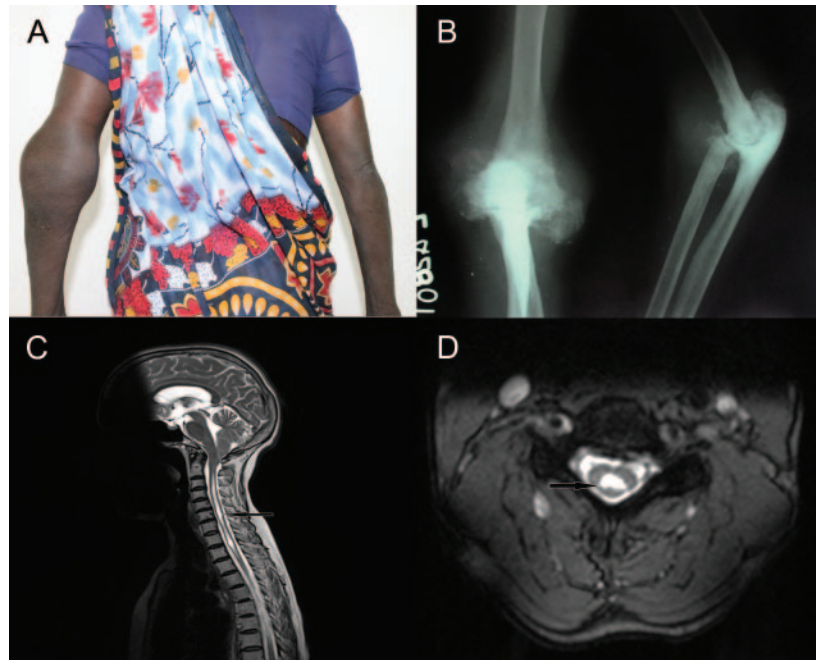


Teaching NeuroImages: Neuropathic elbow arthropathy due to syringomyelia

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Figure MRI cervical spine and X-ray elbow joint



(A) Photograph of the patient shows left elbow joint arthritis. (B) X-ray of left elbow joint shows destruction, disorganization, sclerosis, and debris formation suggestive of neuropathic arthropathy. (C) MRI cervical spine sagittal T2-weighted sequence shows syringomyelia extending from C2 to T3. (D) MRI cervical spine axial T2-weighted sequence shows syringomyelia at C6 level.

A 45-year-old woman presented with 3 months of left elbow swelling and minimal pain (figure, A). She did not remember any upper extremity injury. On examination, she had arthritis of left elbow, wasting of small muscles of the hand, depressed biceps and supinator jerks, and decreased pain and temperature sensation over C5 to T1 dermatomes bilaterally. Tests for syphilis, diabetes mellitus, and leprosy were negative. Left elbow X-ray revealed joint destruction, disorganization, sclerosis, and debris formation (figure, B), Cervical spine MRI revealed syringomyelia from C2 to T3 vertebra level (figure, C and D). She was diagnosed with neuropathic left elbow arthropathy due to syringomyelia.^{1,2}

AUTHOR CONTRIBUTIONS

Aditya Murgai: data acquisition, drafting of manuscript. Pradeep Pankajakshan Nair: drafting and revising of manuscript, concept of the manuscript. Sunil Narayan: drafting and revising of manuscript.

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