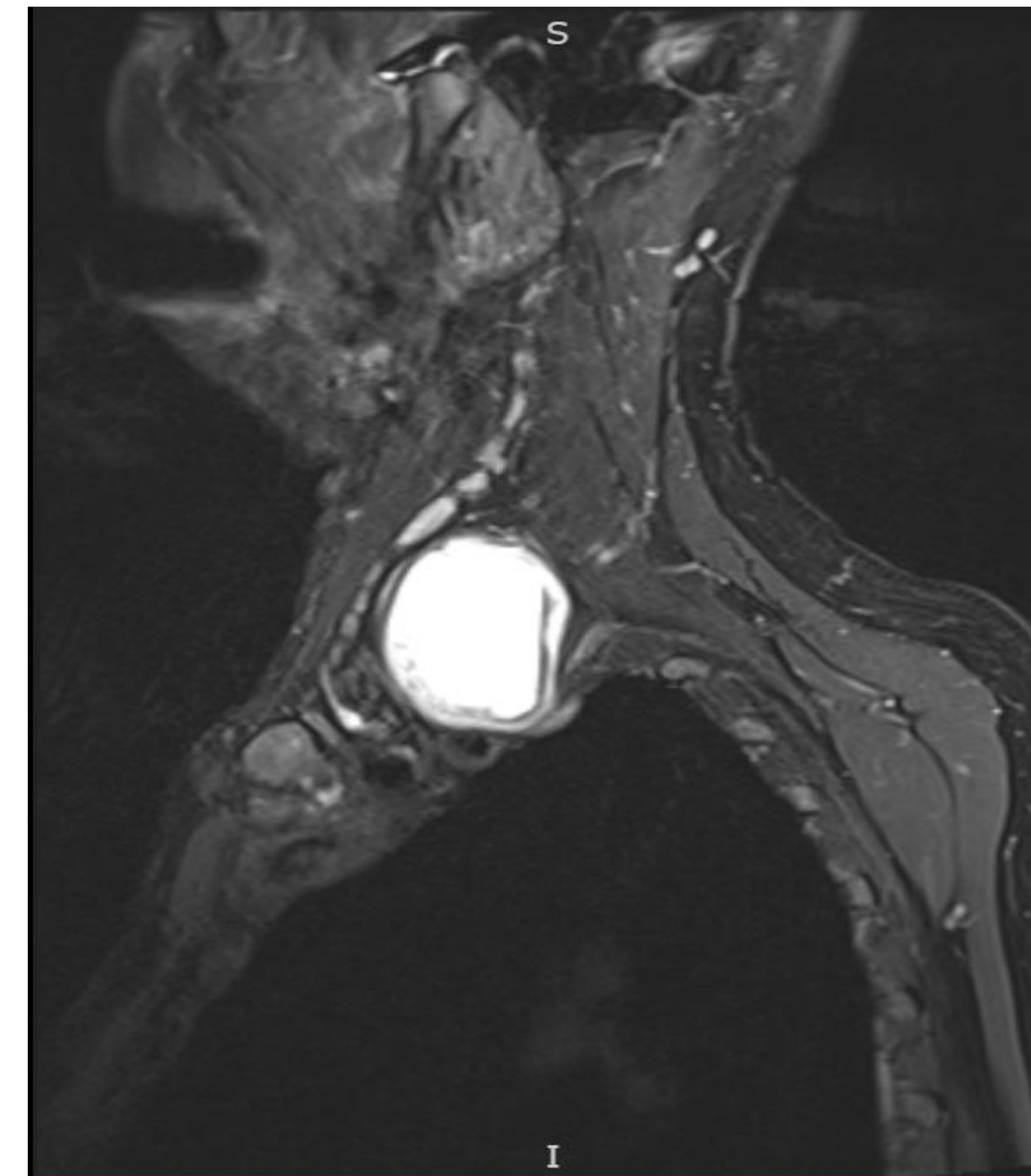
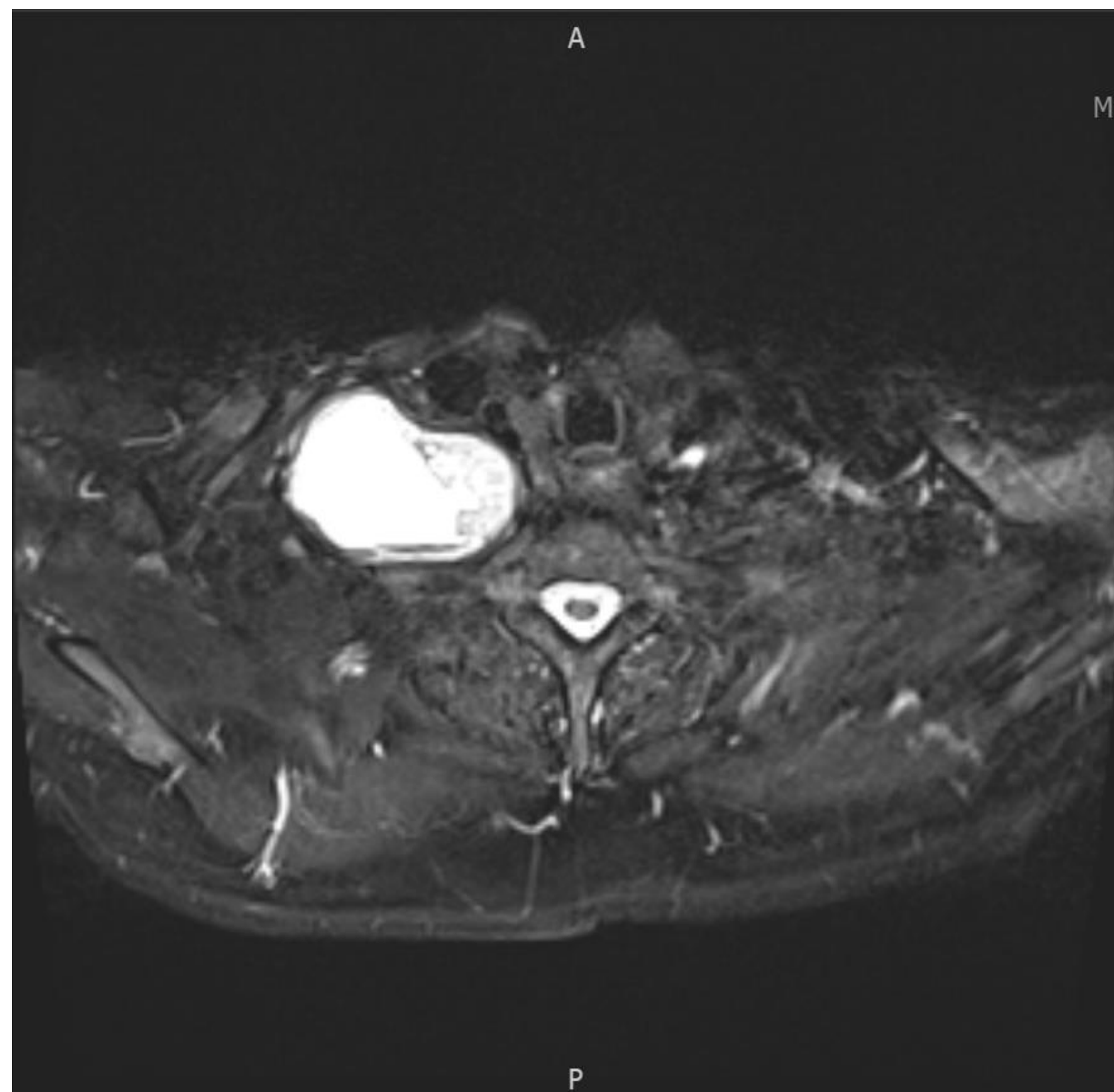
