

Pronator teres syndrome

From direct trauma or repeated pronation with tight hand-grip. Trapped where nerve dives between 2 heads of pronator teres. Causes vague aching and easy fatiguing of forearm muscles with weak grip and poorly localized paresthesias in index finger and thumb. Nocturnal exacerbation is absent. Pain in palm distinguishes this from [carpal tunnel syndrome](#) (CTS) since the median palmar cutaneous branch (PCB) exits before the TCL and is spared in CTS.

Treat with resting forearm. Surgical decompression indicated for cases that progress while on rest or when continued trauma is unavoidable.

Report a rare case of pronator teres syndrome in a young female patient. She reported that her right hand grip had weakened and development of tingling sensation in the first-third fingers two months previous. Thenar muscle atrophy was prominent, and hypoesthesia was also examined on median nerve territory. The pronation test and Tinel sign on the proximal forearm were positive. Severe pinch grip power weakness and production of a weak "OK" sign were also noted. Routine electromyography and nerve conduction velocity showed incomplete median neuropathy above the elbow level with severe axonal loss. Surgical treatment was performed because spontaneous recovery was not seen one month later ¹⁾.

¹⁾

Lee HJ, Kim I, Hong JT, Kim MS. Early surgical treatment of pronator teres syndrome. J Korean Neurosurg Soc. 2014 May;55(5):296-9. doi: 10.3340/jkns.2014.55.5.296. Epub 2014 May 31. PubMed PMID: 25132940.

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