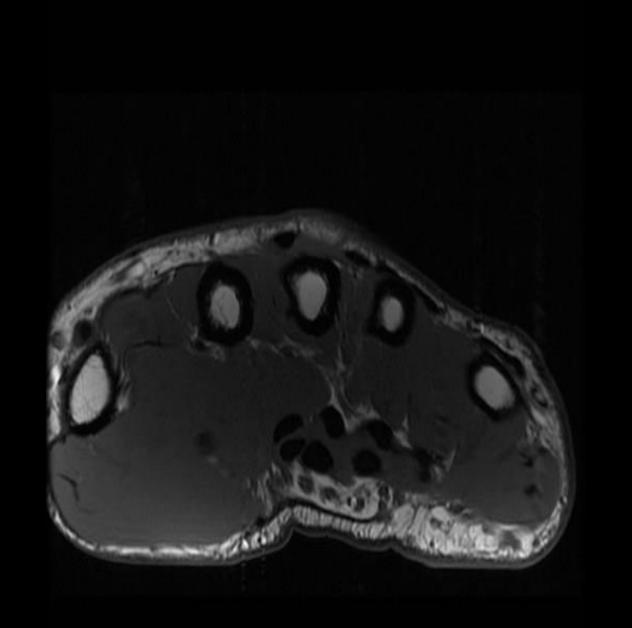
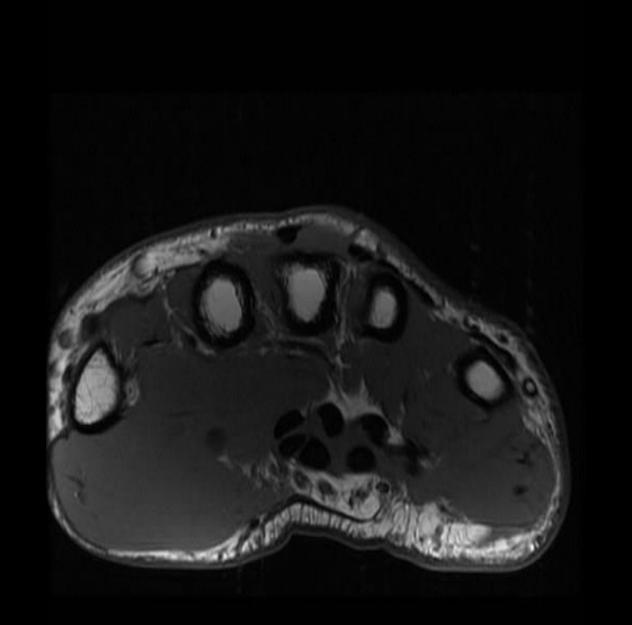
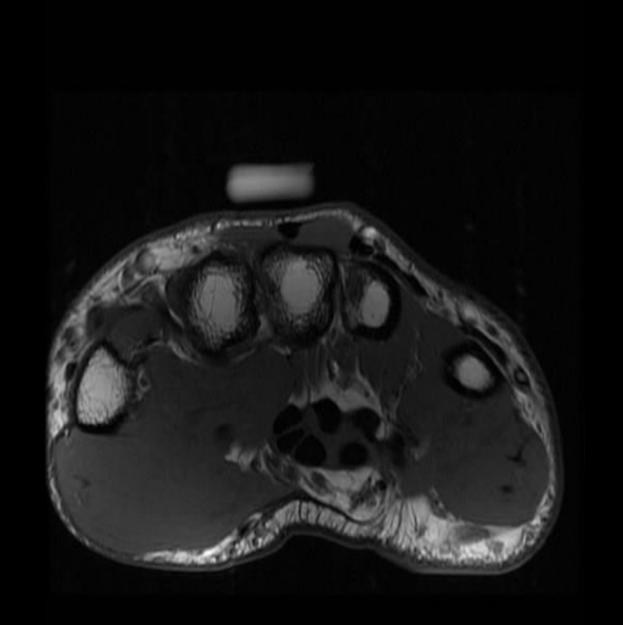
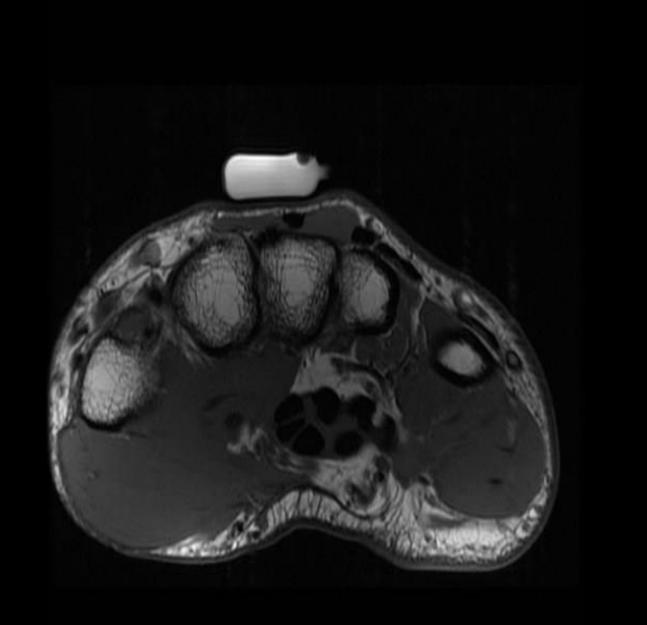
Presentation

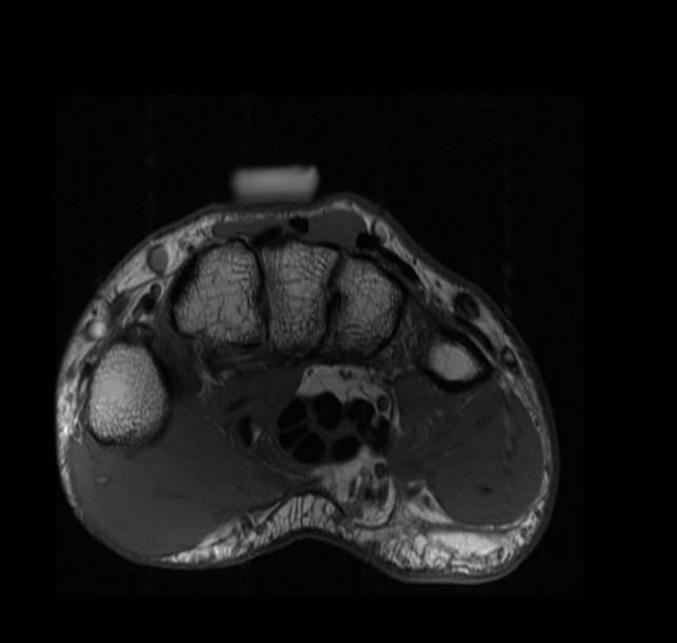
 48 y/o M with mild stiffness/discomfort in b/l hands, worse in mornings. Note to have dorsal wrist mass b/l.

