



# LIMB HYPERTROPHY AN ATYPICAL CLINICAL ASSOCIATION

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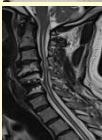
## BACKGROUND :

The occurrence of hypertrophy confined to one limb is uncommon and becomes diagnostically perplexing. Syringomyelia typically presents with atrophic features, making its hypertrophic variant frequently overlooked. The link between syringomyelia and limb enlargement is rarely recognized.

## CASE REPORT:

A 56-year-old male with history of cervical syringomyelia operated 10 years before, presented with clawing of left little finger and ring finger with associated paresthesia and numbness below elbow.

On examination hypertrophy of left upper limb seen. The ulnar nerve are thickened at the elbow but non-tender. The left upper limb was notably larger than the right with circumferences of 28.5 cm (mid-arm), 29 cm (elbow), and 26 cm (forearm), compared to the left side's 25 cm, 24 cm, and 20 cm, respectively. There was ulnar clawing on examination. Weakness was noted in small muscles of the hand. Sensory - dissociated sensory loss in left upper limb below C2 level.



## INVESTIGATIONS:

Routine blood and biochemical tests were non-contributory

- Holocord syrinx with mild cord thinning.
- CT and MRI features are in favor of hypertrophic Charcot's arthropathy of left shoulder & elbow joints.
- Bulky osteophytes causing ulnar nerve compression at level of cubital tunnel in elbow.
- Nerve conduction studies showed axonal sensory-motor neuropathy affecting the left ulnar nerve.

Test for leprosy were negative.

## TREATMENT AND FOLLOW UP:

Ulnar nerve release and transposition was performed successfully

On follow-up, the patient had a pain-free, functional elbow and was continuing with physical therapy. Despite persistent limb enlargement, patient improved symptomatically with respect to ulnar clawing.

## CONCLUSION:

This case highlights the fact that Syringomyelia should be considered in the differential diagnosis of isolated limb hypertrophy, to avoid misdiagnosis and inappropriate management.