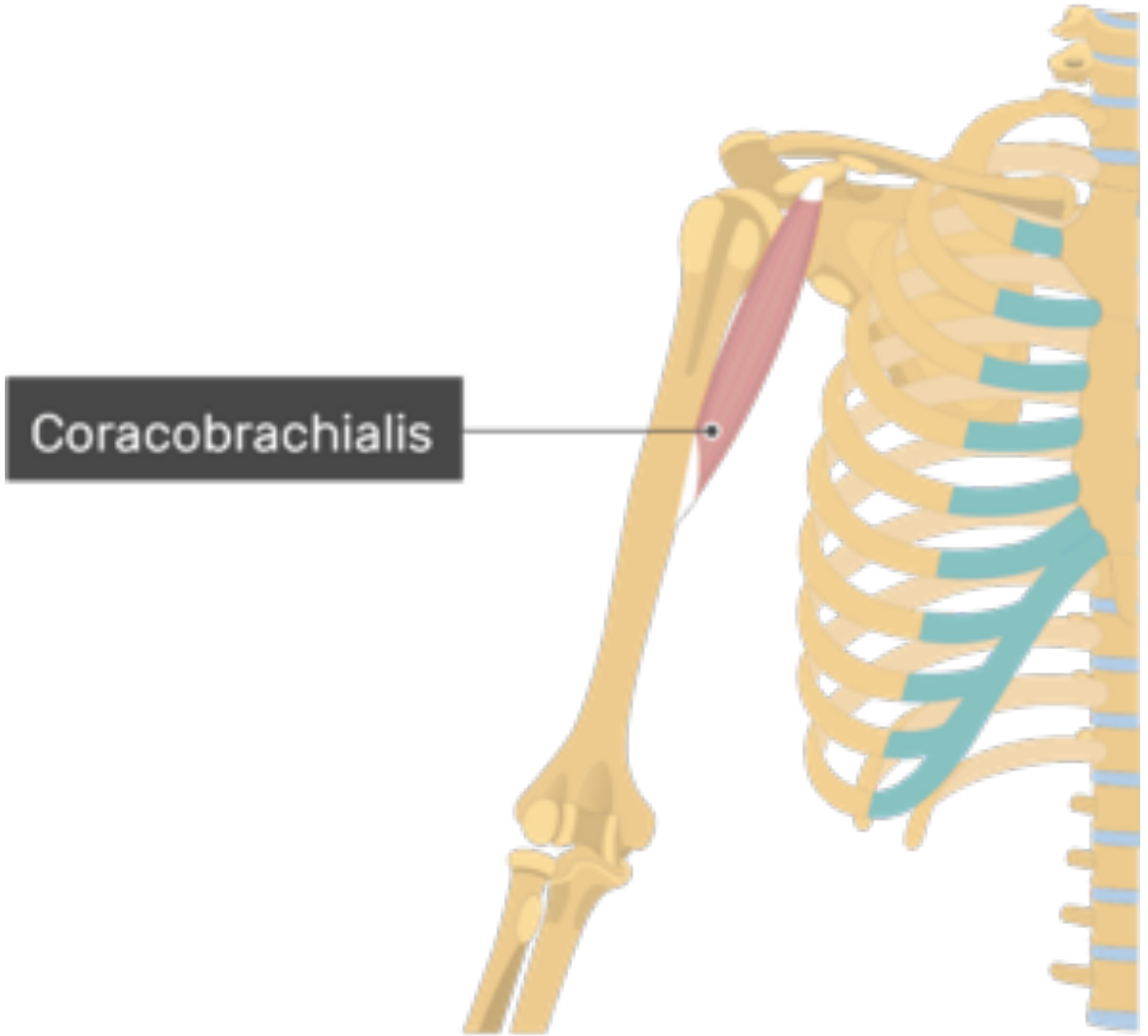