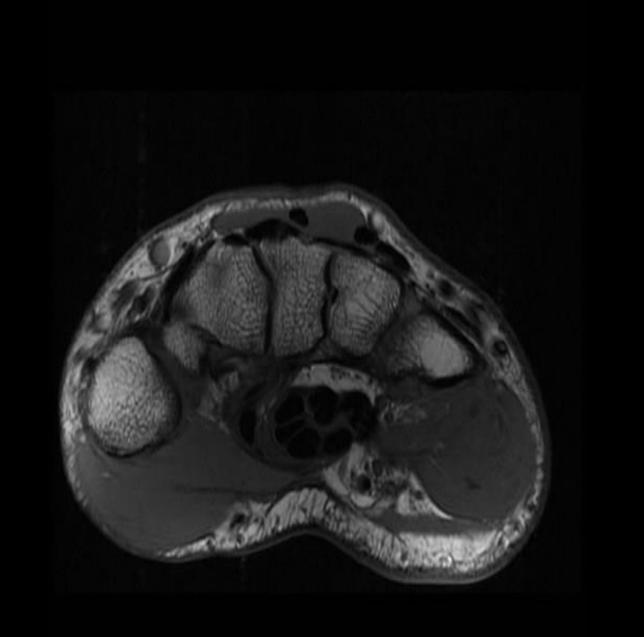


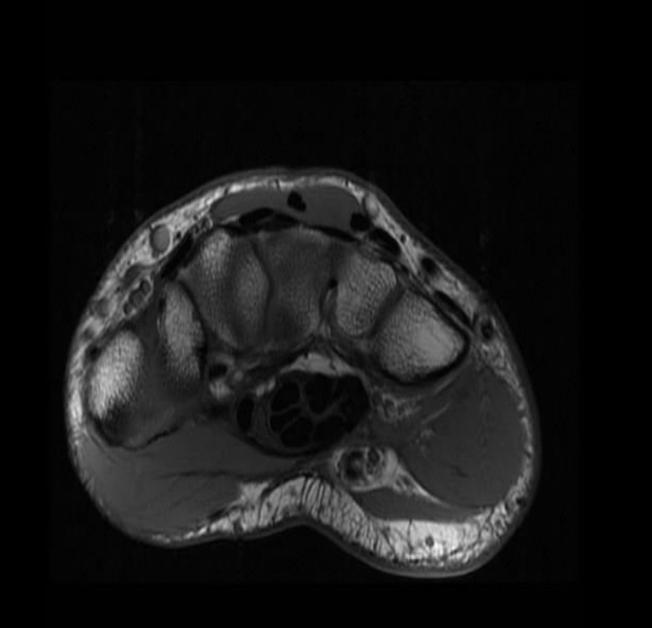


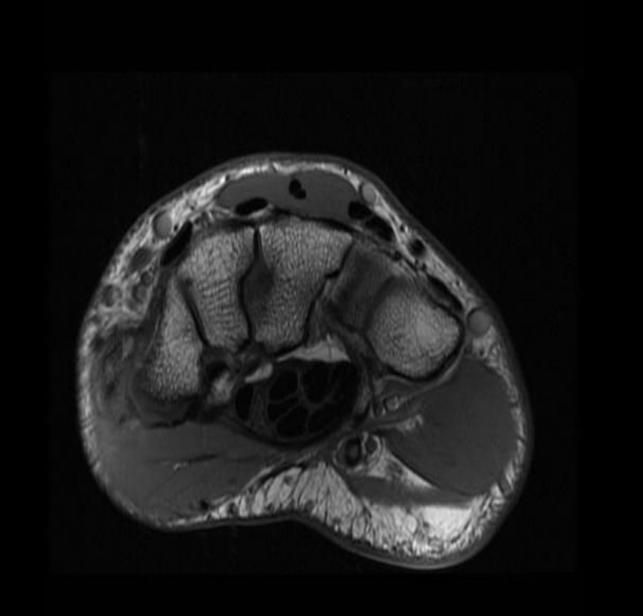


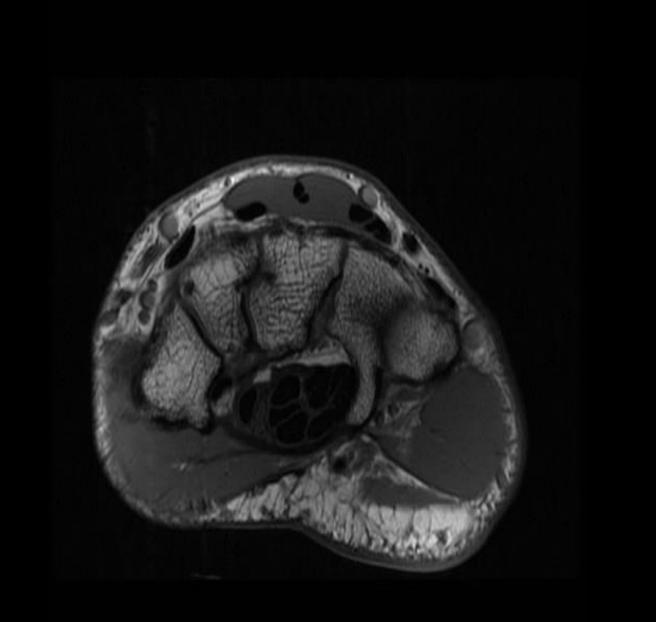


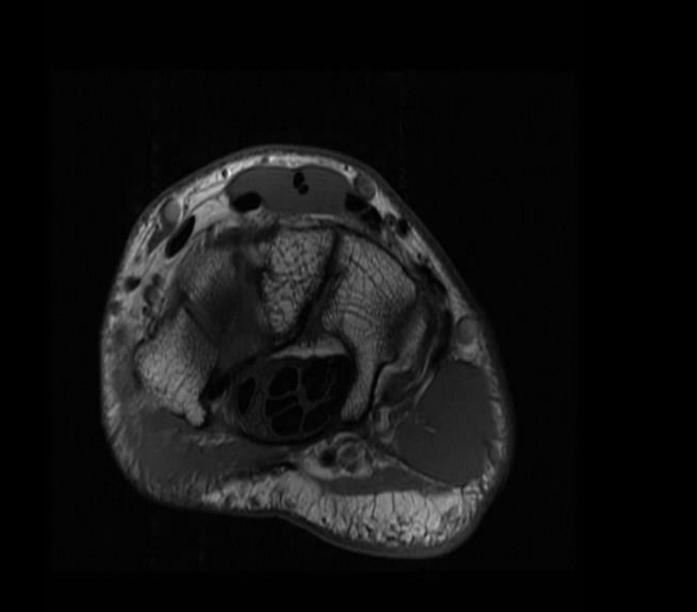


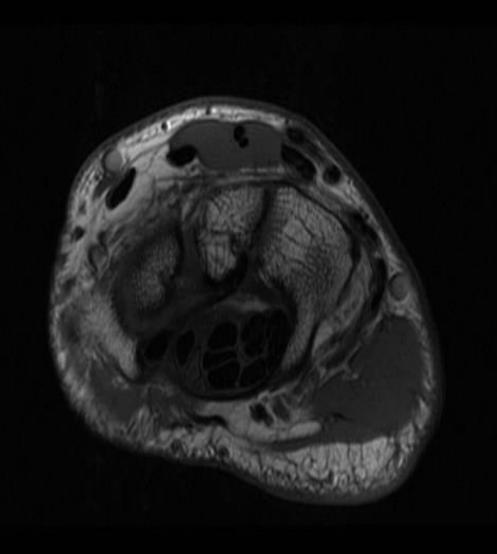


