Amgad S. Hanna

Nerve Cases

High Yield Scenarios for Oral and Written Testing

EXTRAS ONLINE



Nerve Cases

Amgad S. Hanna

Nerve Cases

High Yield Scenarios for Oral and Written Testing



Amgad S. Hanna Department of Neurosurgery University of Wisconsin Madison, WI USA

ISBN 978-3-319-39692-7 ISBN 978-3-319-39694-1 (eBook) DOI 10.1007/978-3-319-39694-1

Library of Congress Control Number: 2016951943

© Springer International Publishing Switzerland 2017

This work is subject to copyright. All rights are reserved by the Publisher, whether the whole or part of the material is concerned, specifically the rights of translation, reprinting, reuse of illustrations, recitation, broadcasting, reproduction on microfilms or in any other physical way, and transmission or information storage and retrieval, electronic adaptation, computer software, or by similar or dissimilar methodology now known or hereafter developed.

The use of general descriptive names, registered names, trademarks, service marks, etc. in this publication does not imply, even in the absence of a specific statement, that such names are exempt from the relevant protective laws and regulations and therefore free for general use.

The publisher, the authors and the editors are safe to assume that the advice and information in this book are believed to be true and accurate at the date of publication. Neither the publisher nor the authors or the editors give a warranty, express or implied, with respect to the material contained herein or for any errors or omissions that may have been made.

Printed on acid-free paper

This Springer imprint is published by Springer Nature
The registered company is Springer International Publishing AG Switzerland

In memory of my father, Dr. Saddik M Hanna, and my mother, Dr. Aida R
Istefanos, who inspired me significantly as physicians and as persons.

To my wife and children

To my brothers
To my teachers

Foreword

What a pleasure it is to read and digest this book of cases presented as a suggested part of the preparation for surgical boards where questions concerning nerve injury and disease can and do occur. To summarize, the diabetic femoral neuropathy does not need expensive imaging of the spine and pelvis nor an unnecessary lumbar spine procedure, but first it needs to be recognized as such. Of course, nothing totally substitutes for first-hand experience with actual cases and their physical, radiologic, electrical, and operative examinations, appearances, and outcomes. However, these cases which are so thoughtfully presented should remind one of actual cases experienced by the reader who is a candidate or those noncandidates seeking help for cases of a similar nature that they are managing. Is every detail as presented in this book perfect or agreed on by all working in this field let alone by this reviewer? No. That would be too much to expect of any clinically oriented book where each author's experiences and prejudices vary. Nonetheless, the science as well as the basic decisions and management algorithms presented herein are accurate and worth a lot of thoughtful study by the reader. As a result, small book is a gem.

David G Kline, MD Emeritus Chairperson and Boyd Professor LSUHSC Neurosurgery-retired New Orleans, LA, USA

Peripheral nerve disorders and their treatment lie at the interface of Neurosurgery, Orthopedic Surgery, and Plastic Surgery, and as such, trainees and practicing surgeons may not have experienced these disorders as their main focus of practice. In this book, Dr. Hanna has presented the most common disorders (and confounders) in a very clear, concise format that not only serves as a valuable resource for surgeons undergoing oral or written board examinations, but also serves as a high-yield reference for practicing surgeons. The case-based presentations supplemented with

viii Foreword

ancillary studies and images, followed by the discussion of differential diagnoses, assessment, and treatment (supplemented by key references), simulate the real-life thought processes required to evaluate patients in the clinical setting. The reader will enjoy perusing or studying in more detail the included cases, and Dr. Hanna's Nerve Cases: High Yield Scenarios for Oral and Written Testing is a worthy addition to the medical literature.

Lynda J-S Yang, MD, PhD Department of Neurosurgery, University of Michigan Ann Arbor, MI, USA

It is my pleasure to write this introduction for *Nerve Cases: High Yield Scenarios* for *Oral and Written Testing* by Amgad S. Hanna. This book serves as an excellent companion to the first book by the author, entitled "Anatomy and Exposures of Spinal Nerves." Together they complement the learning and testing required to show mastery of a particular topic.

This book serves many purposes and groups. Every early learner in neurosurgical training is required to show mastery and understanding of the peripheral nerve anatomy and its clinical applicability. I anticipate that every neurosurgical training program will require the two books to be among the *CORE* readings required among its residents. Furthermore, upon graduation, and along the journey to board certification, to prove their expert standing in the field of neurosurgery, each young attending will find the current case format to be exactly aligned with the traditional Oral Board testing process — which has and likely forever will be case-based. Finally, as the applications for peripheral nerve access grows with the advent of technologies, I suspect many more surgeons will pick up this text and use it as a quick and easy refresher reference.

