بسم الله الرحمن الرحيم

شبكة المعلومـــــات الجامعية

التوثيق الالكتروني والميكروفيلم

شبكة المعلومات الجامعية

جامعة عين شمس

التوثيق الالكتروني والميكروفيلم

﴿ قـــسـم ﴾

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
علي هذه الأفلام قد اعدت دون آية تغيرات

يجب أن

تحفظ هذه الأفلام بعيداً عن الغبار

في درجة حرارة من 15 – 20 مئوية ورطوبة نسبية من 20-40 %

To be kept away from dust in dry cool place of
15 – 25c and relative humidity 20-40 %

بعض الوثائق الأصلية تالفة

بالرسالة صفحات

لم ترد بالأصـــل

VALUE OF HIGH RESOLUTION ULTRASONGRAPHY IN THE ASSESSMENT OF CARPAL TUNNEL SYNDROME

A Thesis
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BY

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بسم الله الرحمن الرحيم

وقل رب زدنى علماً

صدق الله العظيم

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Introduction

INTRODUCTION

Carpal tunnel syndrome [CTS] was first described in the mid 1800s by sir Jams Pagets **[Pfeiffer et al.,1987]**

There are many definitions of the carpal tunnel syndrome, one of them is defined as a spectrum of disease involving the hand and wrist originating from problems related to median nerve **[Amadio , 1992].**

It is the most common type of periphral compressive neuropathies and the fastest growing one **[Cumming et al., 1989].**

Carpal tunnel syndrome may be idiopathic or occur 2ry to a group of illness and conditions **[Doohi lee et al.,1999].**

A clear mechanism of how carpal tunnel syndrome develops has yet to be elucidated .It is thought that certain repetitive activities begin an inflammatory process in the carpal tunnel, edema follows , elevating the pressure in carpal tunnel which result in compression of median nerve. Chronic compression results in ischemia of median nerve with consequent neuropathy **[Doohi lee et al; 1999]** .

For diagnosis of carpal tunnel syndrome history taking , physical examination and EMG are involved .

Electrophysiological study is the deciding factor in determining the shift of trearment from conservative to surgical

interference based on a shift from mildly abnormal to markedly abnormal EMG results [**A madio , 1992 |**

The nerve conduction studies are used for evaluation and diagnosis of carpal tunnel syndrome but they are of limited accuracy.

Doohi Lee et al .(1999) claimed that ultrasonography can clearly illustrate and define the normal and abnormal characteristic of the median nerve along with associated pathologies such as tenosynovitis.

With ultrasound, there is no needles or electrode piercing the muscles and certainly no voltage is used to shock the patient. The patient is comfortably seated with the wrist in neutral position. Simple placement of the transducer over the carpal tunnel allows measurements to be taken quickly and easily but it needs high experience. [Doohi Lee et al., 1999].