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شبكة المعلومات الجامعية



شبكة المعلومات الجامعية

التوثيق الالكتروني والميكرو فيلم

جامعة عين شمس

التوثيق الالكتروني والميكرو فيلم

قسم

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بعض الوثائق الأصلية تالفة



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بالرسالة صفحات
لم ترد بالأصل

**VALUE OF HIGH RESOLUTION
ULTRASONOGRAPHY IN THE ASSESSMENT OF
CARPAL TUNNEL SYNDROME**

A Thesis

Submitted for partial fulfillment of
Master degree

In Physical Medicine (Rheumatology and Rehabilitation)

BY

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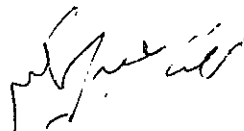
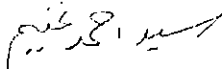
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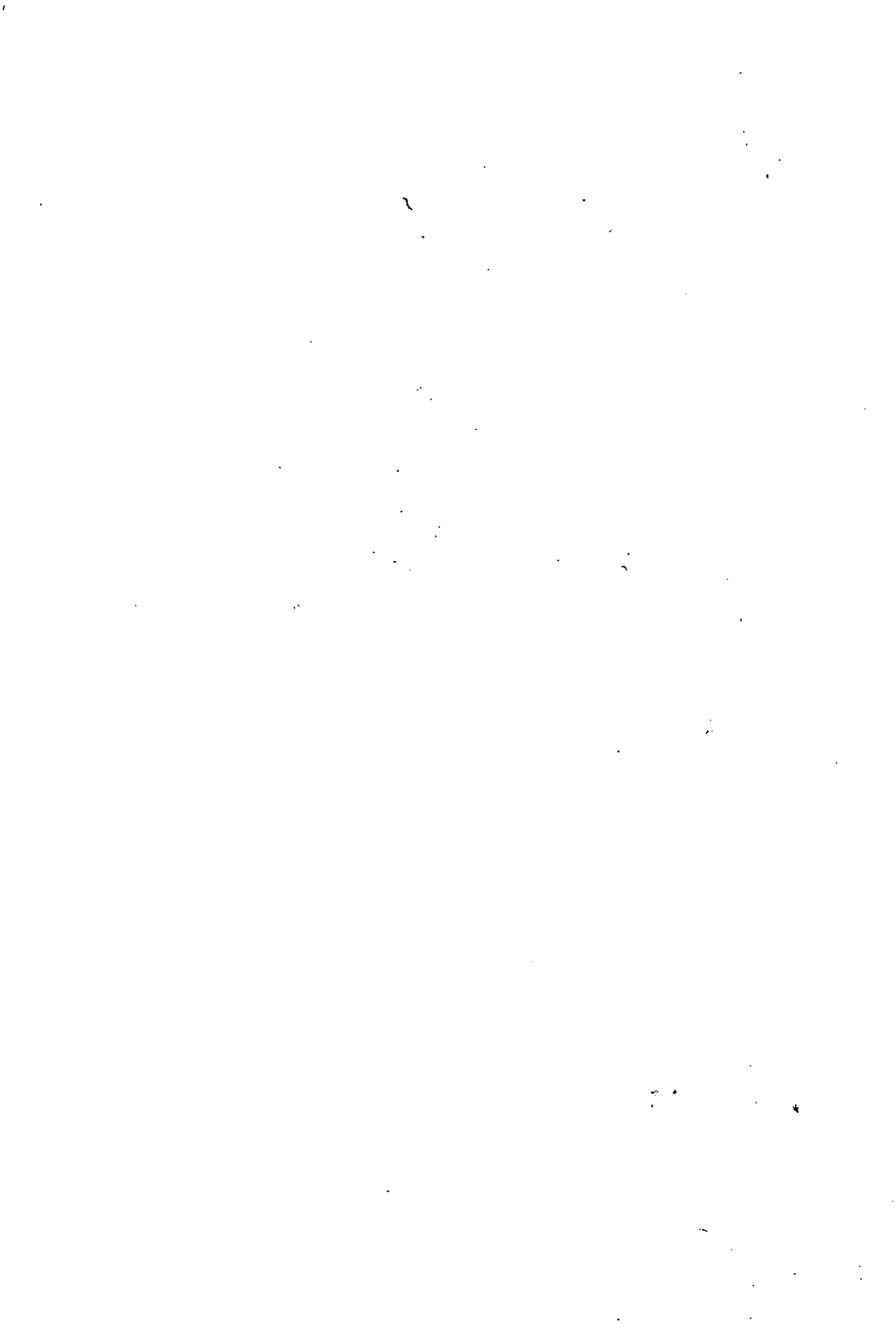
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وقل رب زدني علما

صدق الله العظيم

Acknowledgment

Thanks for God who offered me the ability to perform the work of this thesis .

Sincere thanks and gratitude are aimed to acknowledge all those who helped this thesis to attain its present form .

I would like to express my sincere appreciation and deepest gratitude to Professor Dr. Nadia Abdel Salam Elkadery , Professor of Physical Medicine (Rheumatology and Rehabilitation) , Faculty of Medicine , Ain Shams University , for her kind supervision , continuos help and encouragement which facilitated the ability to perform this thesis

Also, I want to express my grateful thanks to Professor Dr. Mohamed Ragai Elhelow , Professor of Physical Medicine (Rheumatology and Rehabilitation) , Faculty of Medicine , Ain Shams University for his fatherly guidance , expertise supervision and helpful advice during the work of this thesis .

I would like to express my cardinal thanks and my sincere gratitude to Dr. Mervat Abdel Hamid Rêda , Assistant Professor of Physical Medicine (Rheumatology and Rehabilitation) , Faculty of Medicine , Ain Shams University , for her kind supervision and fruitful advice.

Also ,I want to express my profound gratitude to Professor Dr. Omar Hussein , Professor of Radio diagnosis , Faculty of Medicine , Ain Shams University , for his valuable cooperation and kind help in sonographic procedures and supervision which facilitated the performance of this work .

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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 peripheral 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 treatment 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].