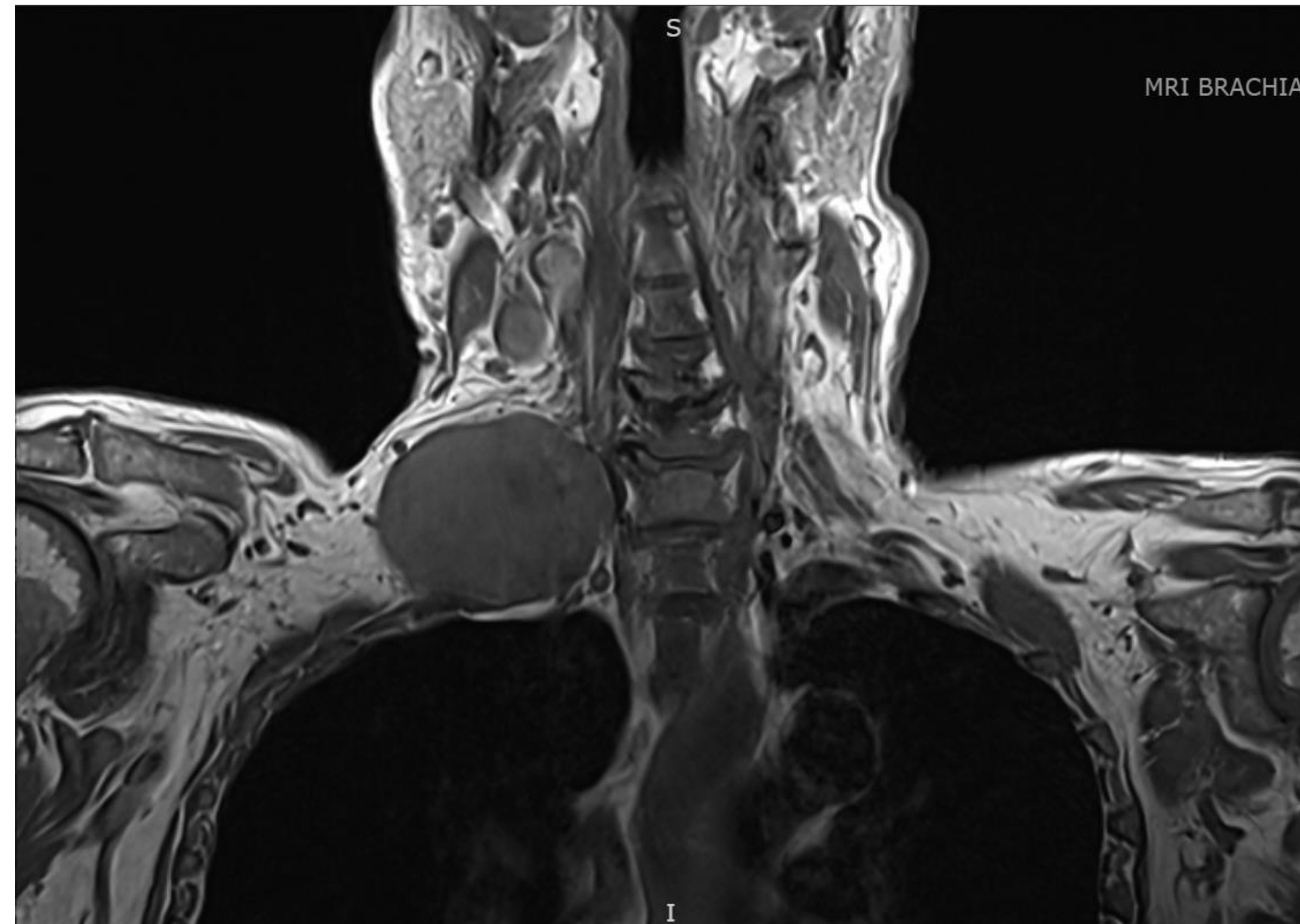
Introduction

