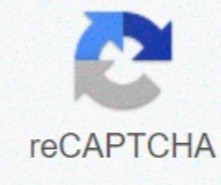




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Plexus brachialis injury pdf

The brachial plexus are the nerves that lead signals to the shoulder, elbow and hand muscles and provide sensation in the arm. If these nerves become injured you can lose the function, feeling and pain experience. Some brachial plexus lesions are minor and short, while others are serious and can cause permanent disability. These injuries often occur after a traumatic event, such as a sports injury, a car accident, or complications at birth. Brain plexial lesions involve the nerves C5, C6, C7, C8, and T1 that come from the spinal cord in the neck. While these nerves leave the neck, they form the brachial plexus, which intertwine together then branch as they pass under the clavicle (collarbone) towards the shoulder (Fig. 1). Depending on the extent of the injury and nerve that is damaged, brachial plexus lesions are sometimes called Erb paralysis, Klumpke palsy, Parsonage-Turner syndrome (neurite plexus cerebra), and burners and puntgors. Most brachial plexus lesions are minor and will recover in a few weeks with limited treatment. However, other injuries may require rehabilitation or surgery and take more time to heal. Often, brachial plexus injuries occur during high-speed car accidents, trauma vented by a fall, or by the violence of a stab or gunshot wound. Difficult births are a main cause of brachial plexial nerve injury in infants. Nervous lesions may also result from medical conditions such as inflammation, compression/growth or tumor and nervous disease. The damage occurs when one or more nerves are pulled, stretched, compressed or torn. The nerve lesion can be an avulsion (turned by the spinal cord), a stroke (clean but not torn), or a break (restituted with a partial or complete tear). Often, the nerves closer to the neck are damaged when the shoulder is forced down and the nerves closer to the arm are more likely damaged when the arm is forced upward or above the head. In addition, contact sports athletes can support plexus transient bra lesions known as "burners and stingers" after having sustained a blow to the neck and shoulder region (Fig. 2). The lesion occurs when the arm is forcefully pulled or stretched down and the head is pushed to the opposite side. Interesting, brachial plexus insulated can also occur in an idiopathic fashion (unknown case) after inflammation of the nerves. Symptoms For most brachial plexus lesions, only one side is usually interested and depending on gravity and location, signs and symptoms vary. For example, minor damage caused by a burner or stimulus can produce an electrical shock or burning sensation by lowering the arm and numbness and weakness of the limb. Symptoms can last a few seconds or can last for days. traumatic plexus lesions can present with partial or complete paralysis of the motor and sensory arm, shooting pain in the affected arm and inability to use all or selectedon the interested side. These lesions can be transient and slowly resolve over time or may persist for longer periods leading to permanent damage. If you experience a severe injury, such as an avulsion, you can become able to use some muscles in the shoulder, arm, or hand. You can experience severe pain or lose the feeling and ability to move the limb. Acute injuries to the brachial plexus often justify close follow-up with a professional doctor. You should seek medical advice and treatment if a brachial plexus wound is suspected, especially when symptoms persist without improvement. In addition, you should see a doctor if you have recurring burners and stingers, weakness in your hand or arm, or experience neck pain. Screening and Diagnosis A history of health and physical examination are of fundamental importance in screening patients for potential plexus brachial lesions. The doctor may order first chest, spine or shoulder rays to exclude a fracture or displacement that may cause the penetration (nerve pressure) of the brachyl plexus. Running a computerized tomography with myography (a TAC that uses dye) a few weeks after the initial injury is the current gold standard to identify the level of nerve injury. Other imaging modes that may be useful include MRI imaging, electromyography (EMG), nerve conduction speed (NCV), and other nerve studies based on the discretion of the healthcare provider. If the doctor suspects acause, he or she will include lab work in the screening process. treatment the main treatment for brachial plexial lesions remains non-surgical management with a close observation for the resolution of symptoms. the doctor conducts frequent and thorough examinations in the first 3-6 months and carries out additional tests, if necessary to evaluate the recovery. partial plexus lesions with a stop in neurological resolution may require surgery. if your doctor suspects an inflammatory process, a pain control course, physical therapy and oral corticosteroids may be necessary. patients with open injuries, progressive neurological deficits and penetrating injuries such as gunshot wounds, often require immediate surgical treatment. for patients with a total plexus injury, surgery will take place about 4-6 weeks after initial injury. new advances in nerve surgery are helping to restore movement and function in the shoulder, elbow and hand, which once was impossible. there are many surgical techniques available depending on the specific injury encountered. some of these include direct nerve repair, nerve grafting, nerve transfers, muscle or tendon (material that connects muscle to bone) transfers, osteotomies (bone surgery,) and arthrodesi (melting a joint.) reconstruction procedures can take up to 3 years before complete recovery occurs, especially because the regeneration of the nerve occurs at a slow rate of about 1 mm per day. when comparing injuries of the upper part (c5,and lower (C8, T1) brachial plexus, the upper plexus tends to have better results as the function of the hand remains preserved. Be patient Nerves heal and regenerate slowly, so you have to be patient. Your doctor may prescribe a rehabilitation program to follow to keep your muscles strong and healthy while the nerve heals. The results after supporting brachial plexus lesions depend on the size and level of your injury. However, given enough time, many brachial plexus lesions heal without lasting damage. Author: Devin W. Collins | Columbus, Georgia Vol 30, Issue 4, Winter 2018 Last updated 15 April 2021 2021 plexus brachialis injury adalah. plexus brachialis injury mri. plexus brachialis injury pdf. plexus brachialis injury treatment

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