The Use of the “Cup of Diogenes” and “OK Approach” for Carpal Tunnel Surgery

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Ahmadreza Afshar¹

Dear Editor,

I read with great enthusiasm the article published by Houdek et al. titled “The Cup of Diogenes: A Fixed Anatomical Landmark for Carpal Tunnel Surgery.”² The authors have observed that the apex point of “Cup of Diogenes,” the confluence of the thenar and hypothenar hand musculatures, is a reliable anatomical reference for the distal extent of the transverse carpal ligament.² I enjoyed the analogy of philosophy and surgery.

Khan et al. described an “OK approach” for the incision of carpal tunnel release. The surgeon simply opposes the thumb. The most ulnar aspect of the skin groove produced at the base of the thenar eminence is where the incision for carpal tunnel release is made.³

Diogenes of Sinope observed that a peasant boy used his hollow hands to drink water.¹ The boy created and deepened his cupped hands by the thenar and hypothenar hand musculatures. It seems that the common denominator of both the techniques of “Cup of Diogenes” and “OK approach” is opposition of the thumb.^{2,3}

Sincerely,

Ahmadreza Afshar

Department of Orthopedics,
Imam Khomeini Hospital, Urmia University
of Medical Sciences, Urmia, Iran

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¹Department of Orthopedics, Imam Khomeini Hospital, Urmia University of Medical Sciences, Urmia, Iran

Corresponding Author:

Ahmadreza Afshar, Department of Orthopedics, Imam Khomeini Hospital, Urmia University of Medical Sciences, Modarres Street, Ershad Boulevard, Urmia, 57157 81351, Iran.
Email: afshar_ah@yahoo.com