

Comment on: "Ulnar Tunnel Syndrome with Ultrasonographic Nerve Imaging"

To THE EDITOR:

"Ulnar Tunnel Syndrome with Ultrasound Nerve Imaging" in Pain Physician (1), describes the useful support of ultrasound (US) in case of ulnar nerve entrapment at Guyon canal, in particular to exclude possible causes of nerve suffering and guide the therapeutic approach. The authors present a patient with work-related repetitive compression to ulnar nerve. The final diagnosis was also made on the basis of nerve enlargement at the Guyon canal, found by US evaluation. The paper is very didactic because of the US presentation and the diagnostic and therapeutic management of this type of neuropathy. In fact, we consider it essential to support clinical evaluation with electrophysiology and ultrasonography. US is particularly useful in assessment of entrapment neuropathies. Moreover, it is able to show causes of compression like ganglion or cyst, as the authors mentioned. But US can provide also other morphologic information, like anatomical variations, not only relatively to nerves but even to other bordering structures, for example muscles. We have recently published a case of ulnar nerve compressed by an abductor digiti minimi accessory muscle, at the wrist. In this case US was crucial for understanding the real cause of compression and helped in patient management (2). Finally Yalcin et al asserted that avoidance of provocative activity is advised as therapy. On the basis of our experience, we confirm that knowing the cause

or the provocative factors of ulnar nerve disease allows the patient to limit the damaging behaviors, with symptom improvement (3).

In conclusion the association of clinical, electrophysiological and ultrasonographic evaluation may give the correct information for diagnosis, prognosis and therapy.

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