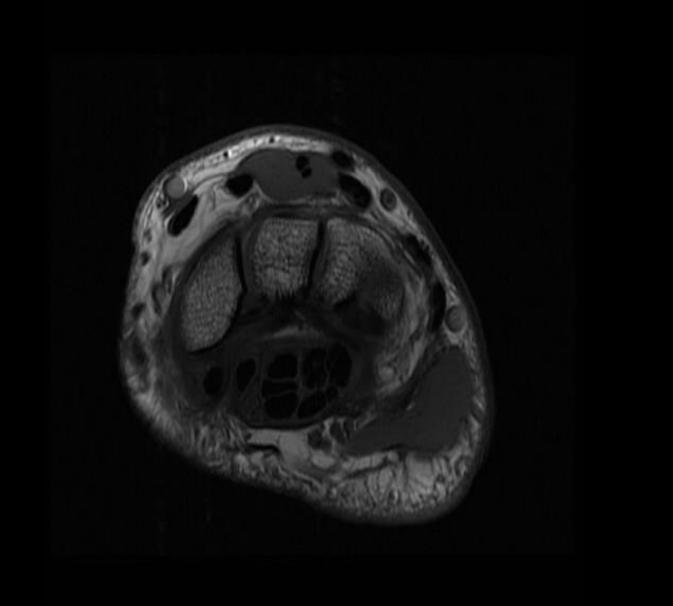


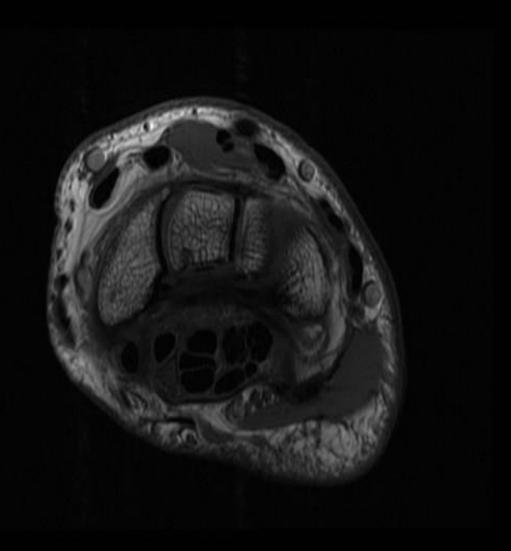


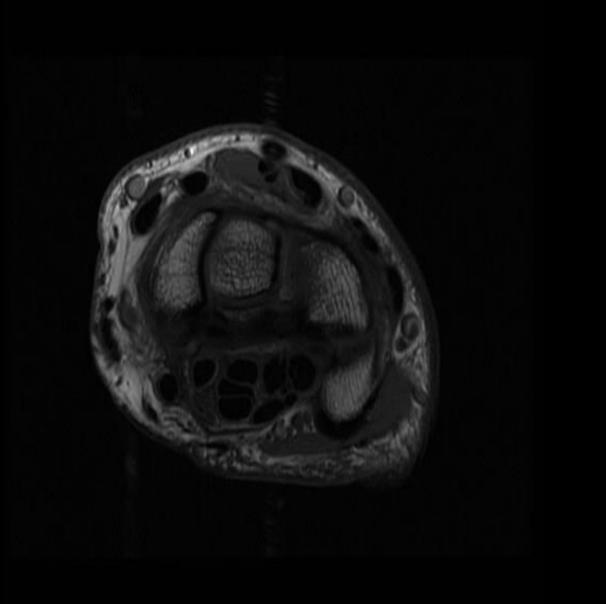


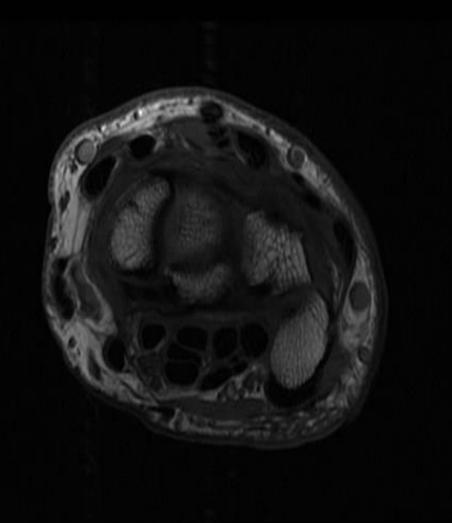


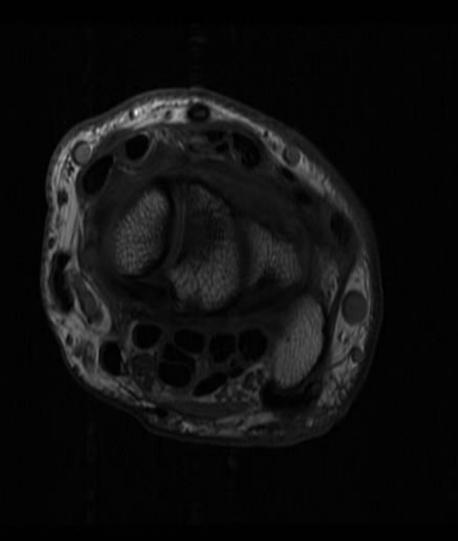


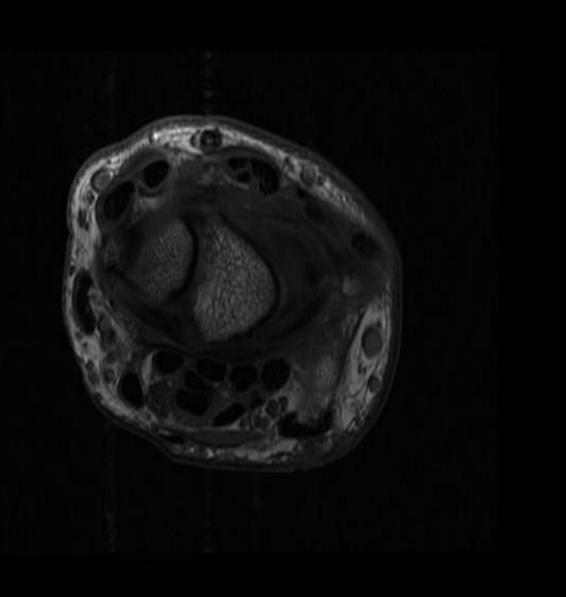


