

Case Report

Extensor Indices Proprius (EIP) Syndrome

A GHAFFAR S M H JAFRI W A KHAN U ZAFAR W IQBAL

Hand Upper Limb Surgery Centre, CMH, Lahore

Correspondence to Lt. Col. S.M. Hassan Jafri

EIP Syndrome is not a common syndrome, very less reports of this syndrome are present in literature. In EIP syndrome pain affects the function of hand. We report a case of EIP syndrome as the first case reported in literature in Pakistan.

Key words:

As 32 years old patients reported to OPD with pain on the dorsal aspect of wrist for the last 6 months. Pain increased on heavy physical work by and. On examination slight swelling and moderate tenderness was noted on 4th dorsal tendon compartment before coming to us this patient underwent different modalities of treatment including NSAIDS, fomentation, local anti-inflammatory application steroid injections and wrist immobilization. The pain increased on flexion of metacarpophalangeal joints in flexed wrist position. Pain also increased when the patient flexed the wrist and extended metacarpophalangeal joint of the index finger against resistance. At surgery thick musculotendinous portion of EIP was noted in the thick rigid confines of tendon sheath (Fig 1).

The protruded muscle belly of EIP was of normal colour and consistency. The muscle belly appeared slightly hypertrophied. The protrusion of this muscle belly in the fourth compartment increased on simultaneous full flexion of metacarpophalangeal and wrist joints. Slight tenosynovitis of EIP was noted. Retinaculum roof of the 4th extensor compartment was incised (Fig. 2). Patient was pain free and after fourth postoperative month patients was able to perform heavy physical work with the hand without nay pain. No bowstring or subluxation of any extensor tendon was present on wrist or fingers extension.

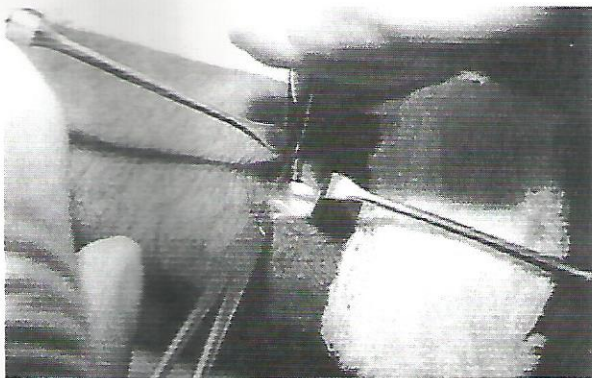


Fig 1

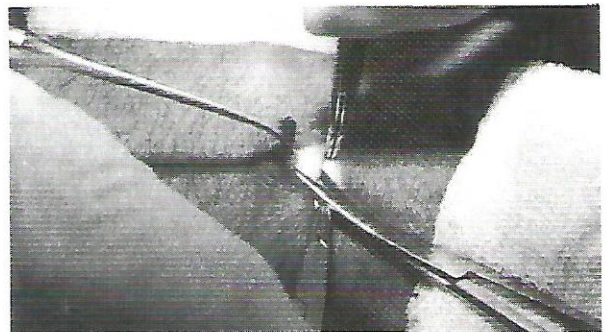


Fig. 2

Discussion

Ritter and Inglis reported and named this syndrome in two patients. They noted pain and swelling over fourth dorsal compartment of the patients after strenuous sports activities. Normally the extensor indices proprius musculotendinous junction extends more distally as compared too the extensor tendons. In a cadaveric study, it was observed that in 75% of cases, musculotendinous junction of EIP passed onto the compartment and in 4% cases it passed distal to the sheath, but the EIP syndrome is not common. This is probably because EIP syndrome occurs when isolated inflammation of tendon occurs by certain activities such as those which involve resisted index finger extension with maximum wrist flexion. Since treatment of this syndrome is very simple and successful, hence knowledge of the existence of this problem is helpful.

References

1. Ritter MA, Inglis: The extensor indices proprius syndrome. J Bone Joint Surg 51A; 1645: 1969.
2. Culdwell EN, Anson BJ: The extensor indices proprius muscle. A study of 263 consecutive specimen. Q Bul North Western Univ Med School 17: 267, 1943.
3. Spinner M Olshansky K: extensor indices proprius syndrome. A clinical test. Plastic Reconst Surg 1973; 51: 134-138.