

11-16-00

HAND CLINIC

ATTENDING: Reid Abrams, M.D.

HISTORY: The patient comes in today still complaining vehemently of pain on the volar radial aspect of his left wrist. He says that gripping activities also lead to pain, as well as bumping the volar radial aspect of his wrist. Associated with bumping his wrist, he gets dysesthesias into the radial three digital pads. Of note is that at the time of his original injury, he did have a history of compartment syndrome. He did have compartment releases volarly and dorsally on the forearm. Then he remembers that several days later, he underwent a carpal tunnel release due to acute carpal tunnel syndrome.

PHYSICAL EXAMINATION: On physical examination, he has a nicely healed clinical union of his distal radius fracture and radiocarpal fusion. He has excellent gross grasp and release, and pronation and supination. He does have a dysesthesia and positive Tinel's to percussion over the volar radial aspect of the wrist and distal forearm with radiation into the thumb, index, and long fingers. He has normal sensibility subjectively over the base of the thenar eminence. Today, he had Simms-Weinstein tests which show numbers of 2.44 in all digits, and this is symmetric bilaterally including in the digits of complaint.

IMPRESSION: Probable median neuritis. The patient did have electrodiagnostic studies that demonstrate a median neuropathy of undetermined location. Localization was not entirely clear except that it appeared that there was more involvement at the wrist with some involvement in the forearm. It appeared, perhaps, some of this may have been secondary to the compartment syndrome with the median nerve affected more than the ulnar nerve. The patient has not healed his wrist fusion and his radius fracture. He is no longer having DRUJ complaints. Musculoskeletally, he is doing quite well. His main complaint, I think, emanates from his median nerve. This may be secondary to scarring around the nerve, although he may have had significant axonal loss, as is suggested by his electrodiagnostic study.

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PLAN: One potential consideration is a median neurolysis which would be extensive from the distal forearm to the carpal canal with possible vein wrapping and fat graft to give him better padding over the nerve. I told him again the guarded prognosis that this has, along with the potential that not only may he not be improved but he could be made worse. He is again considering these options. He will follow up PRN.

Reid Abrams, M.D.

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D: 11-16-00
R: 11-17-00
T: 11-19-00