

신경근육재활 및 전기진단

게시일시 및 장소 : 10 월 18 일(금) 13:15-18:00 Room G(3F)

질의응답 일시 및 장소 : 10 월 18 일(금) 15:45-16:30 Room G(3F)

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Anterior Interosseous Nerve Syndrome combined with flexor tendon tear of thumb and index finger

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Introduction

The anterior interosseous nerve(AIN) syndrome is a rare focal neuropathy with typical clinical and electromyographic features. We report a case of AIN combined with flexor tendon tear of thumb and index finger.

Case Report

A 73-year-old man was presented with suddenly weakness of his right thumb and index finger. The patient was diagnosed with carpal tunnel syndrome(CTS) a few years ago. Muscle strength was MRC grade 1 in flexors of the interphalangeal joint of the right thumb, and the flexors of the distal phalanx of the right index finger, MRC grade 4 in the right forearm pronator. Sensation was slightly reduced over the right thumb, index and middle fingers. Right thenar eminences showed slight wasting. Deep tendon reflexes of the right upper extremities was normal. There was no limitation of range of motion. Typical "OK" sign was present. The right median and anterior interosseous nerve motor conduction study revealed delayed latency and decreased amplitude. The right median nerve sensory conduction study showed delayed latency and decreased amplitude (Table 1,2). The needle electromyography showed abnormal spontaneous activities and reduced recruitment pattern in the right FPL, FDP of index finger, and pronator quadratus(PQ) muscles. There was no motor unit action potentials(MUAPs) in the right FPL, and an polyphasic MUAPs with reduced recruitment pattern in the right APB muscle (Table 3). Considering the results of the electrodiagnostic studies. the patient was diagnosed with severe CTS and AIN. The forearm MRI showed no space-occupying lesions from the course of the AIN and vessels. Therefore, additional wrist and hand MRI were performed. It revealed severe tenosynovitis, FPL, and index of FDP tendon tear at metatarsal bone level.

Discussion

In the case of clinical symptoms such as weakness of the thumb and index finger, it should be considered that both electrodiagnostic study and imaging studies such as hand sono or MRI. We report an unusual case of AIN combined with FPL and FDP tendon tear in patients with weakness of thumb and index finger.

Table 1. Motor nerve conduction study findings

Nerve/ stimulation	Recording site	Latency (ms)	Amplitude (mv)	Duration (ms)	Distance (cm)	Velocity (m/s)
R Median						
Wrist	APB	*6.61	*6.7	8.33	7	
Elbow	APB	11.51	6.4	8.80	21	*43
Axilla	APB	13.33	6.0	8.70	9	*49
L Median						
Wrist	APB	3.96	11.8	6.77	7	
Elbow	APB	8.49	9.6	7.08	25.5	56
Axilla	APB	9.58	9.3	7.03	8	73
R Ulnar						
Wrist	ADM	2.55	11.9	6.15	7	
B.Elbow	ADM	5.99	11.9	6.25	19.5	57
A.Elbow	ADM	7.29	11.6	5.52	10	77
R Radial						
Forearm	EIP	2.45	9.5	8.65	7	
Elbow	EIP	5.57	9.2	8.85	19	61
R Anterior interosseous						
Elbow	PQ	*4.27	*2.9	8.59		
L Anterior interosseous						
Elbow	PQ	3.91	3.5	10.31		

Table 2. Sensory nerve conduction study findings

Nerve/ stimulation	Recording site	Pk Lat (ms)	Pk Amp (μ V)	Distance (cm)	Vel. Pk (m/s)
R Median					
Palm	Digit II	1.98	16.7	7	35.4
Wrist	Digit II	*4.32	11.0	7	29.9
L Median					
Palm	Digit II	1.93	6.6	7	38.4
Wrist	Digit II	*NR	*NR	7	*NR
R Ulnar					
Wrist	Digit V	3.44	26.6	14	40.7
R Radial					
Forearm	Wrist	2.40	16.8	10	41.7

Table 3. Needle electromyographic findings

Muscle	Spontaneous		MUAP	Recruitment
	Fibrillation	PSW		
Rt. APB	None	None	polyphasic	reduced
Rt. ADM	None	None	None	None
Rt. FDP	1+	None	None	reduced
Rt. FPL	1+	None	No MAUPs	reduced
Rt. PQ	None	1+	None	reduced
Rt. PT	None	None	None	None
Rt. FCR	None	None	None	None
Rt. FCU	None	None	None	None
Rt. ECRL	None	None	None	None
Rt. Biceps	None	None	None	None
Rt. Triceps	None	None	None	None
Rt. C5 PSP	None	None	None	None
Rt. C6 PSP	None	None	None	None
Rt. C7 PSP	None	None	None	None