

In Response to Coraci et al

We read with great interest the letter by Coraci et al, which mentioned particular utilization of ultrasound in the assessment of entrapment neuropathies.

They emphasized the benefits of the ultrasound providing morphologic information like anatomical variations throughout their educationally valuable case report (1). They have clearly mentioned that evaluation of peripheral nerve lesions both with electromyography and ultrasonography obviously increase the rate of correct diagnosis.

Beside the anatomical scanning utility, we also want to mention the important role of ultrasound supporting the electrophysiological techniques. Ultrasound is a perfect tool to guide needle localization which is difficult to localize especially at the potentially risky muscles such as intercostal muscles (2). It is found that in electromyographic studies non-guided needle placement was significantly less accurate than ultrasound-guided needle placement (3). Ultrasound is also useful for nerve conduction studies especially for small and challenging nerves such as dorsal ulnar cutaneous or superficial radial nerve and even for sural nerve in some cases (3).

So, it is believed that ultrasound could also increase the diagnostic utility of the electromyographic examination. Throughout all these diagnostic advantages it is better to consider these two diagnostic modalities not

competing, but instead cooperative tools (4). As it is suggested (2), we also recommend to have the ultrasound and electromyography instruments in the same examination room for the numerous advantages of using them together.

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