



WEB OF SCIENCE

## CUBITAL TUNNEL SYNDROME: DECOMPRESSION VERSUS TRANSPOSITION OF THE ULNAR NERVE

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### Abstract

**Introduction.** Ulnar nerve neuropathy is the second most common compression neuropathy of the arm after carpal tunnel syndrome. The aim of this study is to set the new trends in cubital tunnel syndrome.

**Material and methods.** Searching the database of PubMed, Medscape, Scopus, and Cochrane, I came across many articles on this topic that have been published in the last 45 years. There were taken into account only the articles written in English language and published during the period of 2016-2021.

**Results.** Conservative treatment is recommended to patient with mild symptoms of cubital tunnel syndrome and consists of a night time splinting to keep the elbow straight and simple analgesia such as non-steroidal anti-inflammatory drugs (NSAIDs). Surgical treatment is indicated when the conservative treatment fails, and includes release of the ulnar nerve with preservation the anatomic nerve position - decompression in situ (SD), or release of the ulnar nerve with mobilization and creation of another anatomy – ulnar nerve transposition (UNT). Early mobilization after surgical procedure (UNT) allows the patient to return sooner to work and daily activities.

**Conclusion.** The choice of one or the other surgical methods SD or UNT depends on the particularities of the ulnar nerve (only compression, compression and instability), primary surgical procedure or revision, to some extent the patient's age or condition.

**Key words:** *cubital tunnel syndrome, ulnar nerve decompression, ulnar nerve transposition, recovery after surgical cubital tunnel syndrome*