

A Rare Cause of Compression of the Ulnar Nerve Neuritis: Deep Vein Thrombosis

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A 21-year-old woman presented to the emergency department with complaint of pain in the right elbow, and ring and pinky finger numbness. The patient had no prior history of systemic disease. The patient reported similar symptoms had occurred intermittently after physical exertion during the previous three months. However, the patient presented at the hospital after experiencing the symptoms while at rest. Physical examination identified a palpable soft mass at the beginning of the third distal humerus and extending to the cubital region on the inner side of the right elbow with the consistency of the dough. The Tinel test was positive. Other system examination findings were normal. The patient's laboratory findings, complete blood count and blood chemistry tests were normal. Magnetic resonance imaging of the patient is shown in Figure 1 and Figure 2a, b. [see page 130 for diagnosis]

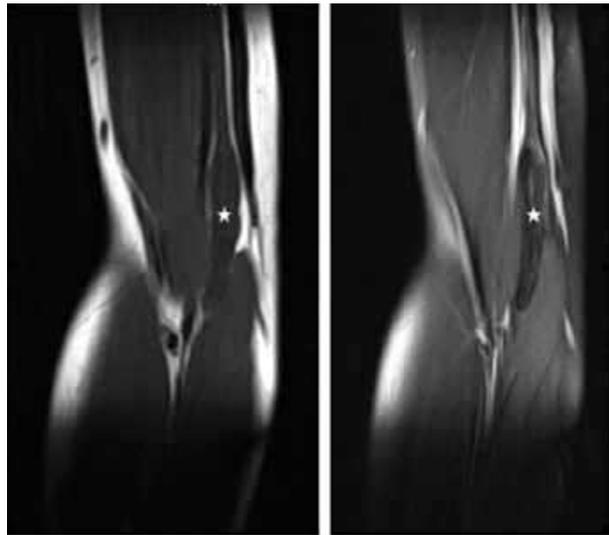


Figure 1. An increase in brachial diameter and thrombus in fat-suppressed proton density T1-weighted MR images sequences at the same level (*).

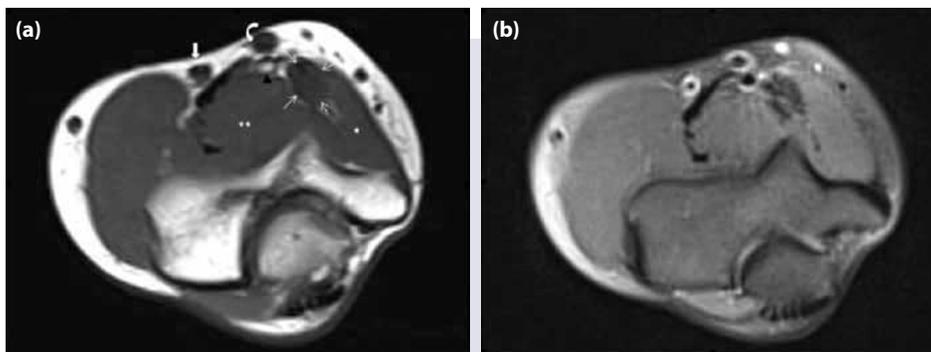


Figure 2. (a) An increase in brachial diameter and thrombus in axial T1-weighted MR images. Thin white arrows: brachial vein filled within thrombus. *: m. pronator teres, **: m. brakialis, black triangles: a. brachialis, curved white arrow: v. basilica, thick white arrow: v. cephalica. **(b)** An increase in brachial diameter and thrombus in fat-suppressed proton density in the axial image at the same level with figure 2a.

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DIAGNOSIS: Cubital Tunnel Syndrome

Cubital tunnel syndrome (CuTS) is the most common form of entrapment of the ulnar nerve and the second most common nerve compression syndrome of the upper extremities, the most common being carpal tunnel syndrome. The incidence is 24.7 cases per 100,000 person-years; men are affected twice as often as women. Clinical findings include paraesthesia and tingling in the lateral 2 fingers, pain related to the elbow joint, and in severe cases, weakness or atrophy of the intrinsic muscles of the hand.^[1-3] Soft tissue masses such as ganglia, lipomas, fibrolipomas, and epidermoid cysts can compress the ulnar nerve as it lies in the condylar groove or within the cubital tunnel. However, it was not reported that the ulnar nerve was wrapped and compressed by the DVT mass. In this respect, the present case has the distinction of being unique. We present the first case of CuTS due to DVT.

Magnetic resonance imaging of the patient detect-

ed an acute phase deep vein thrombosis (DVT) that could not be compressed, causing an increase in the lumen diameter in the brachial vein and in the right elbow (Figure 1, 2). After cardiovascular surgery, consulting physicians initiated medical treatment with enoxaparine (150 anti-Xa IU/kg, once-daily). Control returned to the patient and the patient was discharged. The patient's symptoms completely resolved three months later.

References

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