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Teaching NeuroImage: Radial Compression Neuropathy Secondary to Accessory Belly of the Triceps Muscle

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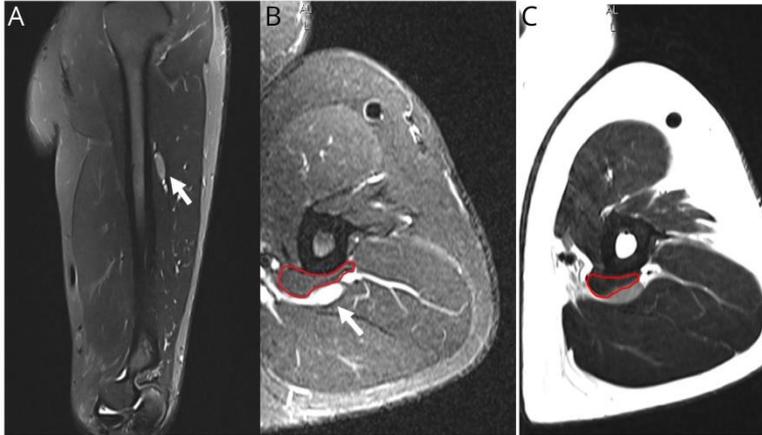
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A 43-year-old male presented with five months of left-hand pain, extensor weakness, and dorsal sensory loss. There was no history of trauma, infection, or exercise-related symptoms. Neurological examination showed atrophy and weakness (4/5 on the MCR scale) of the left brachioradialis, wrist, and finger extensor muscles. Sensation to pinprick and touch were reduced over the dorsum of the left hand. NCV showed a reduction in CMAP (1.0mV) and SNAP (14uV) amplitudes in the left radial nerve. No conduction blocks or focal slowing were recorded. EMG also showed active denervation of the brachioradialis and forearm extensor muscles, sparing the triceps. An axonal radial sensorimotor neuropathy proximal to the brachioradialis muscle was diagnosed. Left arm MRI, ultrasound, and surgical exploration showed an entrapment of the radial nerve in the upper arm due to a triceps accessory muscle belly (Figures 1 and 2). Muscle anatomical variants are an infrequent cause of radial nerve entrapment, and images are crucial to identify this etiology^{1,2}

Figure legends

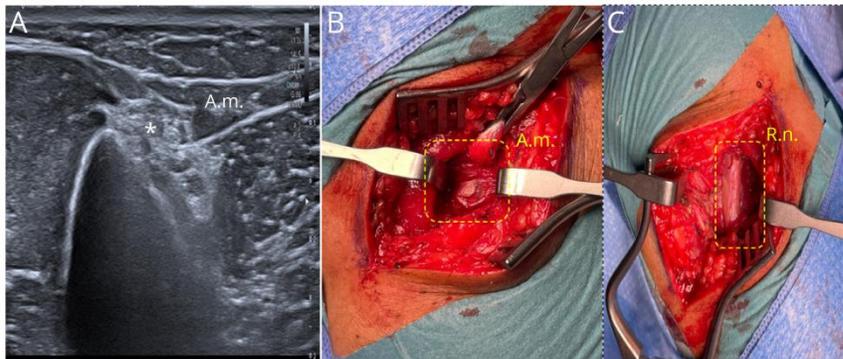
- **Figure 1:**

Left arm MRI without contrast: sagittal STIR (**a**), axial STIR (**b**), and axial T2 (**c**) images. The radial nerve (white arrows) has focal thickening and increased signal at the level of the middle third of the humerus. An accessory muscle belly of the triceps (red lines; **b,c**) is visualized compressing the radial nerve.



- **Figure 2:**

Left radial nerve ultrasound (**a**). The radial nerve (asterisk) has increased echogenicity and cross-sectional area (CSA) at the middle third of the humerus; the accessory belly of the triceps muscle (A.m.) is shown. Surgical decompression pre-radial nerve release (**b**) and post-radial nerve release (**c**) confirmed this entrapment etiology. R.n: Radial nerve.



<http://links.lww.com/WNL/C800>

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