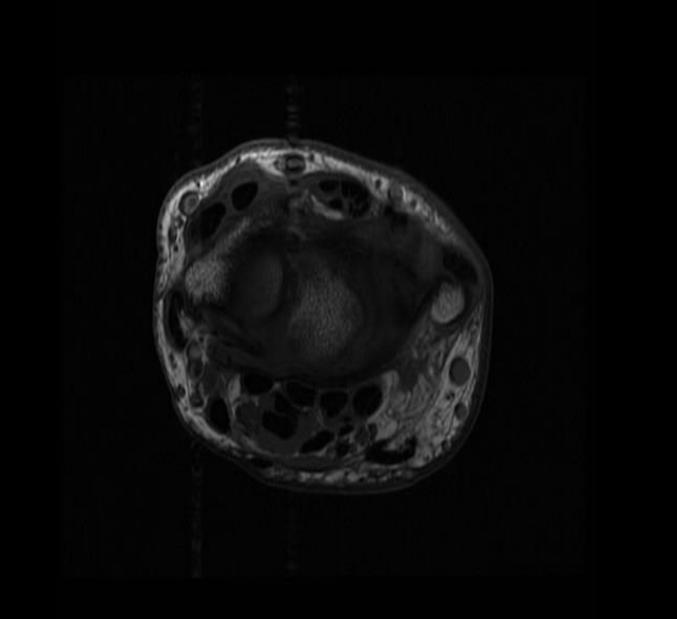


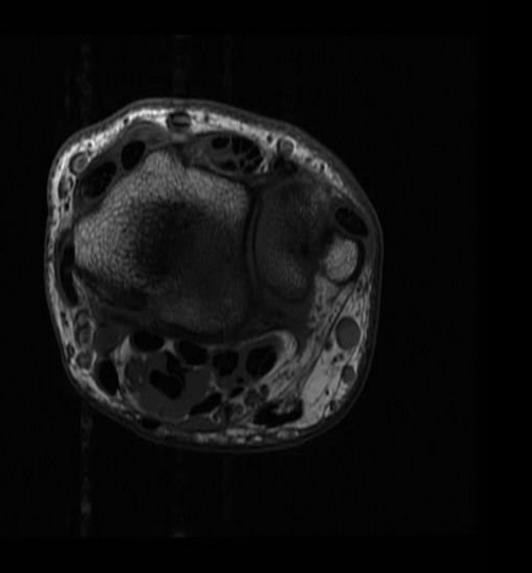


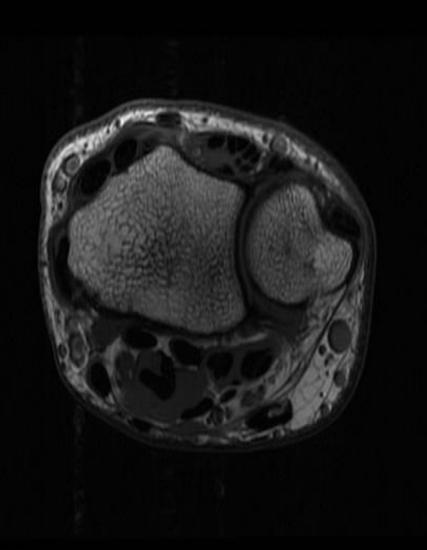


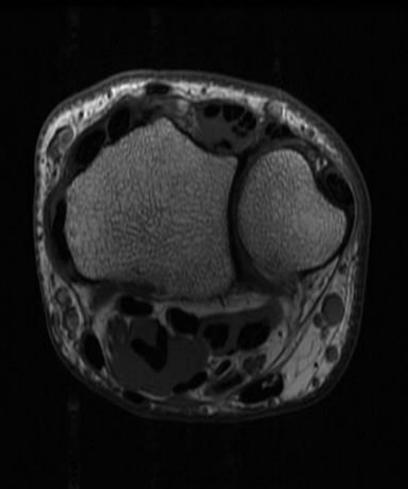


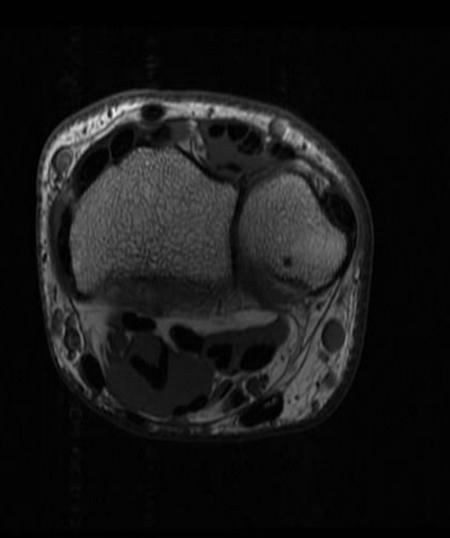


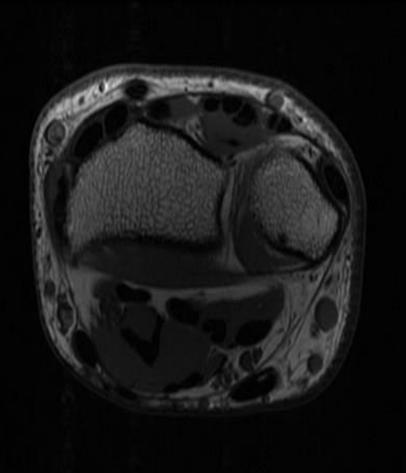


