



HENDRIK JOHANNES VAN DER WESTHUIZEN is vanaf 1 Maart 1984 Eerste Huisarts/Senior Lektor in die Departement Huisartskunde te MEDUNSA en ons heet hom baie welkom in die Akademie.

Hy het in 1955 op Brits gematrikuleer en is daarna na die Universiteit van Pretoria waar hy die MBChB verwerf in 1962. Vanaf 1969 tot 1973 was hy deelyds lektor in die Departement Huisartskunde te UP. In dié tyd was hy ook behulpsaam by die studente se Polikliniek te Daspoort. In 1973 verwerf hy ook die MFAP van die Kollege van Geneeskunde van SA. Hierna het hy 'n jaar as senior mediese beampte te Ga-Rankuwa- hospitaal gewerk. Sedert 1974 is Dr Hein (soos hy bekend is) huisarts op Brits waar hy baie betrokke was by verskeie gemeenskapsdienste.

Hy stel intens belang in geneeskunde en die bevordering van Huisartskunde as 'n beroep. Ons wens hom 'n suksesvolle loopbaan toe.

Redakteur

Cubital tunnel syndrome

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KEYWORDS: Cubital tunnel syndrome;
Diagnosis; Treatment;
Ulnar nerve; Compression;
Paresthesia; Headache

A simple surgical procedure to cure acroparesthesia is described — and its association with headache noted. Reports of 12 patients are given.

SINCE 1979 I have decompressed 12 patients with Cubital Tunnel Syndrome. As a country physician, these operations were done on clinical diagnosis. Special investigations for neurological conditions are not readily available.

All the patients were Stage One, according to Mooij¹ — ie. patients without any neurological deficit.

In searching the literature, the excellent work by Pechan and Kredba² covers the whole field. The paper by Clark³ sums up the syndrome very neatly.

cubital tunnel syndrome

SYMPTOMS OF STAGE ONE

It is very important to note that patients seldom volunteer the symptoms of ulnar nerve paresthesia (ulnar acroparesthesia). They seem to accept it as a normal phenomenon and pass it off as their hand is sleeping due to poor positioning. The ignorance of this syndrome is well-illustrated by Højer-Pedersen and Haase⁴, and in a leading article in the *Br Med J*⁵. The symptoms are both distal and proximal to the nerve compression.

- (i) **Headache:** usually very severe. Sometimes so continuous that nothing relieves it completely. When careful questioning and clinical examination revealed nothing, I usually asked whether there was ulnar acroparesthesia. Other causes of such a neuropathy must be excluded⁶. No references to the association between cubital tunnel compression and headache could be found in the literature.
- (ii) **Pain in the shoulder**
- (iii) **Pain in the shoulder-blade area**
- (iv) **Pain in the upper arm**
- (v) **Pain in the chest** – usually lateral³
- (vi) **Pain in the neck**
- (vii) **Ulnar acroparesthesia**

Simple decompression was performed under bloodless field and general anaesthesia, or by local intravenous 10cc 2% Lignocaine, diluted with 30cc saline. Operative findings and clinical presentation were similar to those of Miller and Hummel^{7, 8}. No splinting or special treatment was given. Simple dressing of the wound was done and patients were usually sent home the same day.

RESULTS

The outcome of this simple procedure was astonishingly dramatic. Especially the patients with severe headache had dramatic immediate relief. Ulnar acroparesthesia sometimes did not subside immediately, but was of no concern to the patients. All pain was always immediately relieved. Biopsy done at all cases was consistent with Tunnel Syndrome.

The findings in the twelve patients are presented below in tabular form:

COMMENT

This operation is so simple and gives such dramatic results that it can be used as a diagnostic procedure.

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FINDINGS IN TWELVE PATIENTS

	AGE	SEX	VOLUNTEERED ACROPAESTHESIA	UNILATERAL/BILATERAL	HEADACHES	SHOULDER PAIN	SHOULDER-BLADE PAIN	UPPER ARM PAIN	CHEST PAIN	NECK PAIN	ULNAR ACROPAESTHESIA	OTHER NEUROPATHY	FOLLOW-UP IN MONTHS	
1	50	♀	*	B	*	*	*	-	-	*	*	-	36	Complete cure
2	30	♀	*	B	*	-	-	-	-	*	*	-	48	Complete cure at first. After 1 year symptoms recurred. A second bilateral decompression was done and after 24 months still complete cure
3	35	♀	-	U	*	-	*	-	-	*	*	-	9	Complete cure
4	43	♀	-	B	*	-	*	-	-	*	*	-	15	All symptoms disappeared, but recurrences after ± 6 months and gradually worsened
5	54	♂	*	U	-	*	*	*	-	-	*	-	10	Complete cure
6	50	♀	-	B	*	*	*	*	-	*	*	-	6	All symptoms disappeared. After 4 months headache and neck pain still gone but ulnar acroparesthesia and shoulder pain recurred
7	47	♀	*	B	*	-	-	-	-	*	*	-	5	Complete cure
8	50	♀	*	B	*	*	-	*	-	*	*	-	4	Left side complete cure. Right side slight ulnar acroparesthesia
9	56	♂	-	B	*	*	*	-	-	*	*	-	6	Complete cure
10	65	♀	-	U	*	*	*	*	-	*	*	-	2	Complete cure
11	73	♀	-	B	*	*	*	*	*	-	*	-	6	Headache and neck pain, and shoulder blade pain and upper arm pain gone. Neck pain and upper arm pain started again after 5 months. Ulnar acroparesthesia gone.
12	65	♀	-	B	*	*	-	*	*	-	*	-	24	Complete cure