Recognising anatomical variance in median nerve lesions and the

effect on hand function and potential treatments

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Introduction — Hand function is maintained by an interplay between the median, ulnar and radial nerves and their branches. The median nerve is especially important for fine motor skills. There is much anatomical variation relating to the median nerve and a complete understanding will help treating patients appropriately.

Methods — Human grips were assessed and broken down to fully assess their anatomical basis. A literature review was carried out in order to determine anatomical variance relating to the median nerve as well as their treatments.

Abnormal formation of median nerve standard. Runs superficial to brachial artery in Tendinous Arch of Coracobrachialis Struther's Ligament Present in 0.7% Anterior Interosseous (AIS)/ Pronator Syndrome (PS) 95% between 2 heads 2% through humeral head - 3% deep to ulnar head Carpal Tunnel Syndrome See Figure 3

Results — Variation occurs throughout the median nerve course as seen in Figures 2 and 3. Treatment of AIS/PS and compression from Struther's ligament is controversial. Carpal tunnel syndrome is significantly more prevalent such that open carpal tunnel release is considered the gold standard.

Conclusion — The median nerve is fundamental to conserving normal hand function and a thorough understanding will help recognise anatomical variance to guide treatment decisions.

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