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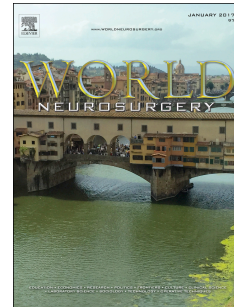
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The First Experience of Triple Nerve Transfer in Proximal Radial Nerve Palsy

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Abstract

Background: Injury to distal of posterior cord of brachial plexus leads to palsy of the radial and axillary nerves. The symptoms are usually motor deficits of the deltoid muscle, triceps brachii muscle, and the extensor muscles of the wrist, thumb and fingers. Tendon transfers, nerve grafts, and nerve transfers are options of surgical treatment of proximal radial nerve palsy to restore some motor functions. Tendon transfer is painful, requires a long immobilization, and decreases donor muscle strength; nevertheless, nerve transfer produces promising outcome. Here, we present a patient with proximal radial nerve palsy following a blunt injury.

Clinical presentation: Our patient was involved in a motorcycle accident with complete palsy of the radial and axillary nerves. Six months later on admission, he showed a spontaneous recovery in axillary nerve, but radial palsy remained. We performed triple nerve transfers, a fascicle of ulnar nerve to long head of triceps branch of radial nerve, flexor digitorum superficialis branch of median nerve to extensor carpi radialis brevis (ECRB) branch of radial nerve, and flexor carpi radialis branch of median nerve to posterior interosseous nerve for restoration of elbow, wrist, and finger extensions, respectively.

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