

Radial nerve compression

- Utility of neuromuscular ultrasound and comparison of NMUS with electrodiagnostic tests in dominant spinocerebellar ataxia
- Comparison of imaging markers of nerve ultrasound and MR-neurography in a longitudinal course in chronic inflammatory demyelinating polyneuropathy
- Endoscopic Radial Tunnel Release
- Routine use of autograft is not necessary for treatment of humeral shaft nonunions and anticipated nonunions after failed nonoperative treatment
- Extracranial-Intracranial Bypass with Reconstruction Clip Surgery Following Failed Flow Diverter Therapy for a Giant Internal Carotid Aneurysm: A Case Report
- Isolated Pectoralis Major and Tricep Atrophy Secondary to Neuralgic Amyotrophy
- Sonography of Orthopedic Hardware (K-Wire) Abutment of the Superficial Radial Nerve (SRN)-A Case Report
- Radial tunnel syndrome/supinator lodge syndrome-neurolysis facilitating the anterolateral approach

Entrapment of the radial nerve at the elbow is the third most common compressive neuropathy of the upper limb after carpal tunnel and cubital tunnel syndromes. Because the incidence is relatively low and many agents can compress it along its whole course, entrapment of the radial nerve or its branches can pose a considerable clinical challenge. Several of these agents are related to normal or variant anatomy. The most common of the compressive neuropathies related to the radial nerve is the posterior interosseus nerve syndrome. Appropriate treatment requires familiarity with the anatomical traits influencing the presenting symptoms and the related prognoses. The aim of this study is to describe the compressive neuropathies of the radial nerve, emphasizing the anatomical perspective and highlighting the traps awaiting physicians evaluating these entrapments ¹⁾

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Węgiel A, Karauda P, Zielinska N, Tubbs RS, Olewnik Ł. Radial nerve compression: anatomical perspective and clinical consequences. Neurosurg Rev. 2023 Feb 13;46(1):53. doi: 10.1007/s10143-023-01944-2. PMID: 36781706.

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Last update: **2024/06/07 02:51**

