

DİRSEKTE ULNAR NÖROPATİ

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6. BÖLÜM

GENEL BİLGİLER

Anatomi

Ulnar sinir, C8-T1 (bazen C7'yi de içerebilir) spinal segmentlerinin oluşturduğu alt trunkusun medial kordundan çıkar. Koltuk altında aksiller arterin medialinde yer alır, sonrasında humerus ortası ya da 1/3 distaline kadar brakial arterin medialinde ve median sinirin yakınında seyrederek humerus ortası ya da 1/3 distalinde triseps ve brakialis kaslarının sınırında yer alan medial intermüsküler septumu deler ve kolun arka kısmına geçer. Dirseğin hemen üstünde medial epikondil ile olekranon arasındaki boşluk olan retroepikondiler olukta (REO, ulnar oluk) ilerler. Sonrasında fleksör karpi ulnaris tendon parçaları arasındaki yoğun aponevroz olan humeroulnar aponöritik arkad (HUA, Osborne ligamenti) altından geçer. HUA altındaki alan kübital tünel olarak da bilinmektedir. Ulnar sinir kol seyri boyunca dal vermez. Kübital tüneli geçtikten sonra fleksör karpi ulnaris (FKU) ve derin fleksör - pronator kas gruplarından geçerek ön kola girer, FKU ve fleksör digitorum profundus - ulnar tarafı (FDP) kaslarına dal verir. Bileğin 5-10 cm proksimalinde dorsal ulnar kutanöz sinir (DUK) ve ön kol ortası ile distali arasında palmar ulnar kutanöz sinir (PUK) olmak üzere iki duysal dal verir. PUK guyon kanalı ventralinde ele girer ve proksimal avuç içi medialinin duysal innervasyonunu sağlar. DUK ulna çevresinde kavis çizerek ele girer. DUK medial el dorsalinin, 4.parmak (medial kısmı) ve 5.parmakların dorsalinin duysal innervasyonundan sorumludur. Ulnar sinirin FKU'ya giden sinir lifleri ve DUK / PUK lifleri dirsekte derin ve dorsolateralde yer aldığından

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innervasyonlu kas olan ekstansör indisis proprius kasında anormallik beklenir. Ayrıca servikal radikülopatide paraspinal kaslarda iğne EMG anormallığı bulunabilir [1].

DUN ve amiotrofik lateral sklerozda (ALS) el kaslarında güçsüzlük ve atrofi görülebilir. Bu iki hastalık bu nedenle karışılabilir de DUN'da duysal etkileneceğinin olması bu iki hastalığın ayırımında faydalı olabilir. ALS'de eşlik eden bir nöropati yoksa duysal bulguların olması beklenmez. Ayrıca DUN'da izlenen iletim bloğu ALS'de izlenmez. ALS'de abdükör pollicis brevis ve BDİ kasları gibi tenar kaslarındaki atrofi belirgin olurken, abdükör digiti minimi gibi hipotenar kaslar göreceli olarak korunur. Bu durum Split-hand (Bölünmüş-el) sendromu olarak bilinmektedir [58]. ALS'de yaygın fasikülasyonlar ve iğne EMG'de ekstremite kaslarında, bulber kaslarda ve paraspinal kaslarda aktif denervasyon ve nörojenik motor ünite aksiyon potansiyellerinin olması beklenir. DUN'da ulnar innervasyonlu kaslar dışında güçsüzlük ve iğne EMG anormallığı olması beklenmez. Monomelik amiotrofide (Hirayama hastalığı) C7-C8-T1 innervasyonlu kaslarda güçsüzlük ve atrofi görülürken duysal bulgular sıklıkla görülmez [59].

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