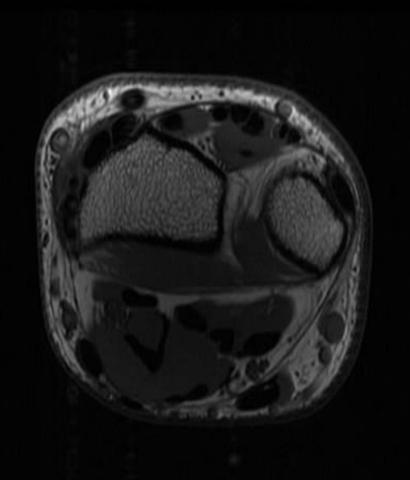


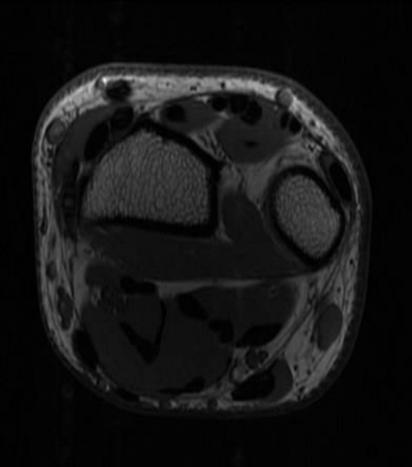


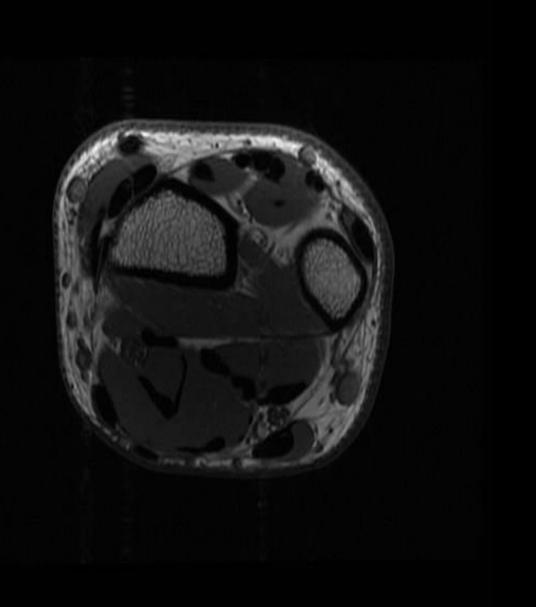


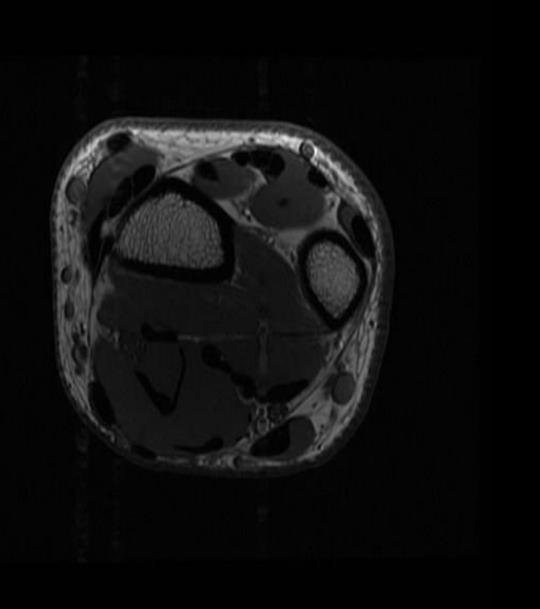


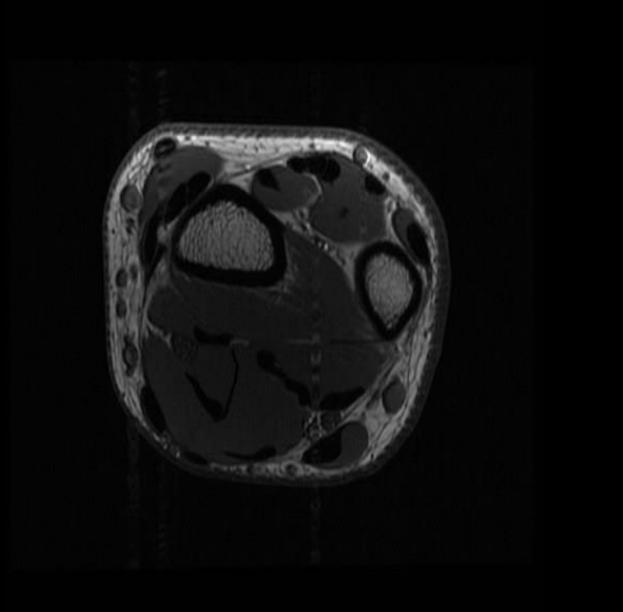


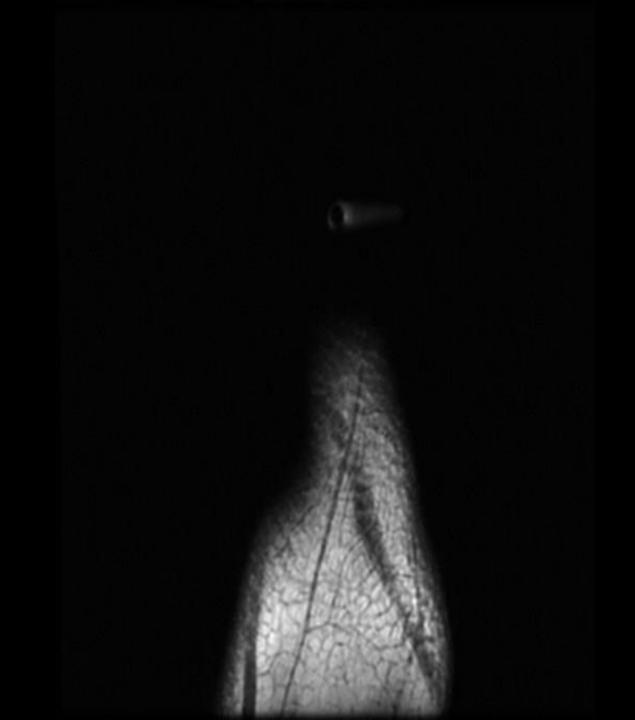