Finally, on a personal note, I am proud of being a part of Dr. Hanna's initial training and his career. The book represents a second milestone in his continued pursuit and commitment to the neurosurgical education. His own experience in being dual fellowship trained in spine and peripheral nerve, his ability to identify the gaps in didactic peripheral nerve education, and his ability to fill those knowledge areas with such high quality text are indeed commendable. I will particularly look forward and am sure will be surprised again as he identifies his next project.

Ashwini D Sharan, MD Department of Neurosurgery, Thomas Jefferson University Philadelphia, PA, USA

Preface

The idea of this book arose from the huge gap in the peripheral nerve knowledge amongst neurosurgeons. Nevertheless, this endeavor constitutes an integral part of the oral board testing. I have taught oral board webinars sponsored by the Congress of Neurological Surgeons (CNS), as well as breakout sessions in the American Association of Neurological Surgery (AANS) Goodman course. This book is casebased and includes the highest yield scenarios for oral boards including mostly nerve entrapments, trauma, and tumors. There is no logical sequence nor obvious titles to the chapters to avoid guessing the diagnoses. To search the book by topics, the reader is referred to the key words in the index at the end of the book. The book is in question-and-answer format. To maximize the benefit, the reader is encouraged to think about the cases and respond to the questions as if taking the actual test before reading the answers. Some nonnerve cases are comprised because of their importance in the differential diagnosis. Included are common pitfalls candidates have fallen into, a section on nerve examination including video recordings, and another section about important clinical findings that should be diagnosed from the first look. Histology pictures are presented in some cases for completion, but are not necessarily an integral part of testing. I hope this book will be a useful tool to take away the stress over peripheral nerves. It can benefit neurosurgeons, plastic surgeons, orthopedic surgeons, and neurologists. This book will not include a detailed anatomical review. For this the reader is encouraged to consult my other book "Anatomy and Exposures of Spinal Nerves," for a quick review of anatomy or surgical procedures with video recordings of the approaches.

> Amgad S. Hanna Madison, WI USA

Acknowledgments

I am very grateful to Dr. David Kline for reviewing this book. Dr. Kline trained several generations of nerve surgeons.

Dr. Lynda Yang provided a scientific review and made very helpful suggestions.

Mrs. Linda Hanna reviewed the book for English style.

Miss. Barbara Hanna reviewed the book for English grammar.

Christopher Hanson, information processing consultant, Jacob Lescher, BS, and Kutluay Uluc, MD, assisted with the videos and photos of the nerve examination section (Part II).

M Shahriar Salamat, MD, PhD, assisted with providing the pathology slides and their interpretation.

Contents

Part I Nerve Cases

1	Case I: Hand Weakness 1
	1.1 Case Presentation
	1.2 Questions
	1.3 Questions
	1.4 What Can Go Wrong?
	Reference
2	Case II: Shoulder Weakness 1
	2.1 Case Presentation
	2.2 Questions
	2.3 Question
	2.4 What Can Go Wrong?
	References
3	Case III: Foot Drop 1
	3.1 Case Presentation. 11
	3.2 Questions
	3.3 What Can Go Wrong?
	References
4	Case IV: Foot Drop 2
•	4.1 Case Presentation. 17
	4.2 Questions
	4.3 Question
	4.4 What Can Go Wrong?
	References
5	Case V: Tumor 1
	5.1 Case Presentation. 21
	5.2 Questions
	5.3 What Can Go Wrong?
	References 25

xiv Contents

6	Case VI: Shoulder Pain 27 6.1 Case Presentation 27 6.2 Questions 28 6.3 What Can Go Wrong? 29 References 29
7	Case VII: Tumor 2. 31 7.1 Case Presentation. 31 7.2 Questions. 32 7.3 Question. 34 7.4 What Can Go Wrong? 35 References. 35
8	Case VIII: Trauma 1. 37 8.1 Case Presentation. 37 8.2 Questions. 38 8.3 Question. 42 8.4 What Can Go Wrong? 42 References. 42
9	Case IX: Trauma 2 43 9.1 Case Presentation 43 9.2 Questions 44 9.3 Question 45 9.4 Question 45 9.5 What Can Go Wrong? 46 References 46
10	Case X: Hand Pain 47 10.1 Case Presentation 47 10.2 Questions 48 10.3 Question 51 10.4 Question 52 10.5 What Can Go Wrong? 54 References 54
11	Case XI: Shoulder Weakness 2 55 11.1 Case Presentation 55 11.2 Questions 56 11.3 Question 57 11.4 Question 59 11.5 What Can Go Wrong? 59 References 60
12	Case XII: Tumor 3. 61 12.1 Case Presentation 61 12.2 Questions 62 12.3 Question 63

