



this issue

Let us answer some questions you may have

- **Cubital tunnel syndrome: What is it?**
- **What are the treatment options of Hirsutism?**

Robert Toma
Warrnambool Plastic & Reconstructive Surgery

Cubital tunnel syndrome: What is it?

Cubital tunnel syndrome is compression of the ulnar nerve. It is the second most common nerve compression syndrome of the upper limb following carpal tunnel. Presentation varies but includes parathesia in the little and ring finger and weakness of the intrinsic muscles in the hand or wrist.

The ulnar nerve in the upper limb can be compressed at 5 points in the upper limb. These are:

1. Ligament of Struthers (8-10 cm proximal to medial epicondyle)
2. Epicondylar groove
3. Cubital tunnel (behind medial epicondyle, most common site of compression)
4. Flexor carpi ulnaris (FCU)
5. Guyon's canal (at wrist level, second most common site of compression)

So confusingly, even though cubital tunnel syndrome refers to compression of the ulnar, compression can occur at 5 sites not only the cubital tunnel. It is therefore important to identify the compression point if planning treatment. The ways in which to identify the compression points are:

1. Clinically: Tinel's sign, Testing of FCU (if strength absent then compression will be sites 1 to 4 not Guyon's canal)
2. Nerve conduction study's
3. MRI: used only if the above two methods fail to identify compression point

Although rest and 6 weeks splinting with the elbow in 45 degrees will improve symptoms for some patients most will require operative intervention to relieve there symptoms. This should ideally occur before any muscle wasting and weakness occur as this is very difficult to recover from.

www.wprs.net.au

Telephone:
(03) 5562 5330

Hirsutism: what are the treatment options?

One of our most common enquires regarding laser hair removal is from women with excess terminal hair in a masculine pattern. This can include facial hair of the upper lip, chin, side of face, or even extension of the pubic hair to the abdomen or thighs.

Some patients' present having had no medical examination, whilst others are being managed for hirsutism of ovarian causes such as Polycystic Ovarian Syndrome.

Laser hair reduction may be considered as an adjunct to medical management. Whilst it is reasonable to surmise that unless the cause of the hair growth is not addressed that new hairs will continue to grow, many women are able to gain an acceptable level of maintenance utilising laser, compared to other physical methods such as bleaching, shaving, waxing or electrolysis.

The target chromophore for hair removal is the melanin present in the bulge and bulb of hair in the anagen phase of the hair cycle. Catagen or telogen hairs which no longer contain target chromophore are not attracted by the laser light and therefore are not responsive to treatment.

Whilst treatment intervals may vary significantly for individuals depending on the speed of hair growth, usually a minimum of around 7-8 weeks for the face and approx. 10-12 weeks for the limbs and body is recommended.

Generally the estimated number of sessions required to achieve approx. 80% reduction is variable between four to eight treatments.

LASER AT WPRS

Our Cutera Xeo laser is a multi-use, upgradeable platform incorporating 1064 Nd. Yag laser and IPL for the treatment of:

- Benign Pigmentation (freckles, solar lentigines, melasma)
- Vascular Lesions (telangiectasia, surface vessels, facial redness, rosacea)
- Hair Removal
- Leg Spider Veins
- Skin Rejuvenation (textural improvement, pore reduction, collagenesis)

