

# MI-COD

MSS INDIA- Case Of the Day



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Case contributor

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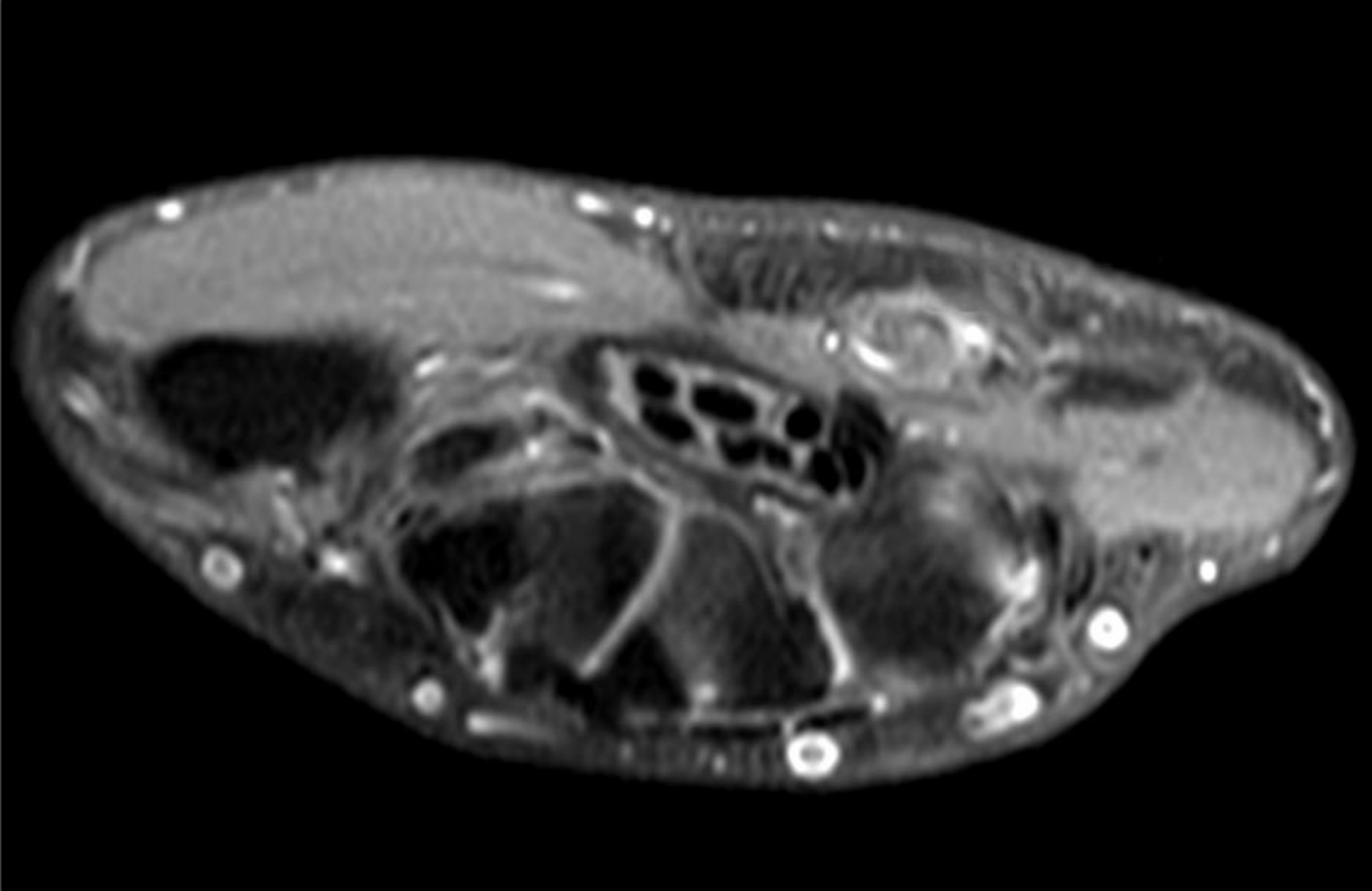
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