

Cubital tunnel syndrome

Cubital tunnel consists of – *lig. collaterale ulnare* (bottom), medial epicondyle of the humerus, olecranon and the aponeurosis of the *flexor carpi ulnaris muscle*.

Etiology

In general, there is an enlargement of the surrounding structures and oppression of the ulnar nerve. The most common causes are:

- **after fractures** - a hypertrophic muscle develops
- **professional load - long term** elbow flexion (glass grinders)

Clinical manifestations

- **Tingling of the 4th and 5th fingers, numbness of the fingers, often even paresis and atrophy**
- **typical difficulties** – when fastening a belt, turning on a zipper, a button
- **in severe cases** – claw-like hand and paralysis of the interosseous muscles

Therapy

- **operative** – deliberation and transposition of the nerve in front of the medial epicondyle

Links

Related articles

- Ulnar nerve palsy
- Carpal tunnel syndrome



This article is a stub.

You can join the authors (https://www.wikilectures.eu/index.php?title=Cubital_tunnel_syndrome&action=history) and edit it. You can discuss the changes at discussion.
