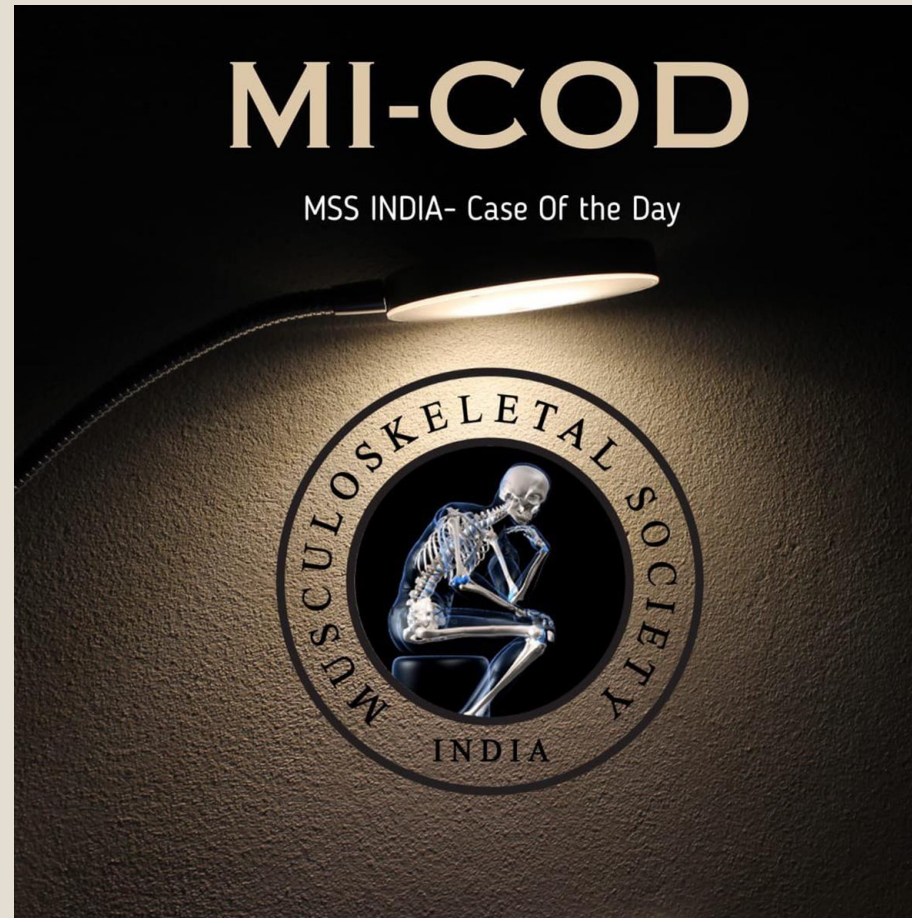


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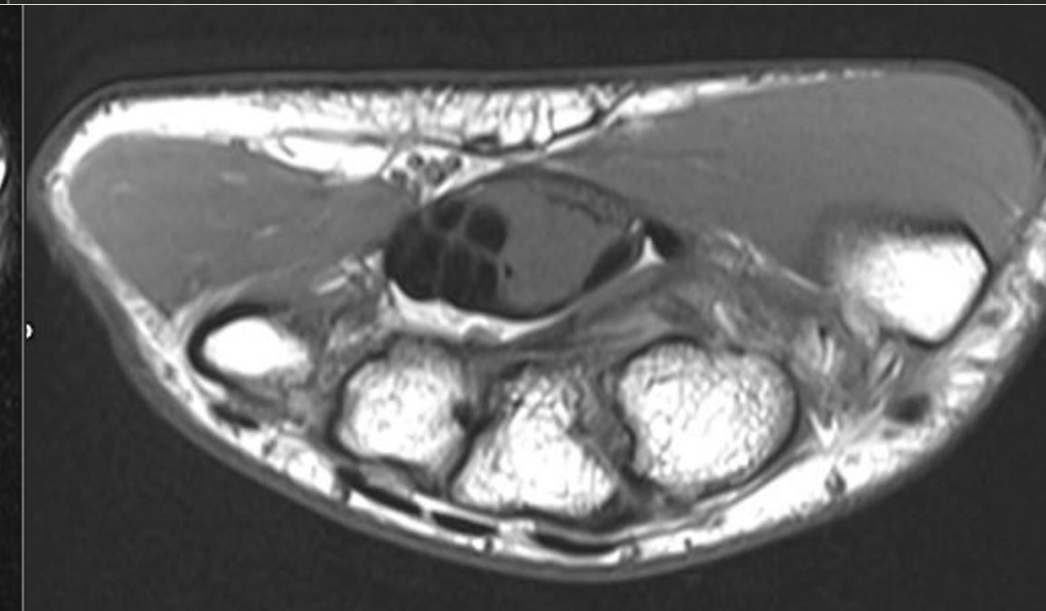
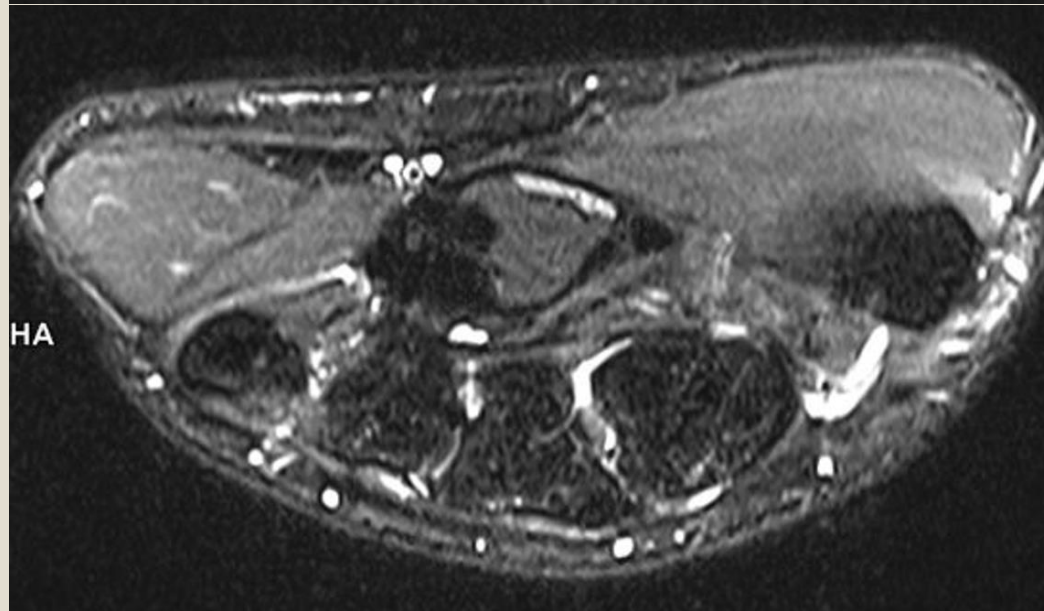
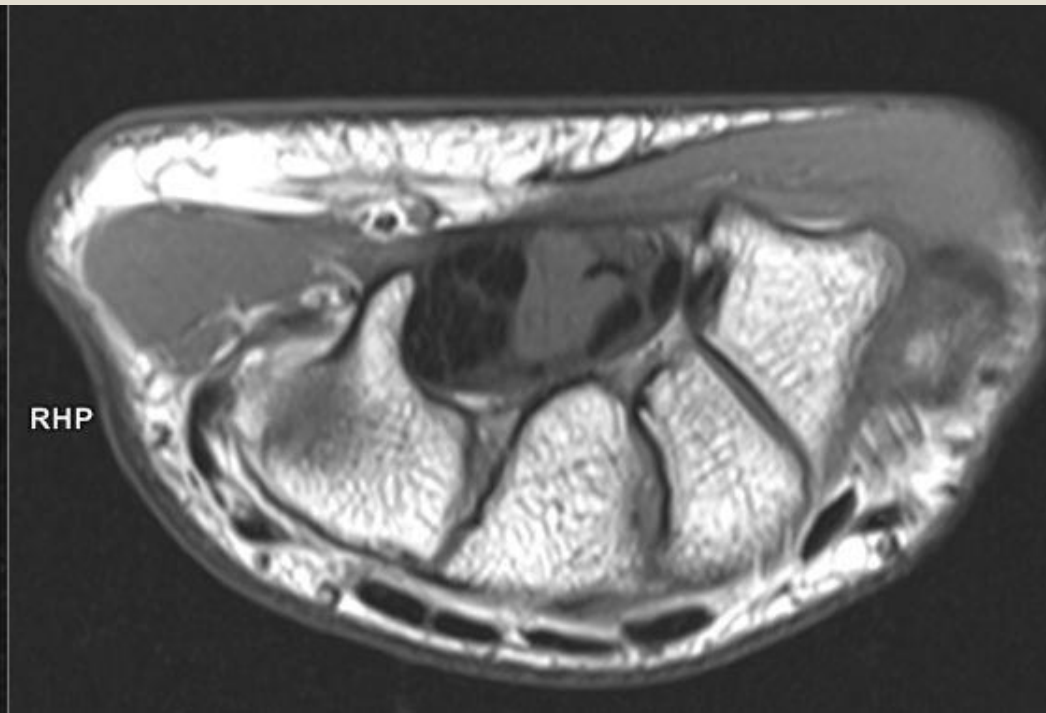
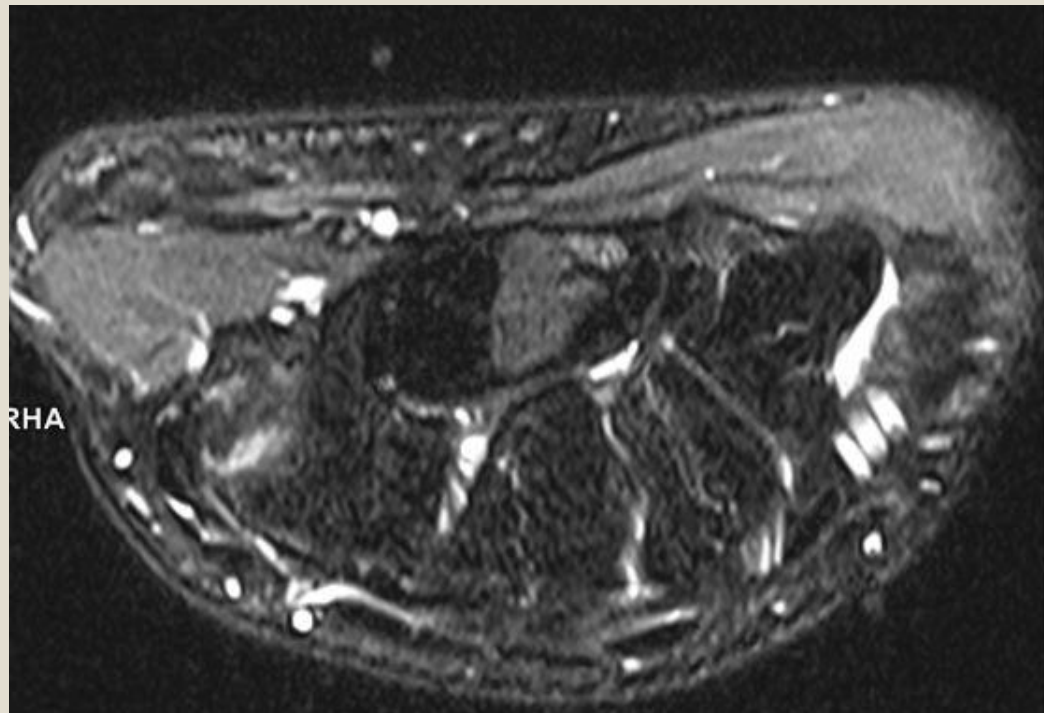
Case contributor – **Dr. Stanzin Spalkit**