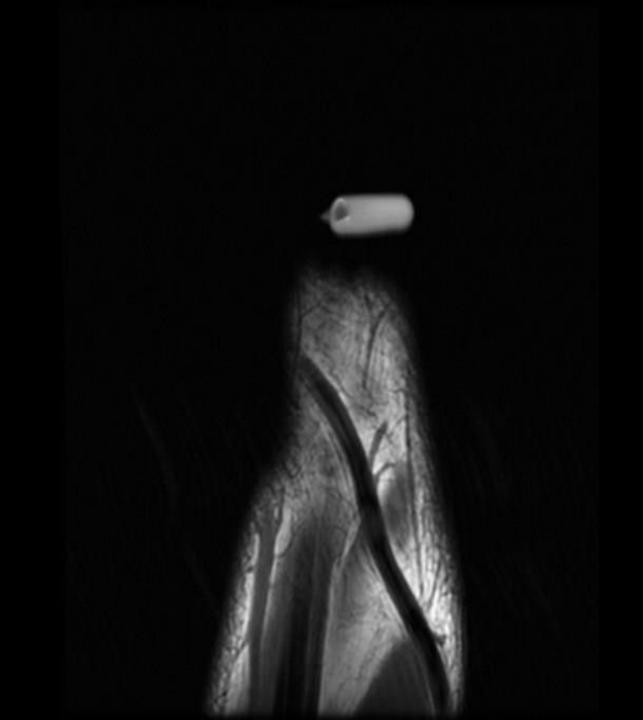




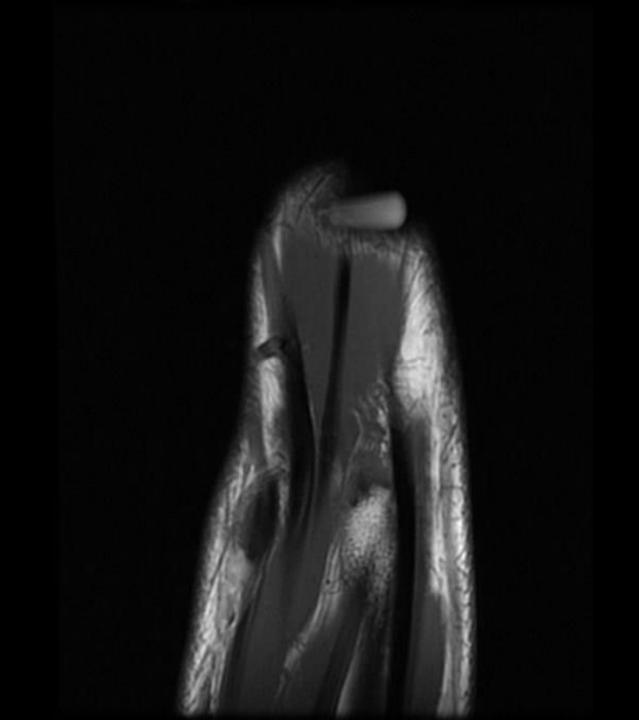




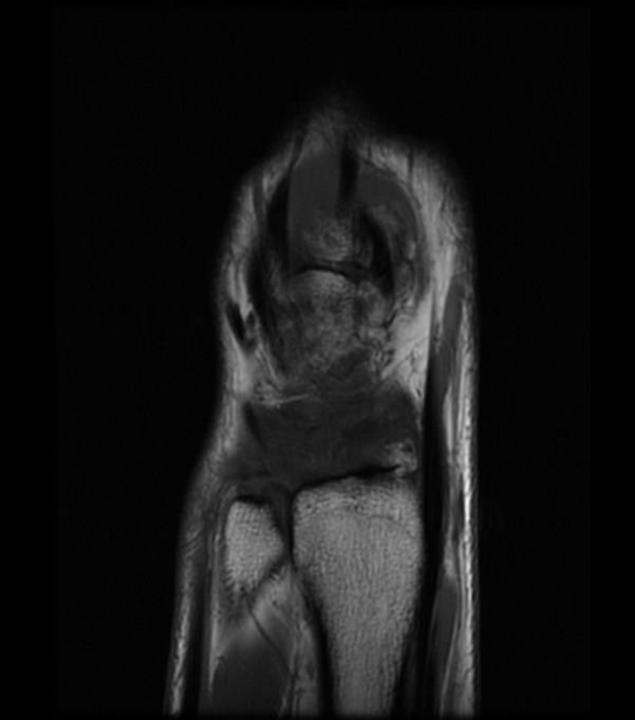






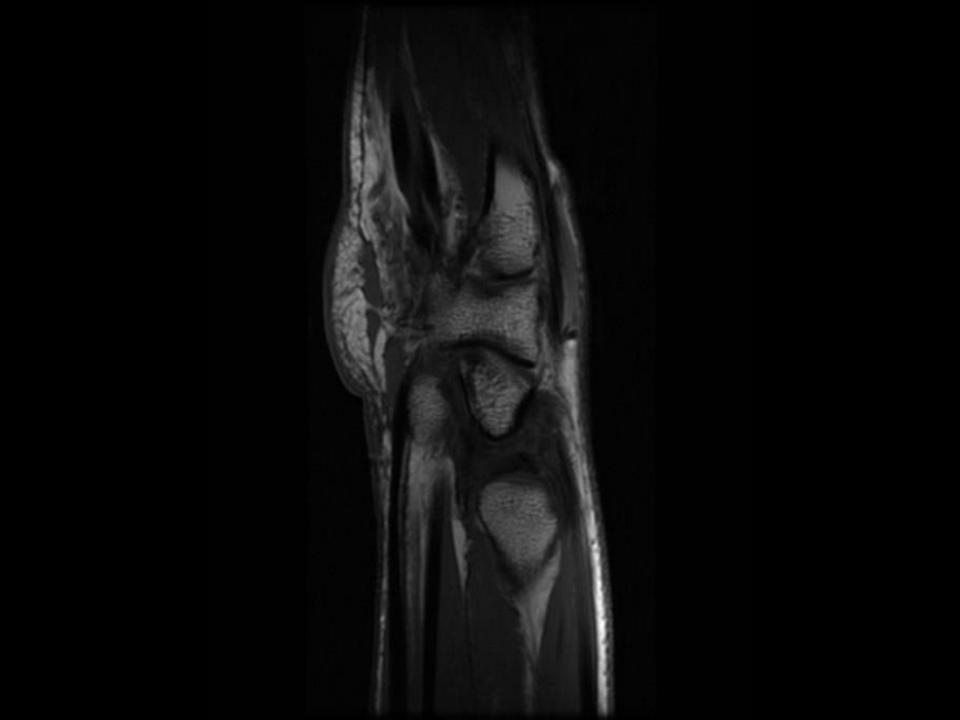


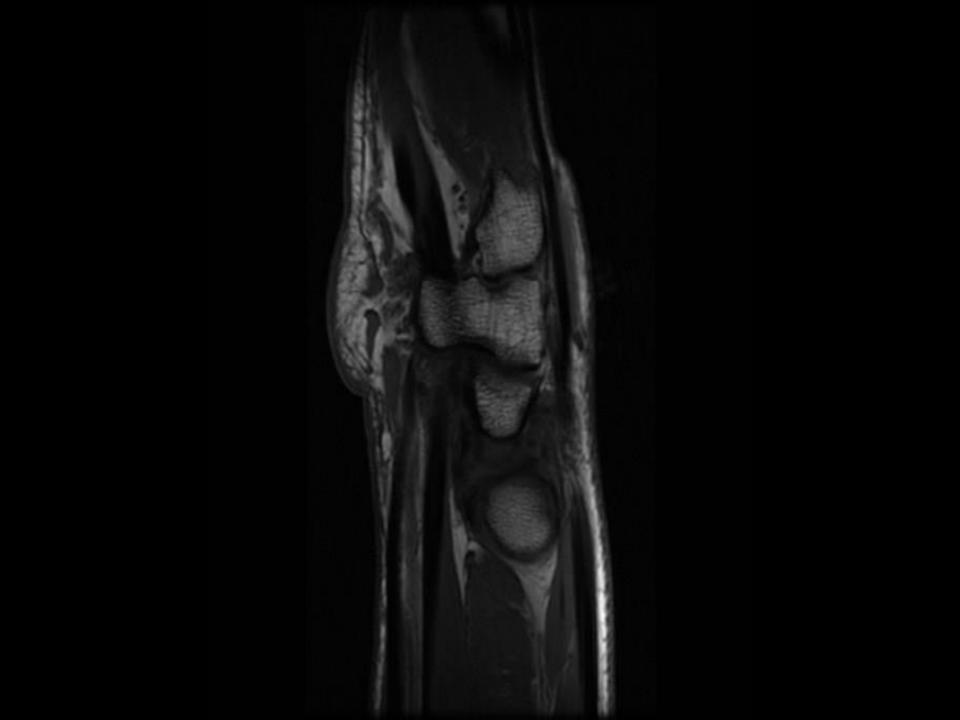


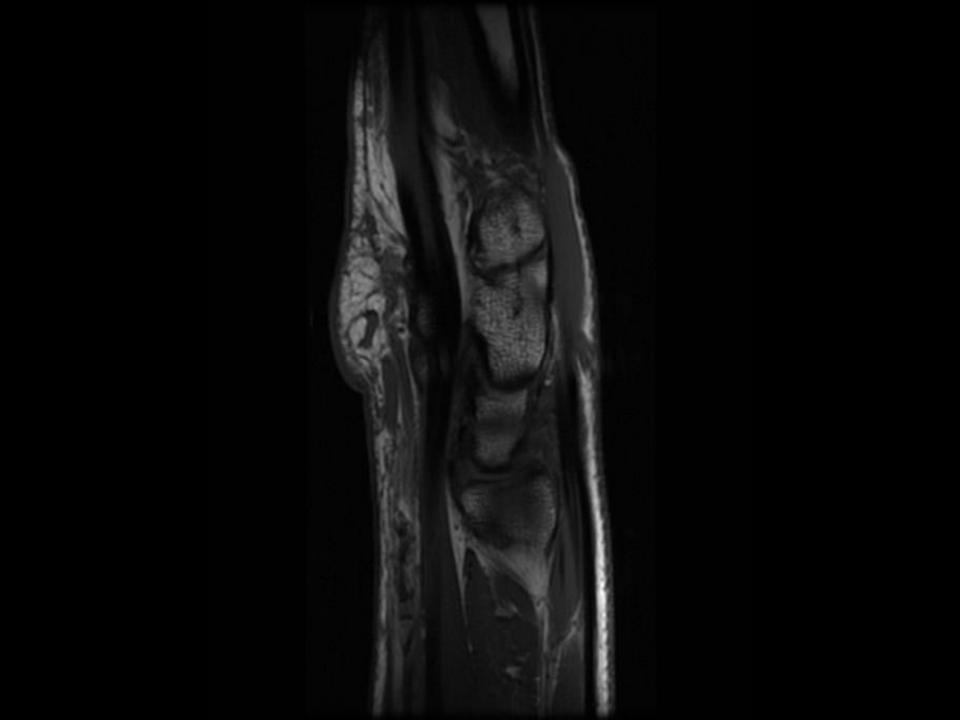


