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SNAPPING TRICEPS TENDON WITH ULNAR NEURITIS

Report on a Case

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There are many conditions that may be responsible for the development of neuritis in the ulnar nerve. Although some of these are very uncommon, they are often of great interest, as familiarity with the condition can be of great importance in the treatment.

We have recently treated a patient who probably demonstrated one such uncommon form of neuritis, and we consider that demonstration of our problems may be of interest.

CASE REPORT

A carpenter, aged 21, with slight symptoms of ulnar neuritis was admitted to our institute. The symptoms had started some weeks previously, from which time he had felt a snapping sensation over the medical epicondyle of his elbow every time he fixed his arm to 90°.

Examination confirmed the neuritis. We could also feel something slipping over the medical epicondyle when he flexed his arm, and we assumed at first that he suffered from the not uncommon, recurrent dislocation of the ulnar nerve, and treated him by carrying out anterior transposition of the nerve. This cured his neuritis, but the snapping sensation persisted. He was re-operated on the assumption that the nerve had slipped back into normal position in the groove, and more extensive anteposition was carried out, but the snapping sensation remained unchanged.

He was therefore readmitted to our institute. This time we could palpate the nerve lying in its new position, and it was obvious that another anatomical structure was responsible for the snapping. The condition was very troublesome for the patient because his hand and fingers were unstable when "the elbow" snapped, and this was the indication for a third operation.

FINDINGS AT OPERATION

We could see at once what made "the elbow" snap (Figs. 1 and 2). The medial border of the triceps brachii muscle and its tendon dislocated

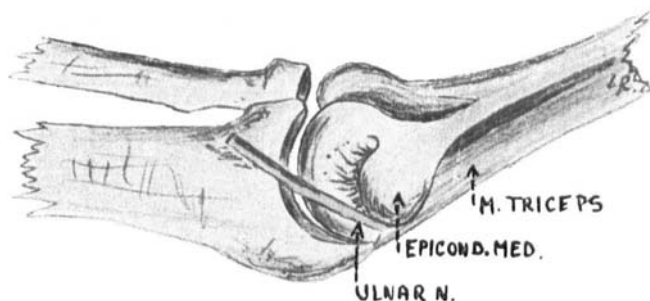


Figure 1. The situation as we believe it was before the first operation. Arm extended. M. triceps in normal position on the dorsal side of the humerus. Ulnar nerve in the groove.

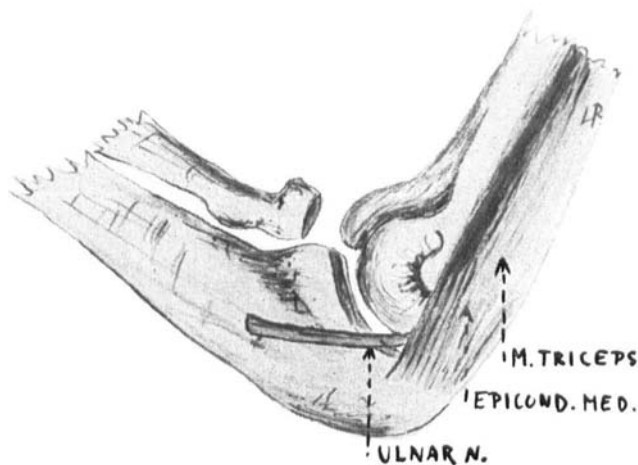


Figure 2. Arm flexed to 90°. The medial part of the M. triceps tendon has dislocated over the medial epicondyle squeezing the ulnar nerve against the groove.

over the medial epicondyle when the arm was flexed to 90°. It slipped back again when the arm was extended. Every dislocation was followed by a loud snap. The muscle/tendon was forced against the groove, and it seemed clear that this "chronic" irritation of the nerve before the first anterior transposition had started the neuritis symptoms. The dislocating forces were in fact so great that we had to carry out resection of the distal and medial parts of the tendon before our correcting sutures were able to abolish the dislocation. The nerve was not inspected this time. It was safely buried in its new bed in front of the epicondyle.

The arm was kept in a light bandage with 45° flexion at the elbow for 14 days. Thereafter gradual movements. He had previously been

cured of the neuritis and this operation cured the snapping sensation. He has since been working as a carpenter for nearly a year without any complaints.

COMMENTS

The patient suffered from ulnar neuritis. Because we failed to understand the mechanism behind the condition, we treated it by anterior transposition of the nerve instead of attacking the cause directly. The first operation therefore cured the neuritis but not its cause.

The aetiology of this condition will not be discussed here. There may have been several aetiological factors including the combination of an anomaly of the triceps muscle/tendon and a shallow groove for the nerve.

Alterations in the attachment of the flexor carpi ulnaris to the humerus have previously been reported (Bateman 1962), but we have not been able to find any reports on anomalies of the triceps muscle.

Our intention has been to demonstrate this, for us uncommon, case of ulnar neuritis. If we had been aware of the situation from the outset, we could have cured the patient at the first operation and avoided anteposition of the nerve, an operation that is not always without complications.

SUMMARY

A case report is given, showing an uncommon form of ulnar nerve neuritis, caused by a dislocation of the m. triceps tendon.

REFERENCE

- Bate, J. E. (1962) *Trauma to nerves in limbs*. W. B. Saunders Co., Philadelphia and London, p. 45.