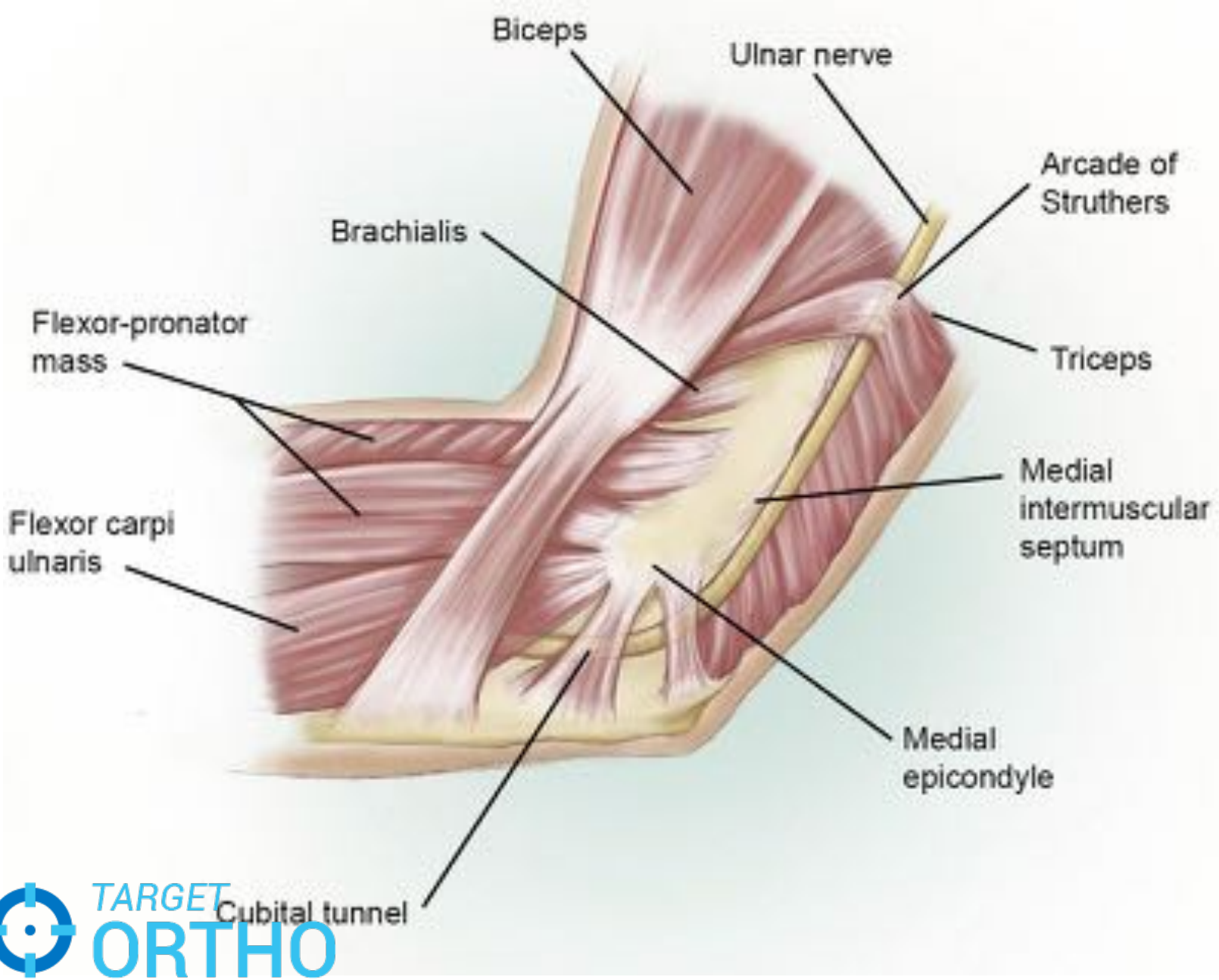
