

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

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- Carpal tunnel syndrome



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