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Minimal endoscopic surgery for treatment the cubital tunnel syndrome

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BACKGROUND. Compression of the ulnar nerve in the cubital tunnel is the second most frequent entrapment neuropathy of the upper extremity after carpal tunnel syndrome. The ideal operative treatment for cubital tunnel syndrome remains controversial. We therefore presented our series of endoscopically decompression of the ulnar nerve at the elbow to determine the effectiveness of this procedure.

METHODS. In 25 patients (ages 29–76 years) with clinical McGowan grade I (3 patients), II (16 patients), and III (6 patients) and electrophysiologic signs of cubital tunnel syndrome, 21-cm of the ulnar nerve was released through a 2-cm-long skin incision. A 4-mm, 30° standard endoscope and Storz retractor were used during the procedure, and the mean postoperative follow-up examination was 12 months.

RESULTS. There were no visible nerves and vessels injured during the procedure. The main postoperative complication was hematoma in two patients that resolved after conservative management. There was no elbow extension deficit after surgery and surgical wounds all healed within a week. Grip strength showed a highly significant increase after surgery. Outcomes were excellent in 20 of 25 cases and good in 3 of 25 cases.

CONCLUSIONS. Endoscopic technique for treating cubital tunnel syndrome is a safe and reliable procedure, characterized by a short incision, minimal soft tissue manipulation, less scar sensitivity and early postoperative mobilization. It demonstrates promising benefits against conventional approaches (complete release and good visualization), and reduced complication profile (painful scarring and elbow contracture).