Benign peripheral nerve sheath tumors (PNSTs) are a rare cause of cervical radiculopathy. These tumors are often managed surgically when symptoms become severe or progressive. However, some patients may benefit from interventional management alone. We present a case of a 75-year-old male with a large C6–7 PNST and disabling pain who experienced dramatic and sustained symptom relief with cervical epidural steroid injections (CESI), avoiding the need for surgery.

References

- Ammirati M, Becker DP. *Neurosurgery*. 1986;18(6):817–821.
- Manchikanti L, et al. *Pain Physician*. 2012;15(3):E199–E245.
- Bhatia A, et al. *Anesth Analg*. 2016;122(3):857–870.

Imaging



Patient

Patient Profile

- 75-year-old male
- One year of worsening right neck, shoulder, and arm pain
- Pain aggravated by head/neck movement
- Pain Disability Index (PDI): 56
- Large C6–7 nerve sheath tumor (7.4 × 5.1 × 4.7 cm)

Interventions

- **CESI #1:** C7–T1 interlaminar, no sedation → ~90% improvement for 11 months
- **CESI #2:** Repeat C7–T1 → 90–100% relief at 9-day follow-up

Outcome

- PDI improved from 56 → 14
- No pain-related follow-up visits for 5 months after 2nd CESI

Discussion

Although surgical resection is typically considered for symptomatic PNSTs, this case demonstrates that CESI can be a viable alternative for select patients. The patient’s durable response suggests that inflammation or neural irritation—rather than mass effect alone—may be key contributors to pain. For patients who are not immediate surgical candidates or who prefer conservative care, CESI may provide substantial, lasting relief and functional recovery.