

Case Description

Setting: Tertiary Care Academic Hospital
Patient: Right-handed 20-year-old male collegiate pitcher

- 20-year-old male pitcher with history of right UCL avulsion fracture presented with 3-week history of non-radiating right medial elbow pain experienced while pitching with intermittent radiating pain/tingling along ulnar distribution of right hand at rest
- Exam revealed tenderness over medical epicondyle/UCL. Tinel's sign was absent with negative elbow flexion and moving valgus stress tests and no evidence of nerve subluxation or sensorimotor deficit. MRI revealed prior UCL injury sequelae indicated by ossifications within the proximal fibers
- Patient was treated conservatively for UCL sprain. Therapy included exercises and ergonomics, ultrasound, low-level laser therapy and bracing (patient compliance was unclear).
 - Positive Tinel's sign was noted on initial therapy evaluation
- Through four sessions patient reported minimal improvement in pain/tingling. At 1-month follow-up patient reported resolution of pain at rest and was cleared for return. Patient subsequently re-aggravated elbow and reported increased pain/tingling which improved mildly after two additional sessions.

MRI



large ossific fragment measuring 9.2 x 7.4 mm within the proximal fibers of the ulnar collateral ligament adjacent to the medial epicondyles attachment, compatible with sequela of prior avulsion injury

Discussion

- Medial elbow pain in overhead athletes is commonly associated with UCL injury. However, recent clinical data suggests that Ulnar Neuritis may be a more often source - isolated and/or contributing - of such pain than previously thought
 - individuals with bone spurs due to previous UCL injury may be more susceptible.
- Ulnar Neuritis can mimic symptoms of UCL injury and sensory changes may not be consistently reproduced or reliably reported
- It is critical to maintain suspicion to distinguish between them – or their coexistence - as standard therapies for non-surgical UCL-injury candidates may worsen ulnar neuritis and the return to play timelines are considerably different.

Conclusion

- Ulnar Neuritis needs consideration as a more potential contributor of medial elbow pain in overhead athletes. Further research is warranted into conservative approaches that focus on comprehensive treatment with reconsideration of the rehabilitation timeline in the context of concurrent diagnoses to ensure safe return to play.

References

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