

[PICTURES IN CLINICAL MEDICINE]

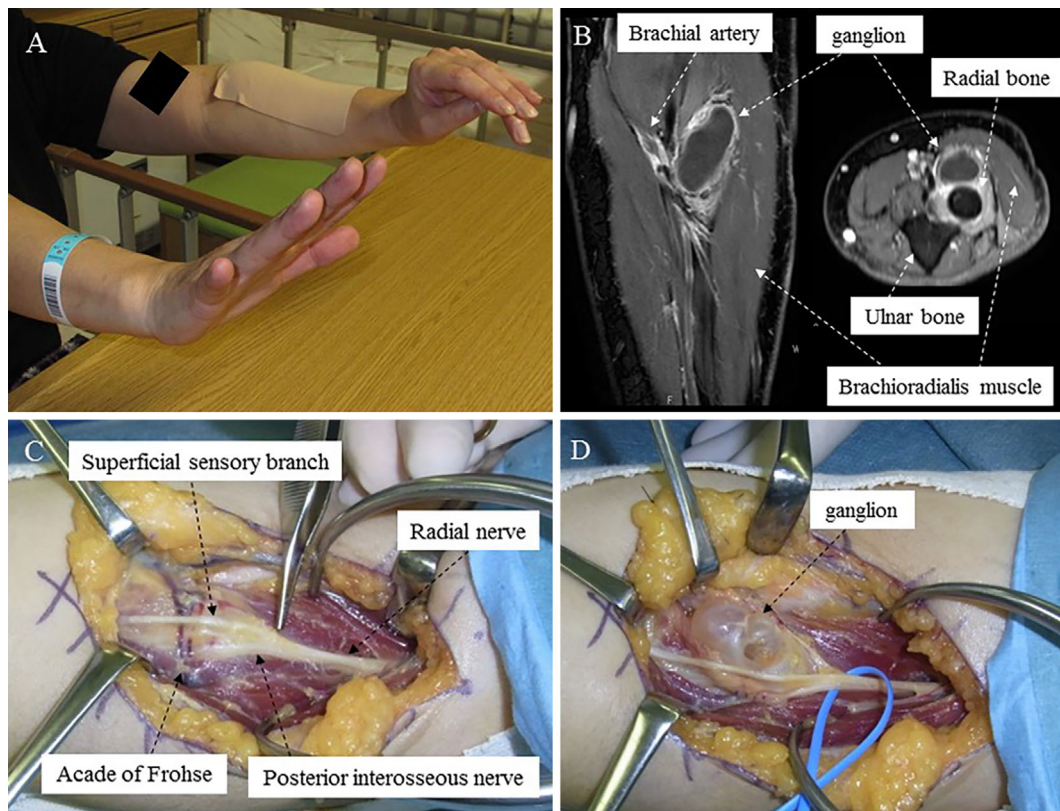
Posterior Interosseous Nerve Palsy Caused by a Ganglion

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Key words: radial nerve, posterior interosseous nerve palsy, ganglion, drop finger

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Picture.

A 46-year-old woman complained of difficulty extending her left fingers for 1 month prior to visiting our hospital. A neurological examination revealed weakness of the left abductor pollicis longus, extensor pollicis brevis, extensor digitorum and extensor carpi ulnaris muscles. Finger drop was observed (Picture A). Sensory disturbance was not seen. A painless soft mass was also identified in the left proximal forearm. Gadolinium-enhanced fat-suppressed T1-weighted MRI of the left forearm showed a cystic mass lesion and contrast-enhanced capsule at the radio-ulnar joint in the el-

bow (Picture B). Nerve conduction studies showed the reduced amplitude of the compound motor action potential in the extensor indicis muscle of the left radial nerve. The tumor was surgically removed (Picture C, D). A histological examination revealed that the tumor was a ganglion. At six months after the surgical removal of the tumor, the patient's symptoms had completely resolved. We emphasize the importance of investigating the possibility of a ganglion as a treatable cause of mononeuropathy (1).

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Reference

1. Tuygun H, Kose O, Gorgec M. Partial paralysis of the posterior interosseous nerve caused by a ganglion. *J Hand Surg Eur* **33**:

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