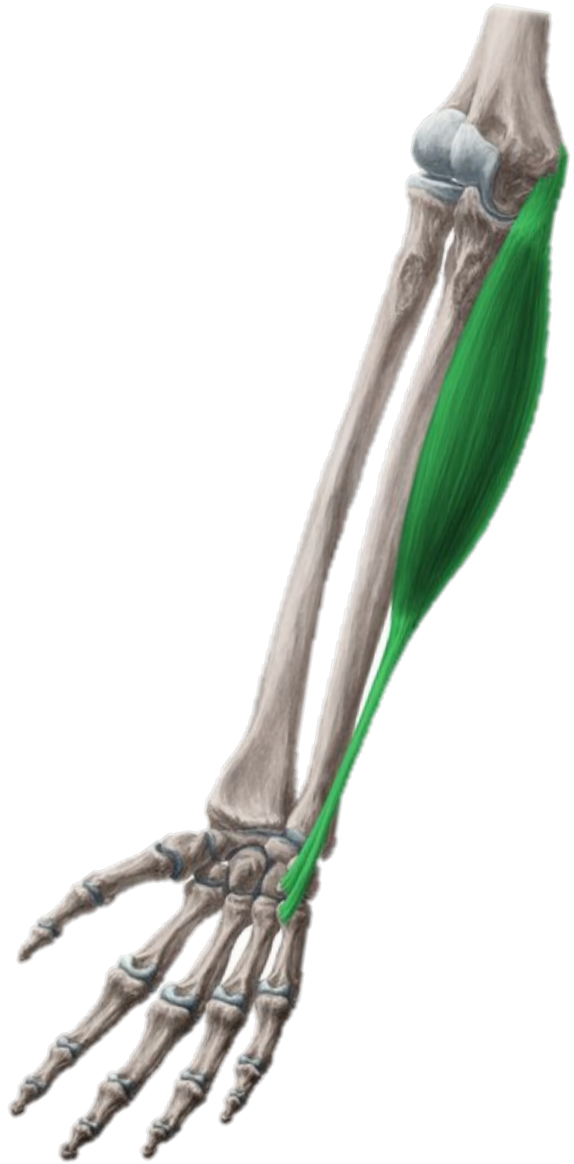
CASE DISCUSSION

