

## A Rare Ultrasound Finding in Carpal Tunnel Syndrome

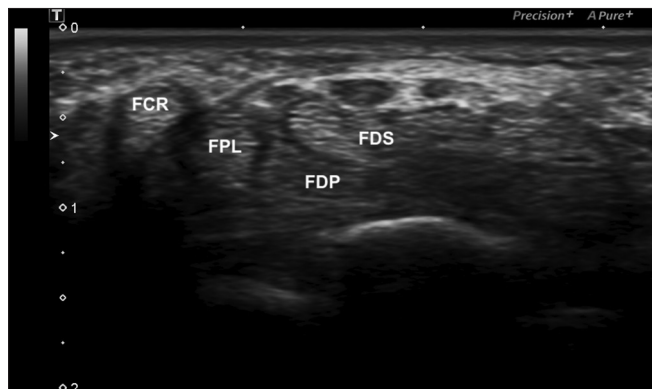
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### SECTION 1 – Quiz

#### Case

A 60-year-old right-handed woman presented with right-hand numbness for 1 year mainly while riding her motorcycle or at night. She had no known diabetes mellitus or thyroid disorder. Electrodiagnostic study revealed prolonged distal motor latency (4.54 ms; distance between the stimulation and recording sites was 7 cm) and slowing of sensory nerve conduction velocity at the finger–wrist (35.4 m/s) and palm–wrist segments (27.8 m/s) of the right median nerve (MN).



**Figure 1:** Ultrasound of the right median nerve within the carpal tunnel, transverse axis. FCR: Flexor carpi radialis tendon, FDS: Flexor digitorum superficialis tendons, FDP: Flexor digitorum profundus tendons, FPL: Flexor pollicis longus tendon

Right median neuropathy at the level of the wrist was compatible with carpal tunnel syndrome.

She was referred to the PM and R ultrasound (US) clinic to receive US-guided perineural injection therapy of her right MN with 5% dextrose.

During the preliminary US scan of her right MN, a rare variant was found [Figures 1, 2 and Video 1]. She received right MN perineural injection as planned [Figure 3].



**Figure 2:** Ultrasound of the right median nerve within the carpal tunnel, transverse axis, with power Doppler activated

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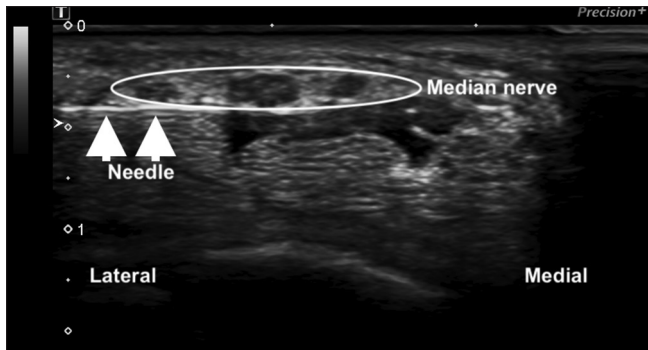
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**Figure 3:** Ultrasound-guided hydrodissection of the right median nerve, transverse axis, in-plane approach from lateral to medial

## WHAT IS THE DIAGNOSIS?

### Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent form. In the form, the patient has given her consent for her figures and other clinical information to be reported in the journal. The patient understands that her name and initial will not be published and due efforts will be made to conceal her identity, but anonymity cannot be guaranteed.

### Financial support and sponsorship

Nil.

### Conflicts of interest

There are no conflicts of interest.