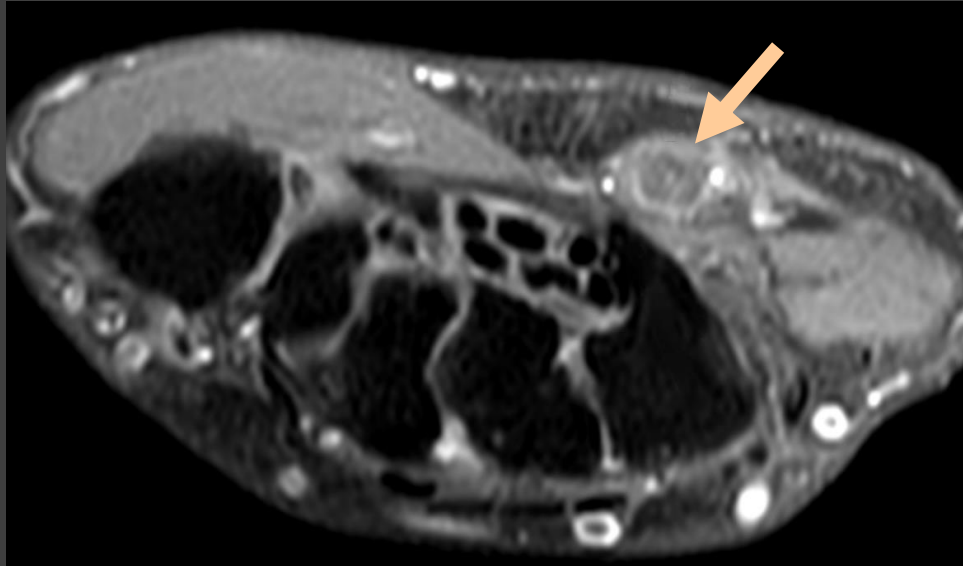
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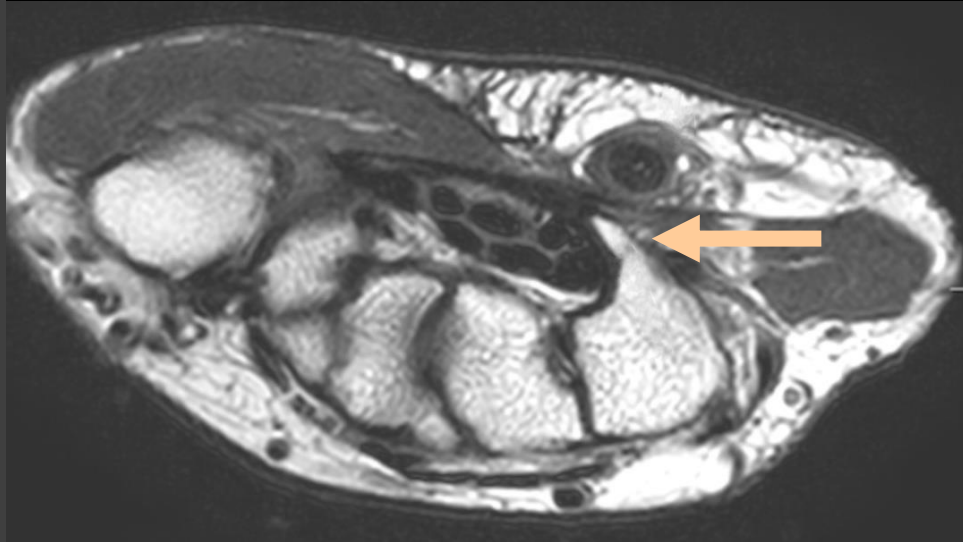
*70-year-old gentleman, tennis player with history of pain and nodular swelling in left hand for 2 weeks*