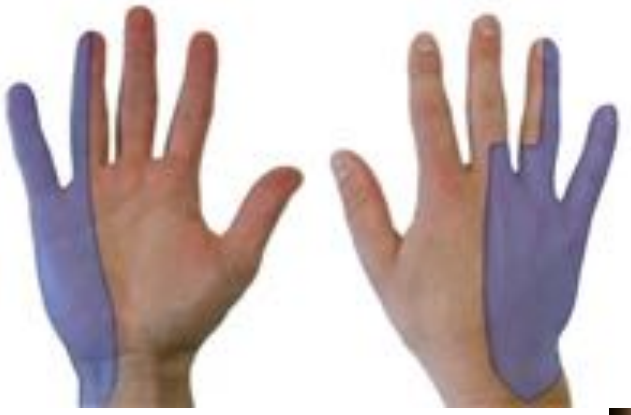
- Dr Manish Attri

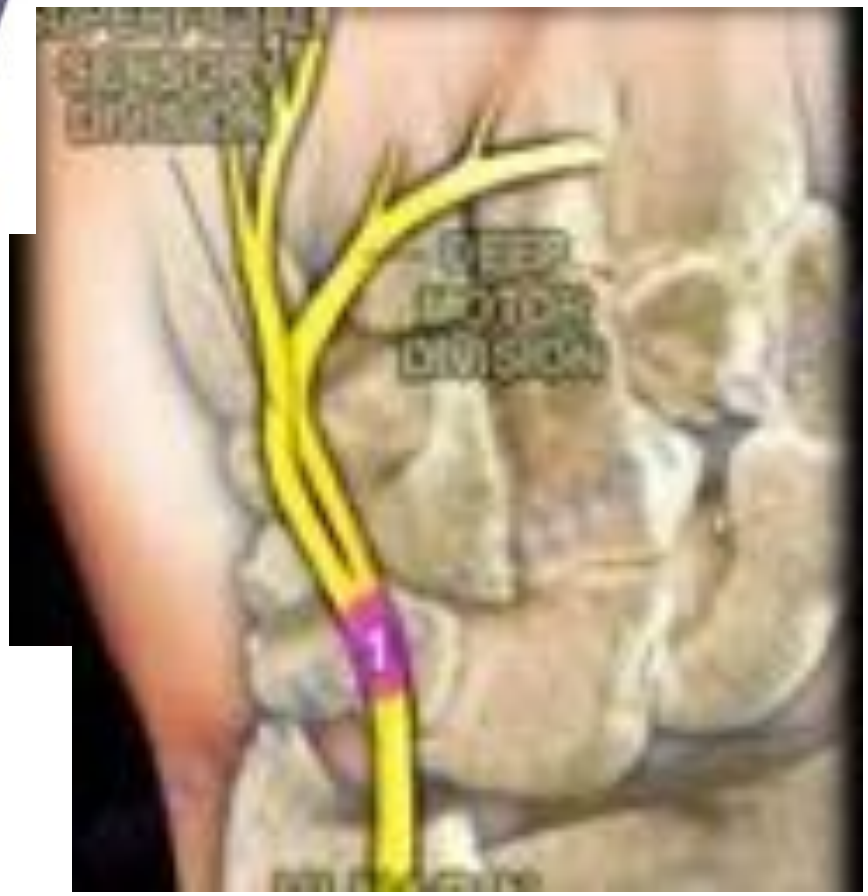
PG resident

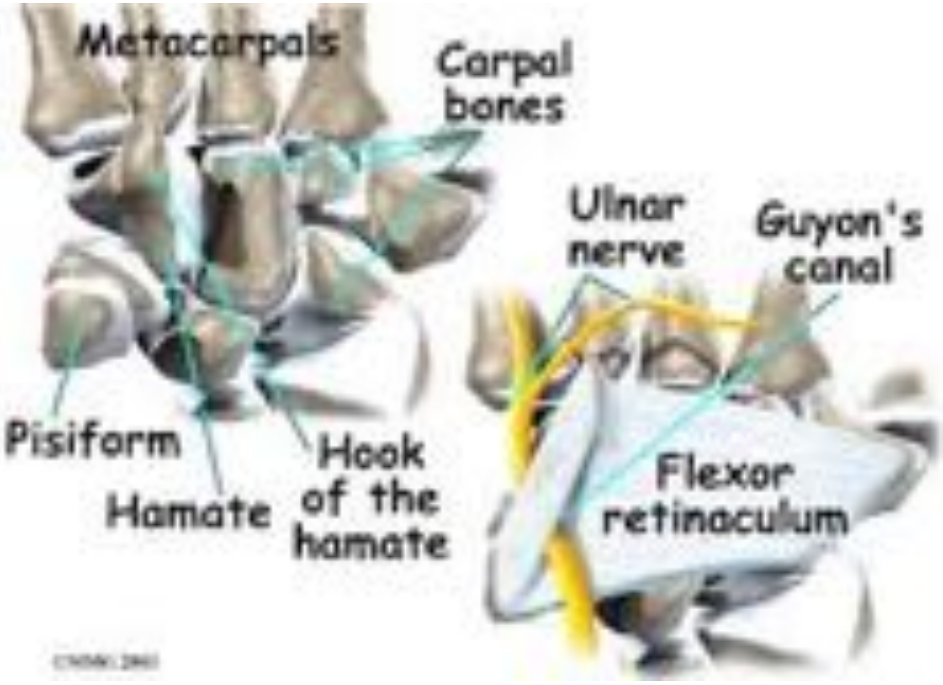












DIAGNOSIS

- A 22 year old male with High Ulnar nerve palsy secondary to compression at cubital tunnel in the non dominant hand.