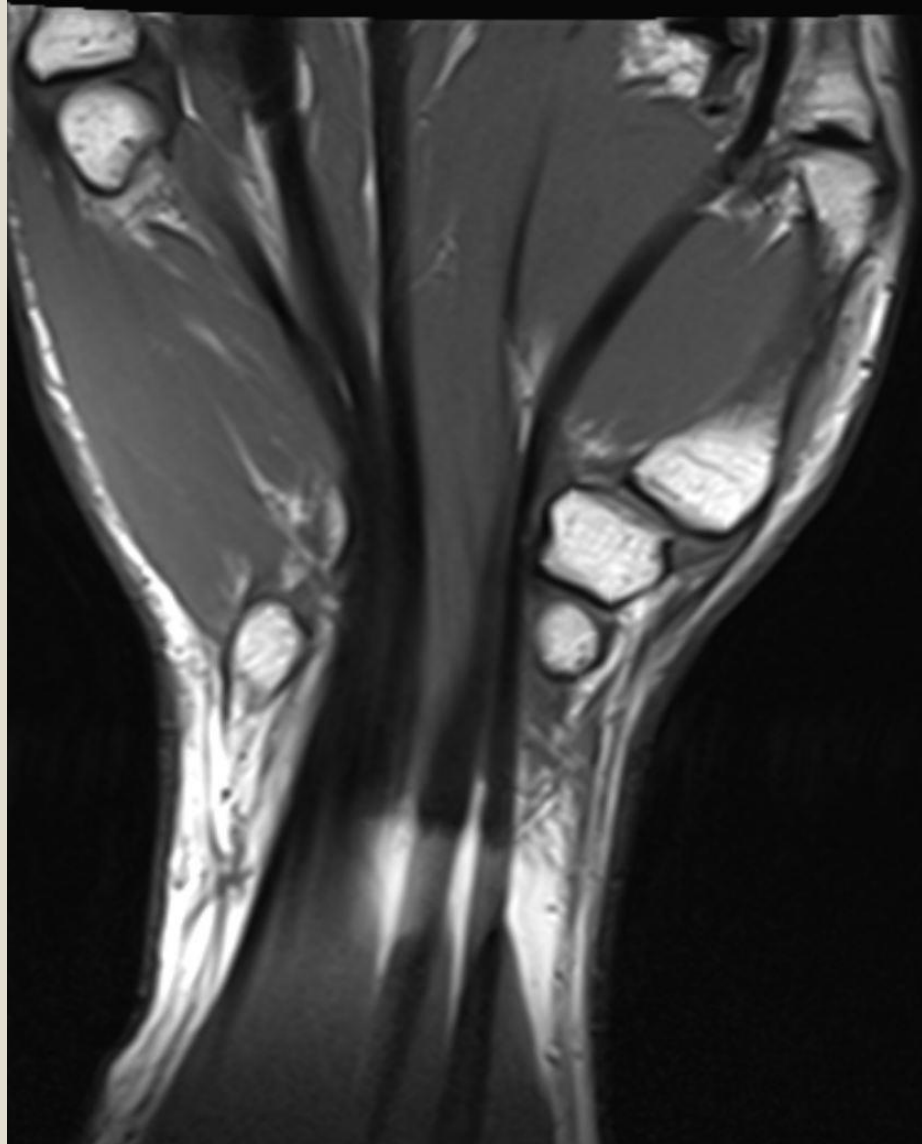
, AIIMS New Delhi

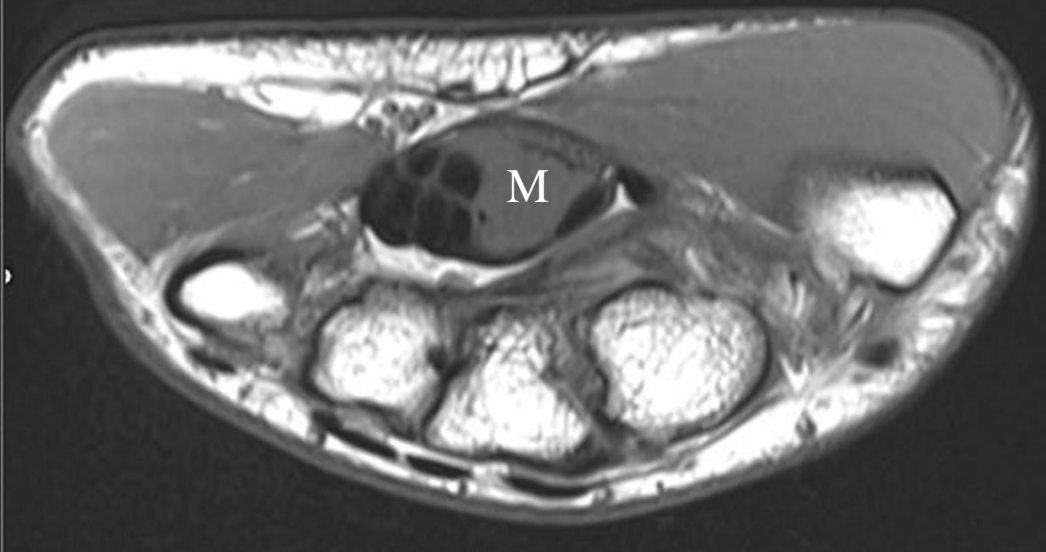
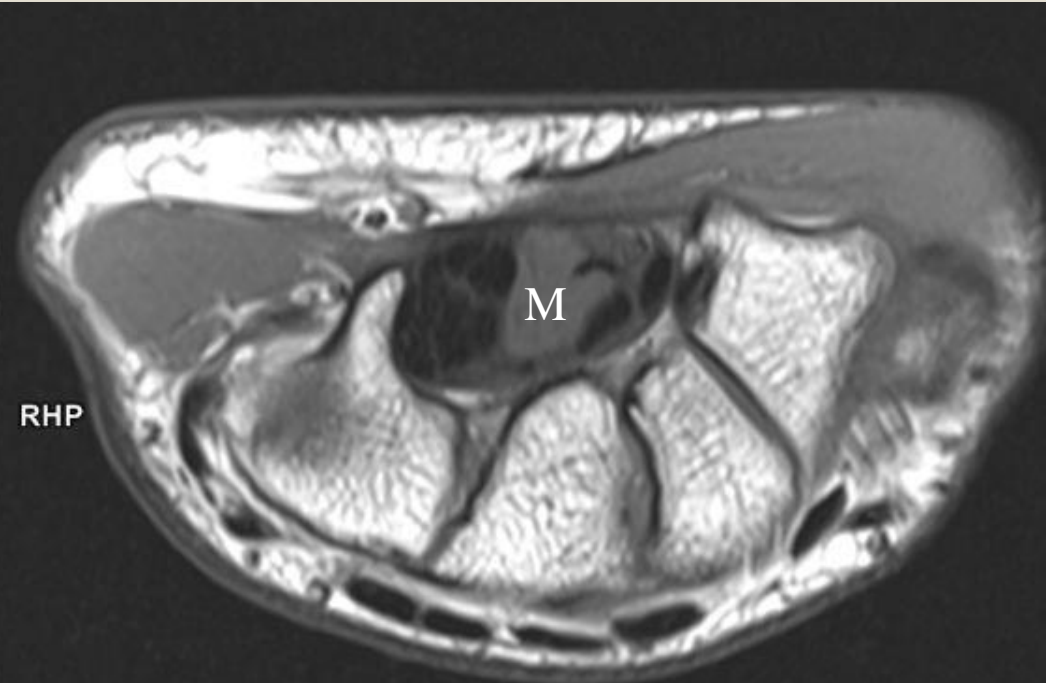
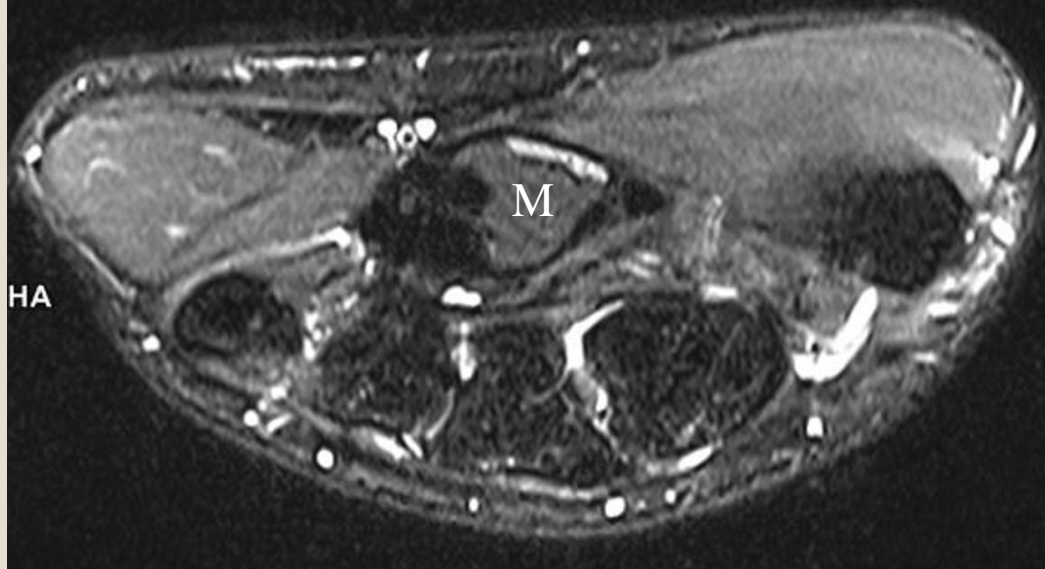
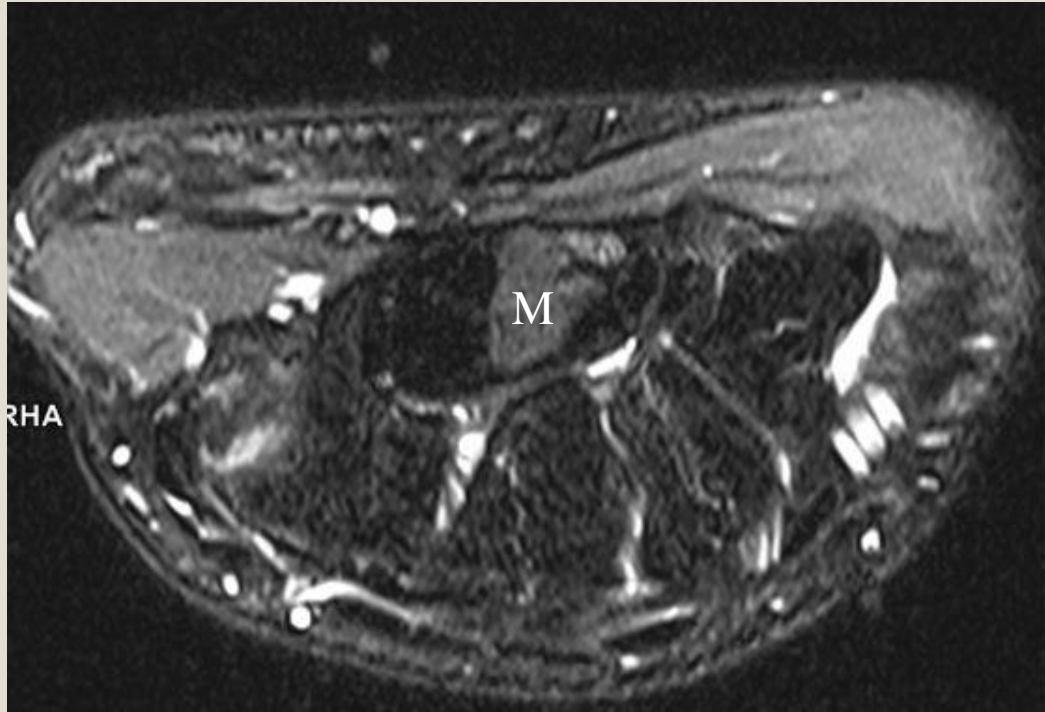




22 year old male, trauma to the wrist 3 days back, c/o dull aching pain in wrist









Answer.

- Axial T1 weighted axial and T2 FS images demonstrate a proximal origin of a lumbrical muscle in the carpal tunnel (labelled M)
- Coronal T1 weighted axial and T2 FS images further demonstrates the course of the muscle (white arrows) which is extending into the palm
- F/s/o lumbrical muscle with abnormal proximal extension into the carpal tunnel
- In the majority of individuals, lumbrical muscles originate distal to the carpal tunnel. However, the occurrence of lumbricals originating proximally within the carpal tunnel can be observed in up to 22% of individuals and has the potential to lead to carpal tunnel syndrome
- Although this was an incidental finding, such accessory muscles can be a cause of compressive neuropathy or present as palpable mass
- Knowing the normal muscular anatomy of the wrist and recognizing where places where muscles shouldn't be can aid in making the correct diagnosis.

Other accessory muscles in wrist and hand:

- **Ulnar sided Accessory Muscles:**
 - Accessory abductor digiti minimi
- **Midline Accessory Muscles:**
 - Palmaris longus variants
- **Radial-sided Accessory Muscles**
 - Accessory flexor digitorum superficialis indicis muscle
 - Flexor carpi radialis brevis vel profundus