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*Dilated and tortuous ulnar artery with focal thickened, and irregular ulnar artery at the level hypothenar region adjacent to the hook of the hamate.*



*The tunica adventitia appears thickened and shows inflammatory changes with thrombus within the artery and distal reformation by collaterals.*

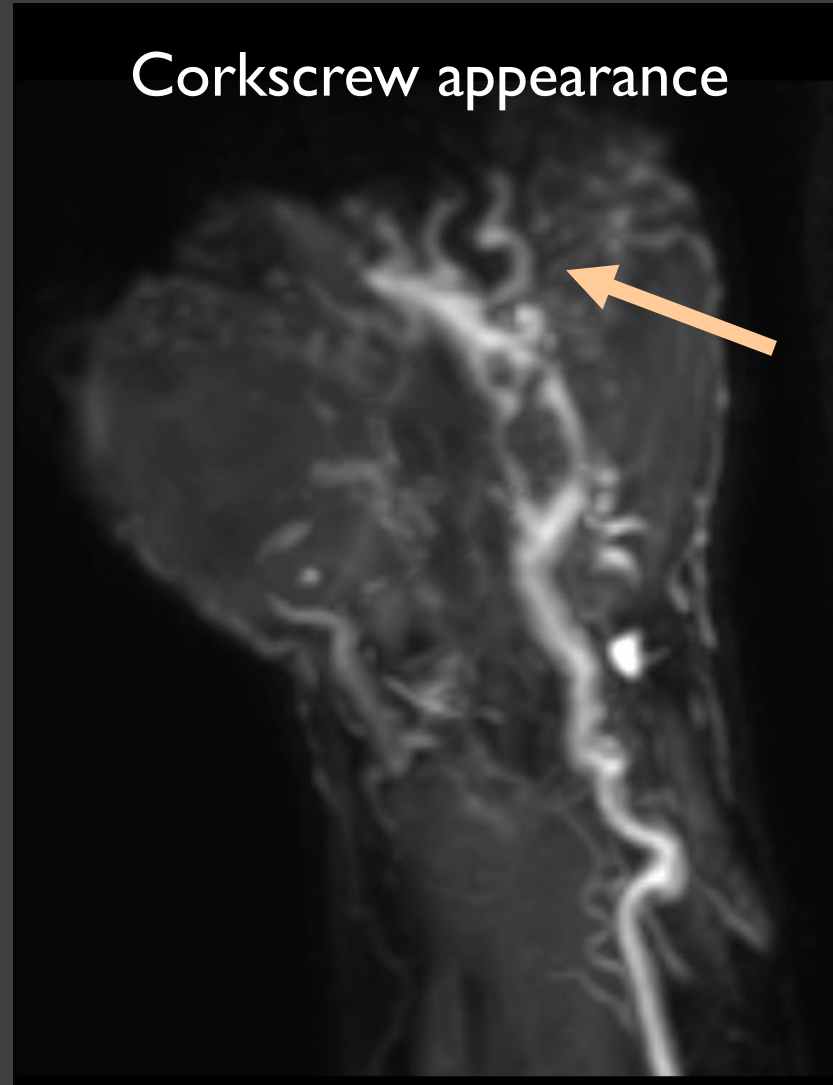
*How do you proceed further? Any additional sequence to clinch the diagnosis?*

*70-year-old gentleman, tennis player with history of pain and nodular swelling in left hand for 2 weeks*

**Thrombus in ulnar artery**



**Corkscrew appearance**



*Hypothenar hammer syndrome*

## *Hypothenar hammer syndrome*

- *Hypothenar hammer syndrome occurs from trauma to the distal ulnar artery or proximal portion of superficial palmar arch as a result of repetitive trauma to the hypothenar eminence.*
- *In HHS, the ulnar artery is damaged over a 2 cm segment just distal to Guyon's canal before penetrating the palmar aponeurosis. With palmar trauma, the at-risk ulnar artery segment is compressed against the adjacent hammate and has been compared to a hammer-on-anvil phenomenon.*
- *MR and MRA can conclusively diagnose HHS by depicting arterial abnormalities including aneurysm formation and the pathognomonic "corkscrew" appearance.*
- *Treatment is conservative if adequate collateral circulation is present. Surgical option includes resection and vascular reconstruction with vein or artery graft.*