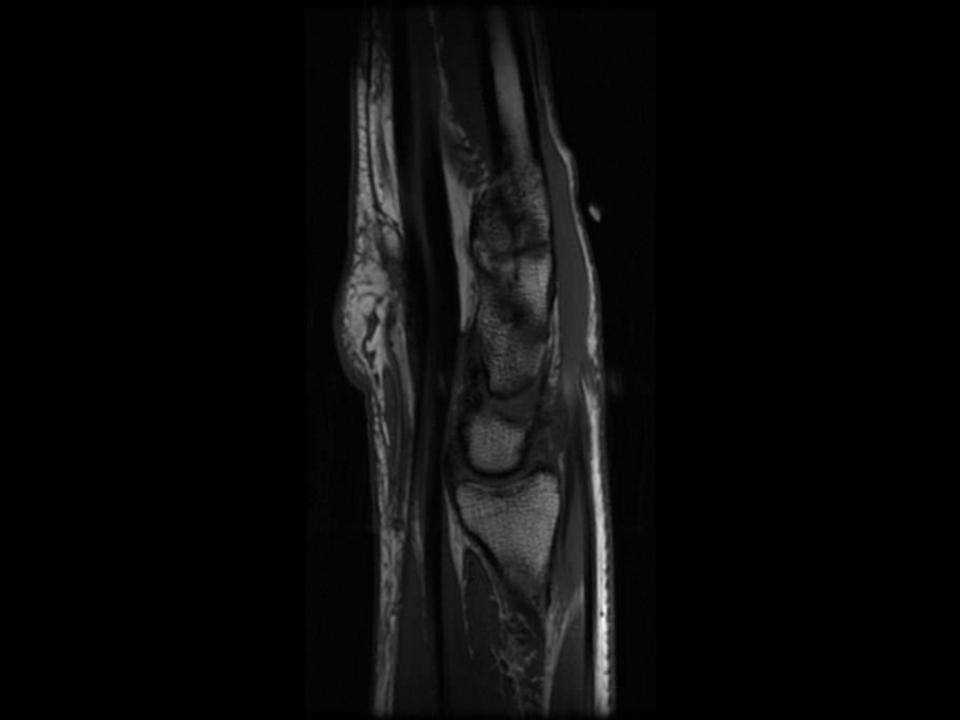


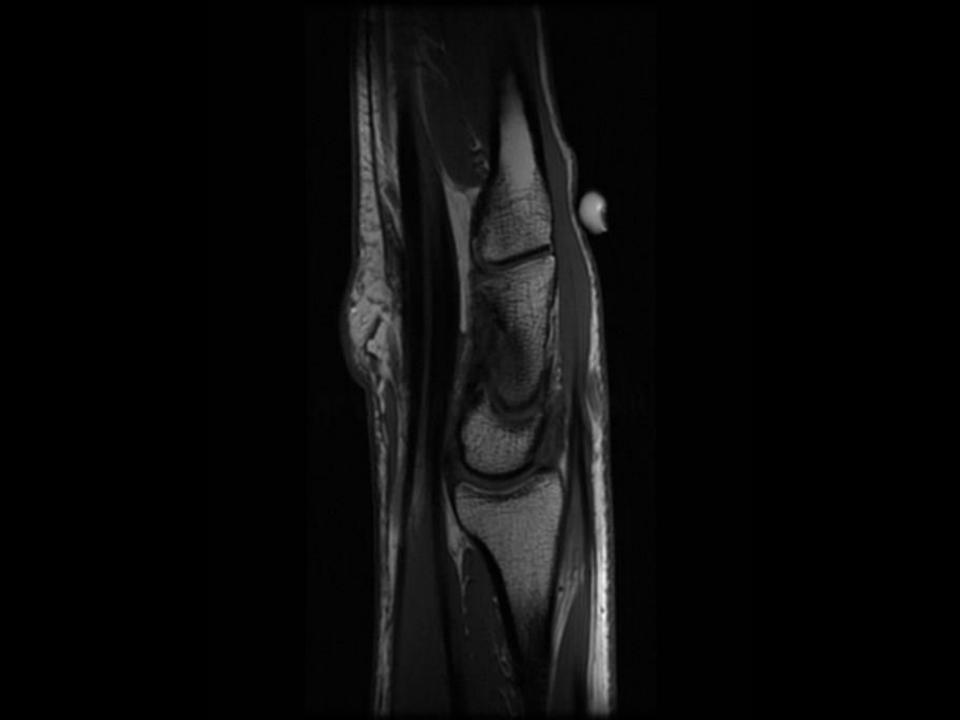


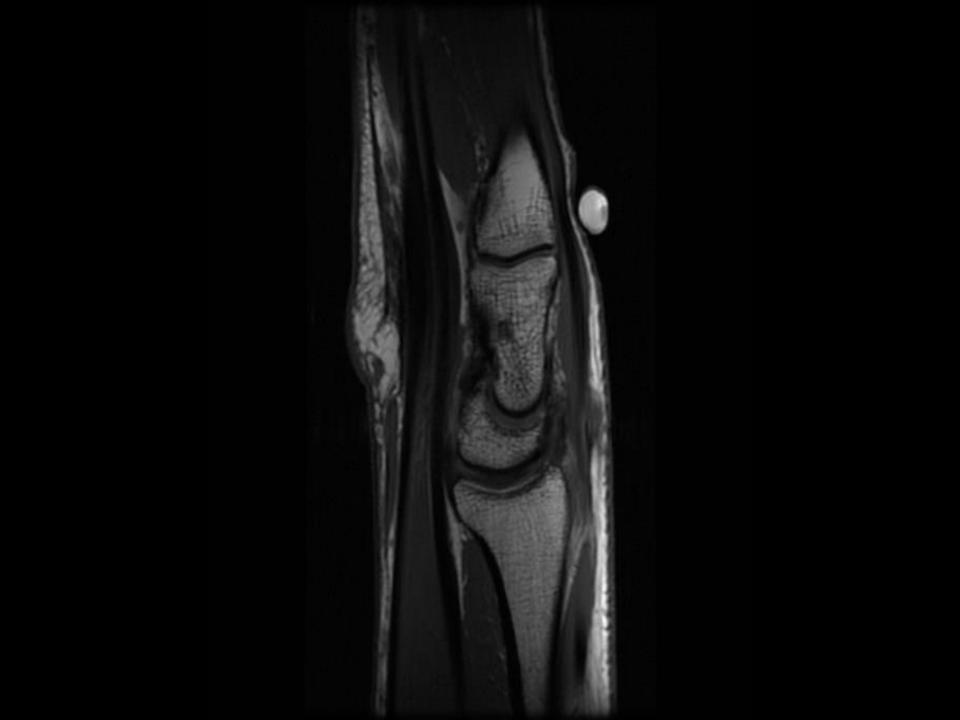


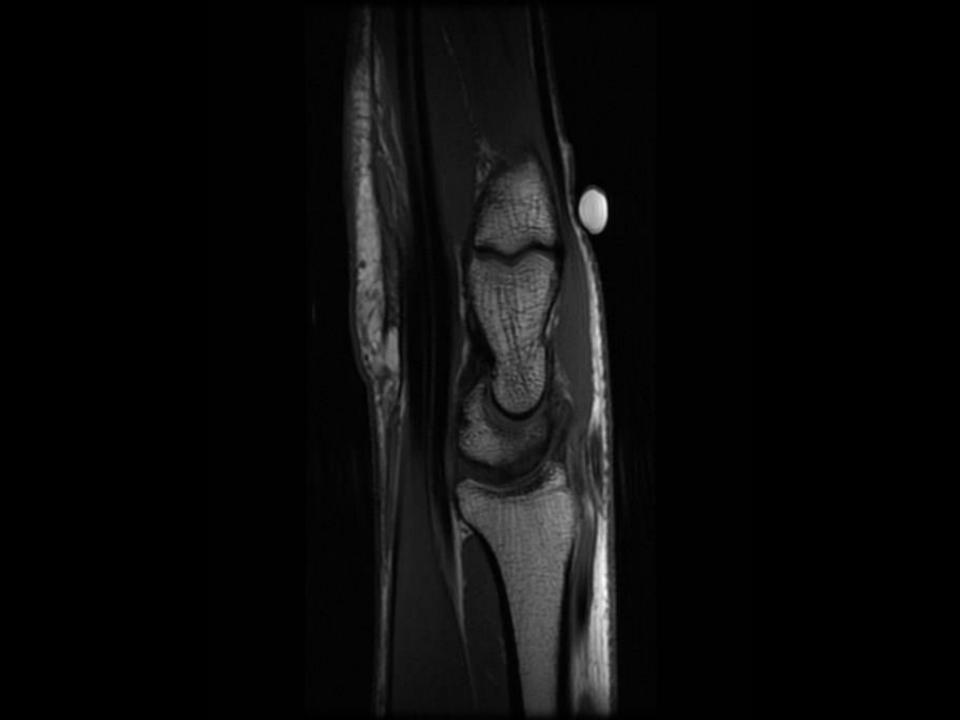


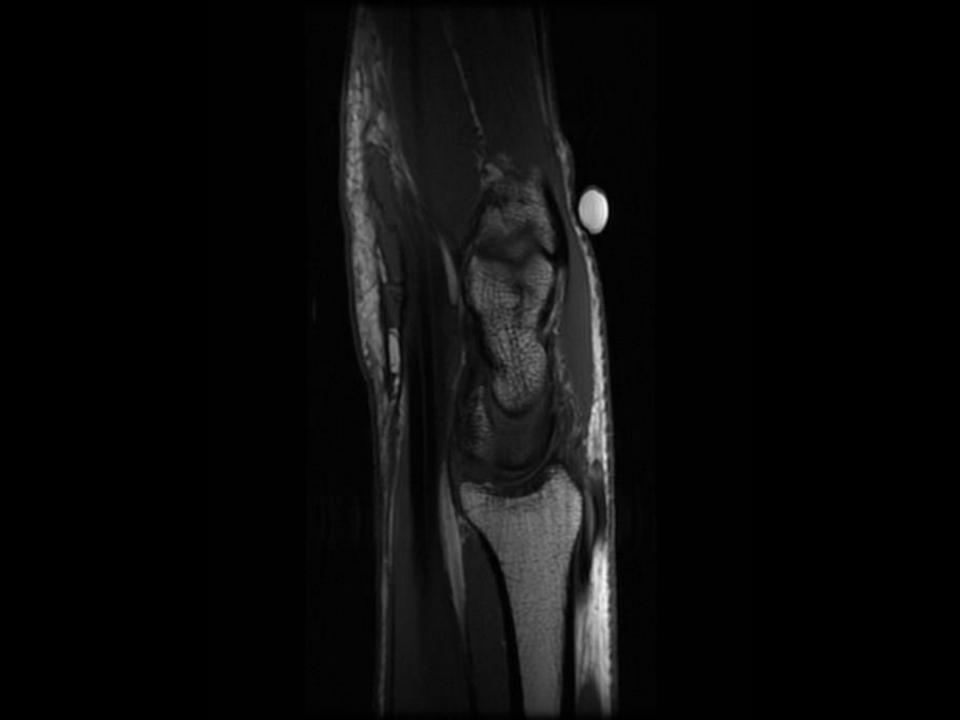


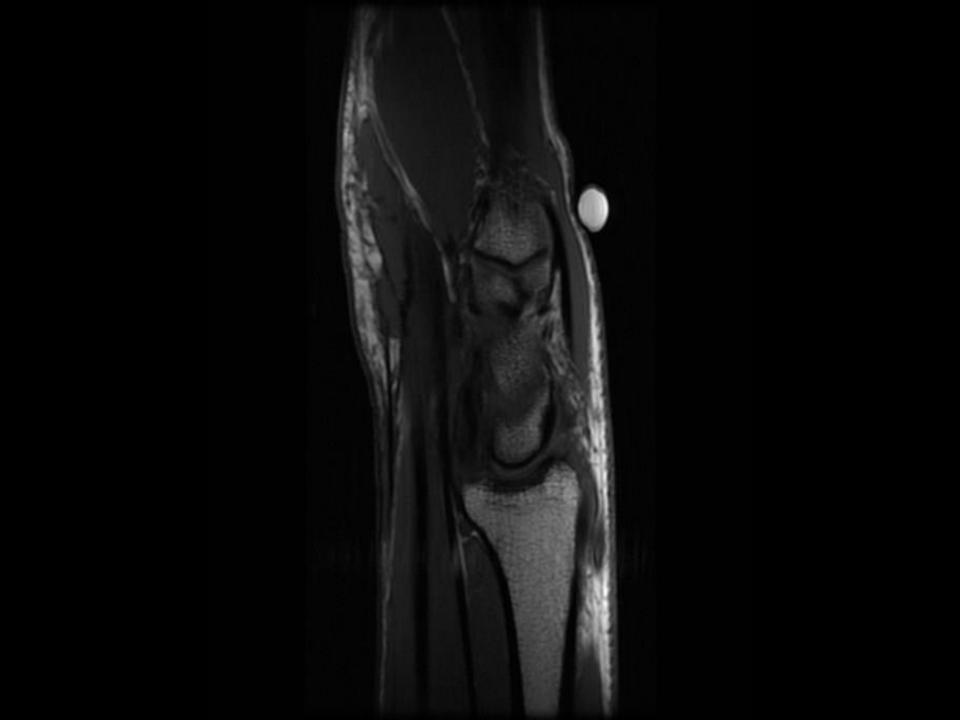


