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Left posterior interosseous nerve syndrome

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Personal Background: Male, 40 years. No personal history of clinical interest.

Current Illness: The patient came to the emergency room feeling diminution of sensation, numbness in the left arm, which is associated with decreased strength of several minutes. Similar concerns prior episodes that relates to the positions. No impairment of vision. No clinical infectious.

Physical examination: Doubtful hypoesthesia with paraesthesia in palm and forearm distal region of decreased strength in extensor carpi ulnaris. Decreased strength to the extension of the great toe.

Investigations: Blood Tests: no significant findings. Cranial MRI: No lesions in white matter, corpus callosum and brainstem are observed. No acute or chronic ischemic vascular lesions are identified.

Evolution: after normal cranial MRI was decided to perform NMR left arm: no compression at any level is observed; and electromyogram study: marked axonal peripheral neuropathy in radial nerve left for possible level compression channel with partial denervation humeral torsion in its tax neuromuscular territory. Signs of demyelinating peripheral neuropathy observed in the sensory component of the left median nerve compression by possible support with carpal tunnel syndrome. Valuation trauma indicating rest and vitamin B complex, registering the patient is requested. A month later the patient returns for revision of symptoms, physical activity can begin.

Diagnostic: posterior interosseous nerve syndrome. Carpal tunnel syndrome left.

Conclusion: A proper physical examination of the patient is essential to guide a correct medical diagnosis. The need for complementary to rule out more disabling disorders (demyelinating disease) evidence forces us to do more intensive patient monitoring and even hospitalization.