An Aberrant Abductor Digiti Minimi Muscle Crossing Guyon's Canal with Intermittent Compression of Nerve: Crucial Diagnostic Role of Nerve and Muscle Ultrasound

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Fig. 1 Accessory abductor digiti minimi (white asterisk) crossed obliquely the ulnar nerve showed by dissector.

Fig. 2 The ulnar nerve is decompressed by proximally detaching the accessory abductor digiti minimi (white asterisk).

We read with interest your anatomical study “An aberrant abductor digiti minimi muscle crossing Guyon's canal” published in the *Journal of Wrist Surgery* 2017,¹ in which you demonstrated the presence of the aberrant abductor digiti minimi (AADM) muscle as a cause of compression of the ulnar nerve at Guyon's canal. In 2015, we published an article on muscle and nerve² in which an AADM was demonstrated bilaterally by using the ultrasonography (US) followed by a magnetic resonance imaging which confirmed the US diagnosis. The history of the patient was suggestive: he complains pain, grip weakness, and intermittent paresthesia on the three medial digits related to repetitive and heavy activity and the neurophysiological study fails to demonstrate ulnar nerve sensory and motor conduction velocity and amplitude deficits. The patient was operated on the symptomatic right side, and the AADM muscle was showed confirming the previously performed US. Surgery consisted of the simply AADM muscle resection and ulnar nerve decompression from the wrist to the palm (►Figs. 1 and 2).

By this experience, we strongly suggest performing US (static and dynamic) in a patient with paresthesia and pain in which the neurophysiological study is negative.

Conflict of Interest
None.

References

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