

IS ULNAR NERVE DECOMPRESSION AND ANTERIOR TRANSPOSITION EFFECTIVE ON ELBOW RANGE OF MOTION IN THE TREATMENT OF CUBITAL TUNNEL SYNDROME?

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The aim of this study was to evaluate the clinical results and elbow range of motion in patients with cubital tunnel syndrome who underwent decompression and anterior ulnar nerve transposition.

There were 11 patients, 7 male and 4 female. Mean age of the patients was 45.45 ± 16.22 years. The mean follow-up period of the patients was 14.81 ± 6.98 months. Decompression and anterior transposition of the ulnar nerve were performed in all patients. Patients were classified according to McGowan-Goldberg classification system before surgery and in the last control after surgery. VAS scores, flexion and extension range of motion were evaluated before surgery and in the last control after surgery.

Eight patients had stage 2A according to McGowan-Goldberg classification system and 3 patients had stage 2B preoperatively. Postoperatively, 10 patients were stage 0 and one patient was stage 1. Preoperative mean VAS score was 8.45 ± 0.93 and postoperative mean VAS score was 1.45 ± 2.29 . Preoperative mean elbow flexion-extension range of motion was $118.64^\circ \pm 11.42^\circ$ and postoperative mean elbow flexion-extension range of motion was $128.63^\circ \pm 7.77^\circ$. We found statistically significant difference between preoperative and postoperative VAS values and elbow flexion extension range of motion.

Anterior subcutaneous ulnar nerve transposition is an effective surgical treatment method with increasing elbow range of motion in patients with cubital tunnel syndrome.

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