Contents xv

	12.4	Question	65
	12.5	What Can Go Wrong?	65
	Refer	ences	65
13	Case	XIII: Thigh Pain 1	67
10	13.1	Case Presentation	
	13.2	Questions	
	13.3	Question.	
	13.4	Question.	
	13.5	Question.	
	13.6	Question.	
	13.7	What Can Go Wrong?	
	Refer	· · · · · · · · · · · · · · · · · · ·	72
1.4			72
14			73
	14.1	Case Presentation.	
	14.2 14.3	Questions	
	1	Question	
	14.4 14.5	Question	
		What Can Go Wrong?	76 76
	Kelel	ences	70
15	Case	XV: Hand Weakness 3	77
	15.1	Case Presentation.	77
	15.2	Questions	
	15.3	What Can Go Wrong?	78
	Refer	ences	79
16	Case	XVI: Arm Pain	81
	16.1	Case Presentation.	
	16.2	Questions	
	16.3	Question	
	16.4	Question	83
	16.5	What Can Go Wrong?	84
	Refer	ences	84
17	Coco	XVII: Hand Weakness 4	85
1/	17.1	Case Presentation	
	17.1	Questions	
	17.2	Question	
	17.3	Question	
	17.5	What Can Go Wrong?	
		· · · · · · · · · · · · · · · · · · ·	89
18		• • • • • • • • • • • • • • • • • • • •	91
	18.1		91
	18.2	C	91
	18.3	Question	93

xvi Contents

	18.4 18.5 18.6 18.7 Referen	Question . Question . Question . What Can Go Wrong? . ences .	. 95
19	19.1 19.2 19.3 19.4 19.5 19.6	IX: Trauma 3 Case Presentation Questions Question Question Question What Can Go Wrong? ences	. 98 . 98 . 99 . 99
20	20.1 20.2 20.3 20.4	XX: Foot Pain. Case Presentation. Questions. Question. What Can Go Wrong? ences.	101 102
21	21.1 21.2 21.3 21.4	XXI: Forearm Pain Case Presentation. Questions. Question. What Can Go Wrong? ences.	105 105 106 107 108 108
22	22.1 22.2 22.3 22.4 22.5 22.6	XXII: Thigh Weakness Case Presentation. Questions Questions Questions Questions What Can Go Wrong? ences.	112
Par	t II E	xamination	
23	23.1 23.2 23.3	Motor Examination Reflexes Sensory Examination ences.	117 117 140 142 149

24	Exan	ination of the Lower Limb	51
	24.1	Motor Examination	51
	24.2	Reflexes	59
		Sensory Examination	
	Refer	ences	58
Par	t III I	stant Pattern Recognition	
25	Sight	Diagnosis	71
Apj	pendic	s 20)1
Ind	ex)7

Abbreviations

ADQ Abductor Digiti Quinti

AIN Anterior Interosseous Nerve

ALS Amyotrophic Lateral Sclerosis (Lou Gehrig's disease)

APB Abductor Pollicis Brevis

CMAP Compound Muscle (Motor) Action Potential

CRP C-Reactive Protein
CSF Cerebrospinal Fluid

CT Computerized Tomography

CTA Computerized Tomography Angiogram

CTS Carpal Tunnel Syndrome
DIP Distal Inter-Phalangeal Joint
DTRs Deep Tendon Reflexes
DVT Deep Venous Thrombosis
ECU Extensor Carpi Ulnaris
EHL Extensor Hallucis Longus

EMG Electromyography

EPB Extensor Pollicis Brevis EPL Extensor Pollicis Longus

ESR Erythrocyte Sedimentation Rate

ETT Endotracheal Tube
FCU Flexor Carpi Ulnaris
FDI First Dorsal Interosseous
FDP Flexor Digitorum Profundus
FDS Flexor Digitorum Superficialis

FH Family History

FPL Flexor Pollicis Longus

IO Interossei

IPJ Interphalangeal joints

LFCN Lateral Femoral Cutaneous Nerve LMA Laryngeal Mask Anesthesia

LP Lumbar Puncture

MABC Medial Antebrachial Cutaneous Nerve

MAC Monitored Anesthesia Care MPJ Metacarpo-Phalangeal Joints xx Abbreviations

MRA Magnetic Resonance Angiogram

MRC Medical Research Council MRI Magnetic Resonance Imaging

N Nerve

NAPs Nerve Action Potentials
 NCS Nerve Conduction Studies
 NF1 Neurofibromatosis Type 1
 NF2 Neurofibromatosis Type 2

Nn Nerves

NSAIDs Non-steroidal anti-inflammatory drugs

Op P Opponens Pollicis
OT Occupational Therapy

PET Positron Emission Tomography
PIN Posterior Interosseous Nerve
PIP Proximal Inter-Phalangeal Joint

PMH Past Medical History

Preop Preoperative

PSH Past Surgical History PT Physical Therapy SCM Sternocleidomastoid

SNAP Sensory Nerve Action Potential

TA Tibialis Anterior

TOS Thoracic Outlet Syndrome

US Ultrasound

VAS Visual Analogue Scale WHO World Health Organization

Part I

Nerve Cases