

Hirayama Disease

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A young right handed male labourer by profession from lower socio economic status presented with gradually progressive right hand weakness and clawing of right ring and little fingers for 5 months duration without any history of pain, tingling or numbness; not associated with any systemic disorder or history of trauma etc. On examination there was ulnar and median nerve involvement (ulnar>median) of right hand without any sensory involvement manifested as weakness of b/l hand with wasting of hypothenar eminence and clawing of ring and ring and little fingers of right hand. After thorough clinical history and examination monomelic amyotrophy was suggested as

provisional diagnosis and d/d as entrapment neuropathy and cervical radiculopathy. EMG NCS showed C7C8T1 radiculopathy as well as dynamic MRI revealed anterior displacement of dura at the level of C4-C5 to C7- T1 discs level at flexion. Multiple flow void are noted in the posterior epidural space on sagittal plane and axes confirmed our provisional diagnosis as our final diagnosis. After conservative management using drugs, supervised physiotherapy and modalities (faradic hand bath) and Philadelphia collar symptoms improved considerably (only deranged MMT being thenar muscle power-3/5, wrist flexion-3/5, palmar interossei-2/5, dorsal interossei-3/5 and lumbricals-inadequate



Fig 1



Fig 2

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