

Treatment Of Nerve Injury And Entrapment Neuropathy

Nerve compression syndrome

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Nerve compression syndrome, or compression neuropathy, or nerve entrapment syndrome, is a medical condition caused by chronic, direct pressure on a peripheral nerve. It is known colloquially as a trapped nerve, though this may also refer to nerve root compression (by a herniated disc, for example). Its symptoms include pain, tingling, numbness and muscle weakness. The symptoms affect just one particular part of the body, depending on which nerve is affected. The diagnosis is largely clinical and can be confirmed with diagnostic nerve blocks. Occasionally imaging and electrophysiology studies aid in the diagnosis. Timely diagnosis is important as untreated chronic nerve compression may cause permanent damage. A surgical nerve decompression can relieve pressure on the nerve but cannot always...

Pudendal nerve entrapment

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Pudendal nerve entrapment is an uncommon, chronic pelvic pain condition in which the pudendal nerve (located in the pelvis) is entrapped and compressed. There are several different anatomic locations of potential entrapment (see Anatomy). Pudendal nerve entrapment is an example of nerve compression syndrome.

Pudendal neuralgia refers to neuropathic pain along the course of the pudendal nerve and in its distribution. This term is often used interchangeably with pudendal nerve entrapment. However, it has been suggested that the presence of symptoms of pudendal neuralgia alone should not be used to diagnose pudendal nerve entrapment. That is because it is possible to have all the symptoms of pudendal nerve entrapment, as per the diagnostic criteria specified at Nantes in 2006, without actually...

Ulnar neuropathy at the elbow

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Idiopathic ulnar neuropathy at the elbow is a condition where pressure on the ulnar nerve as it passes through the cubital tunnel causes ulnar neuropathy. The symptoms of neuropathy are paresthesia (tingling) and numbness (loss of sensation) primarily affecting the little finger and ring finger of the hand. Ulnar neuropathy can progress to weakness and atrophy of the muscles in the hand (interossei and small and ring finger lumbrical). Symptoms can be alleviated by using a splint to prevent the elbow from flexing while sleeping.

Ulnar neuropathy

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Ulnar neuropathy is a disorder involving the ulnar nerve. Ulnar neuropathy may be caused by entrapment of the ulnar nerve with resultant numbness and tingling. It may also cause weakness or paralysis of the muscles supplied by the nerve. Ulnar neuropathy may affect the elbow as cubital tunnel syndrome. At the wrist a similar neuropathy is ulnar tunnel syndrome.

Radial neuropathy

nerve and axillary nerves. There are many ways to acquire radial nerve neuropathy, including: Upper arm

a fracture of the bone Elbow - entrapment of - Radial neuropathy is a type of mononeuropathy which results from acute trauma to the radial nerve that extends the length of the arm. It is

known as transient paresthesia when sensation is temporarily abnormal.

Peripheral neuropathy

gland function, and/or organ function depending on which nerve fibers are affected. Neuropathies affecting motor, sensory, or autonomic nerve fibers result

Peripheral neuropathy, often shortened to neuropathy, refers to damage or disease affecting the nerves. Damage to nerves may impair sensation, movement, gland function, and/or organ function depending on which nerve fibers are affected. Neuropathies affecting motor, sensory, or autonomic nerve fibers result in different symptoms. More than one type of fiber may be affected simultaneously. Peripheral neuropathy may be acute (with sudden onset, rapid progress) or chronic (symptoms begin subtly and progress slowly), and may be reversible or permanent.

Common causes include systemic diseases (such as diabetes or leprosy), hyperglycemia-induced glycation, vitamin deficiency, medication (e.g., chemotherapy, or commonly prescribed antibiotics including metronidazole and the fluoroquinolone class of...

Diabetic neuropathy

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Diabetic neuropathy includes various types of nerve damage associated with diabetes mellitus. The most common form, diabetic peripheral neuropathy, affects 30% of all diabetic patients. Studies suggests that cutaneous nerve branches, such as the sural nerve, are involved in more than half of patients with diabetes 10 years after the diagnosis and can be detected with high-resolution magnetic resonance imaging. Symptoms depend on the site of nerve damage and can include motor changes such as weakness; sensory symptoms such as numbness, tingling, or pain; or autonomic changes such as urinary symptoms. These changes are thought to result from a microvascular injury involving small blood vessels that supply nerves (vasa nervorum). Relatively common conditions which may be associated with diabetic...

Pathophysiology of nerve entrapment

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Nerve entrapment involves a cascade of physiological changes caused by compression and tension. Some of these changes are irreversible. The magnitude and duration of the forces determines the extent of injury. In the acute form, mechanical injury and metabolic blocks impede nerve function. In the chronic form, there is a sequence of changes starting with a breakdown of the blood-nerve-barrier, followed by edema with connective tissue changes, followed by diffuse demyelination, and finally followed by axonmetesis. The injury will often be a mixed lesion where mild/moderate compression is a combination of a metabolic block and neuropraxia, while severe compression combines elements of neuropraxia and axonmetesis.

Common fibular nerve

Nerve Injury (Foot Drop)", Neurology and Neurosurgery, Johns Hopkins School of Medicine, 2013-12-18, retrieved 2013-12-18 "Peroneal Nerve Entrapment at

The common fibular nerve (also known as the common peroneal nerve, external popliteal nerve, or lateral popliteal nerve) is a nerve in the lower leg that provides sensation over the posterolateral part of the leg and the knee joint. It divides at the knee into two terminal branches: the superficial fibular nerve and deep fibular nerve, which innervate the muscles of the lateral and anterior compartments of the leg respectively. When the common fibular nerve is damaged or compressed, foot drop can ensue.

Anterior interosseous syndrome

interosseous nerve entrapment or compression injury remains a difficult clinical diagnosis because it is mainly a motor nerve problem, and the syndrome

Anterior interosseous syndrome is a medical condition in which damage to the anterior interosseous nerve (AIN), a distal motor and sensory branch of the median nerve, classically with

severe weakness of the pincer movement of the thumb and index finger, and can cause transient pain in the wrist (the terminal, sensory branch of the AIN innervates the bones of the carpal tunnel).

Most cases of AIN syndrome are now thought to be due to a transient neuritis, although compression of the AIN in the forearm is a risk, such as pressure on the forearm from immobilization after shoulder surgery. Trauma to the median nerve or around the proximal median nerve have also been reported as causes of AIN syndrome.

Studies are limited, and no randomized controlled trials have been performed regarding the treatment...

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