Demography

- Age : 21 year
- Gender : Male
- Student
- Resident of Kanpur Uttar Pradesh

Chief complaints

- Pain around inner side of left elbow * 14 months
- Weakness of left wrist and hand * 13 months
- Numbness over inner aspect of left hand * 13 months

Differential Diagnosis

- Cervical spondylosis
- Thoracic outlet syndrome
- Low ulnar nerve palsy(compression in guyon’s canal)
- Double crush syndrome
- Tardy ulnar nerve palsy

HOPI

- Patient was apparently alright 14 months back when he started developing complaints of pain around inner side of left elbow which was insidious in onset, burning in character, radiating to the forearm, increased during night, and after prolonged phone calls, relieved by over the counter analgesic medications, the pain worsened over next 10 months and then started subsiding to the current state where pain is tolerable and patient reports decrease in the analgesic requirement.
- Patient complaints of weakness of wrist and hand and gives history of weakness of grip, which was insidious in onset and has gradually progressed over past 13 months to the current state.

- Weakness was associated with thinning of forearm and hollowing of hand and numbness over inner aspect of hand and little finger and inner side of the ring finger.

Negative history

- No H/O trauma around left elbow
- Plaster application over left upper limb
- Any chronic illness like DM, HTN , Asthma
- Chronic drug intake
- Thyroid abnormalities
- Symmetrical muscle weakness
- Hypopigmented anaesthetic patches on skin
- Neck or shoulder pain radiating to the arm, discolouration of hand
- Similar illness in the family.

- Past history
- Personal history
- Family history
- Treatment history

Examination

- **General physical examination:**
- Conscious
- Oriented to time place and person
- Coherent
- Hydration status adequate
- Nutritional status adequate on account of BMI
- No pallor, icterus, clubbing, cyanosis, generalised lymphadenopathy, Edema.

- Systemic examination:
- CVS, CNS, P/A, RS no abnormalities

- Head to toe examination:
- Head central, trachea in midline , bilateral shoulder at same level, bilateral nipples at same level , umblicus central, bilateral ASIS at same level, bilateral medial malleolus at same level.
- No visible skin hypo/ hyperpigmented patches , no saggital or coronal plane deformity, no visible neuromas, no axillary freckling, no visible swelling.

Local examination (left upper limb)

- **Inspection**
- Bilateral shoulder at same level comparable in bulk and contour, bilateral arms comparable,
- medialepicondyle more prominent on the left side, carrying angle appears to be increased on left side
- Three point bony relationship is mantained
- Visible wasting of muscles on medial side of left forearm
- Hollowing of 1st web space and hand with hollowing of hand and wasting of hypothecated eminence on left side
- Clawing of left ring and little finger.

- **Palpation**
- Inspectors findings were confirmed
- No local rise of temperature
- No tenderness at medial and lateral numeral epicondyles
- No palpable swelling or lymph nodes.
- Ulnar and radial pulses palpable
- CRT <3sec in all fingers

- **Sensory testing :**
- Sensation decreased over dorsal medial side of hand and palmar medial side of hand and little and medial half of ring finger.

- **Movements**:
- Elbow : normal range of motion
- Wrist : passive ROM : painless and full, active : flexion is weak possible only after making fist , extension normal, ulnar deviation not possible, radial deviation bilaterally comparable.
- Fingers : abduction and adduction weak as compared to right hand
- Flexion at MCP of ring and little finger not possible.

- **Measurements**
- Carrying angle : left: 13 degrees, right : 12 degrees
- Arm circumference : 22 cm on left side, 22.5 cm on right side
- Forearm circumference: 18 cm on left side, 22 cm on right side

Special tests

- Nerve compression test positive
- Tinnel sign positive
- Card test : positive
- Earle and valstou test : positive
- Froment sign : positive
- Bunnell O test : positive
- X sign of finger crease positive
- Padlock sign positive (DIP)
- Watenberg sign positive
- Etawah test positive