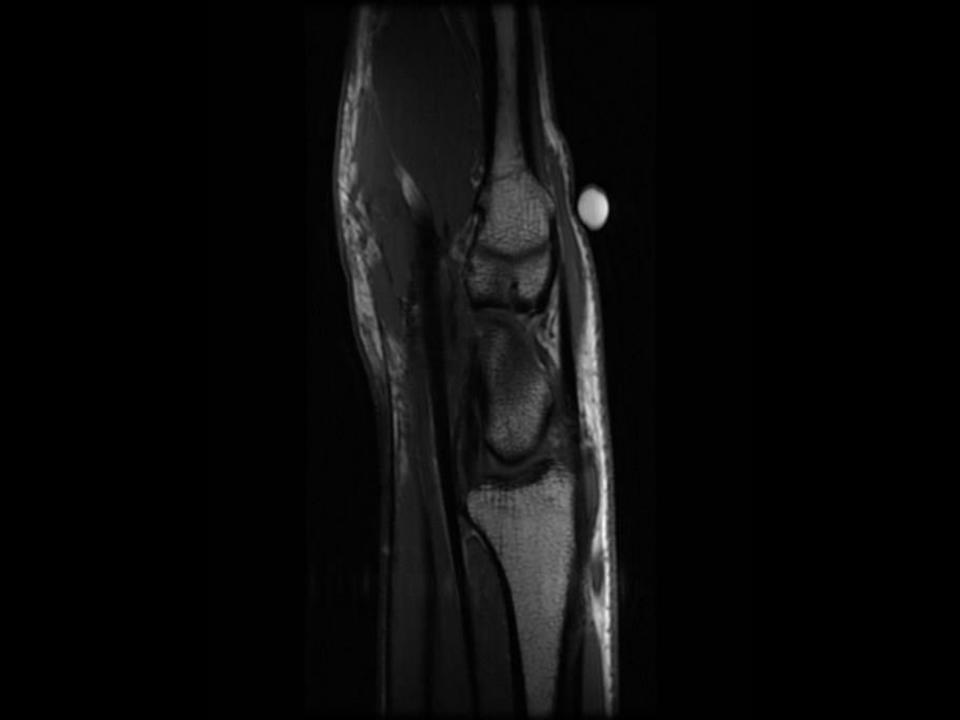


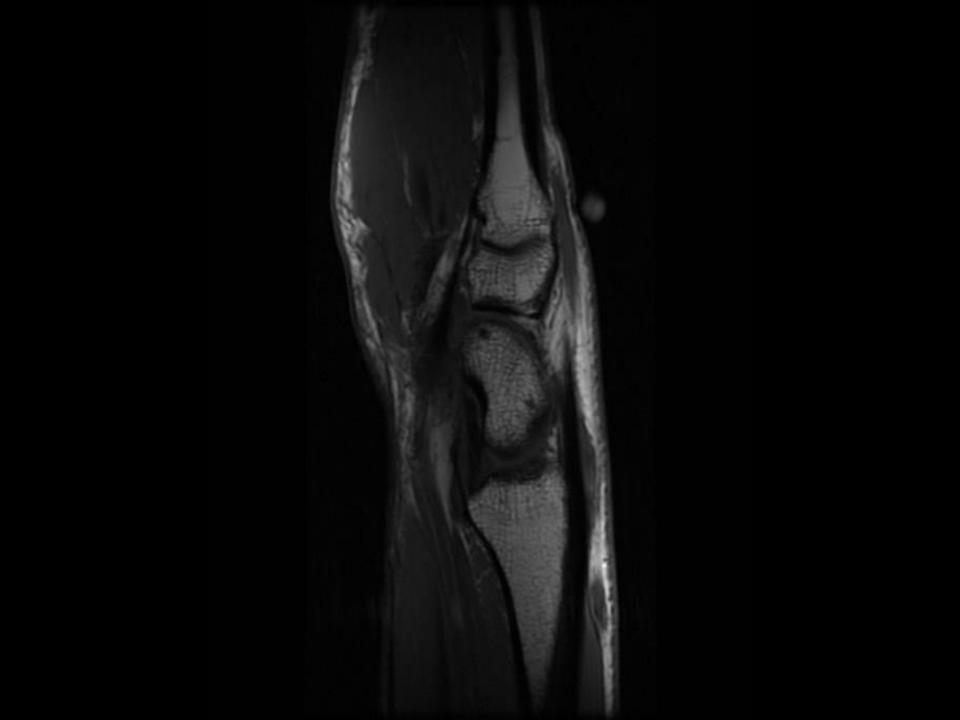


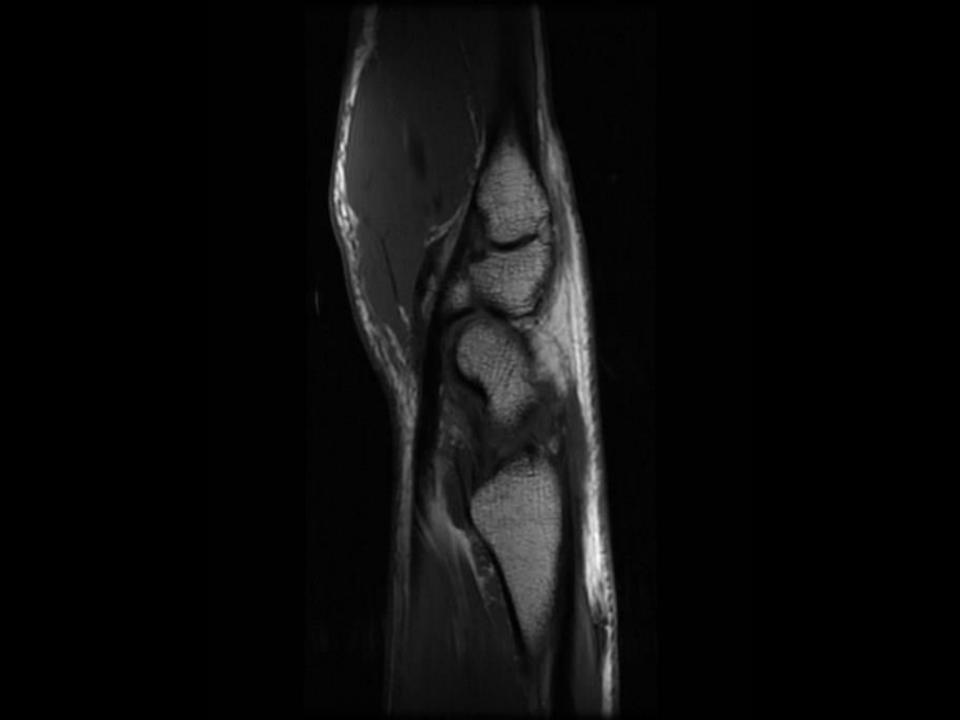


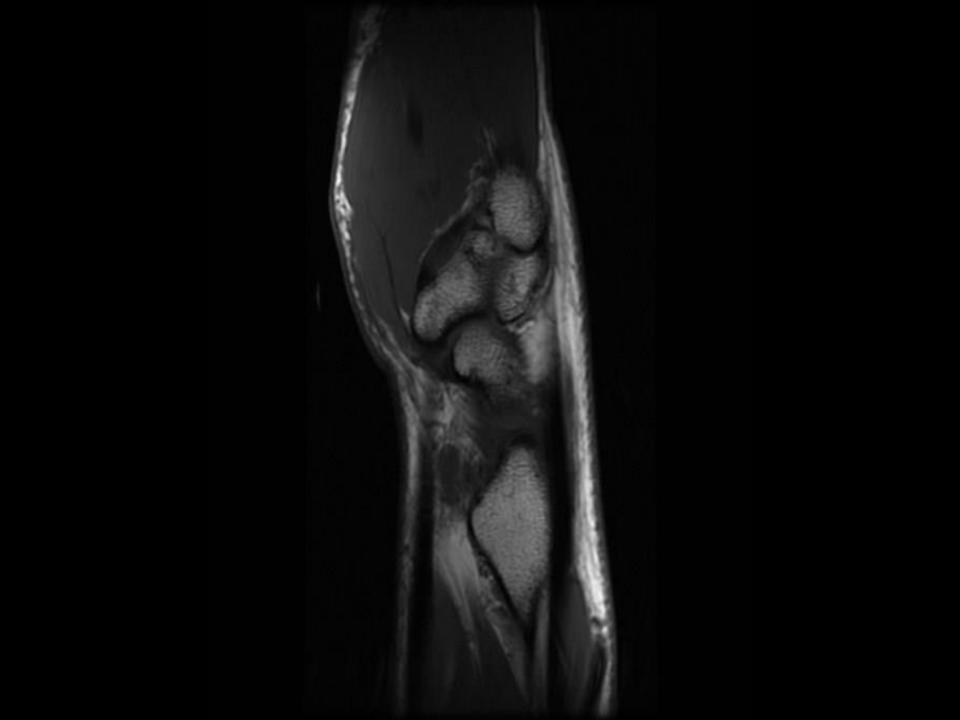








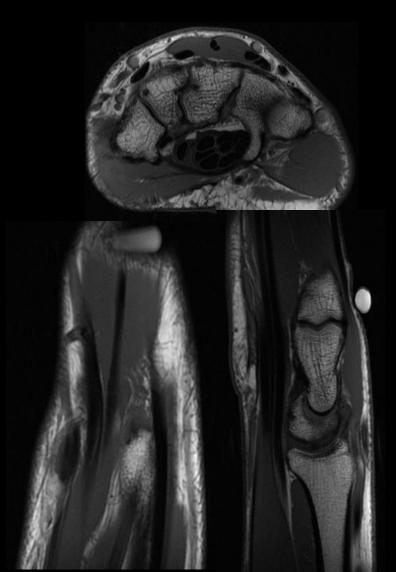


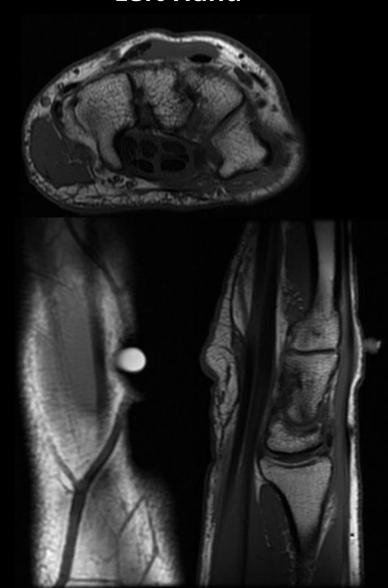


Imaging

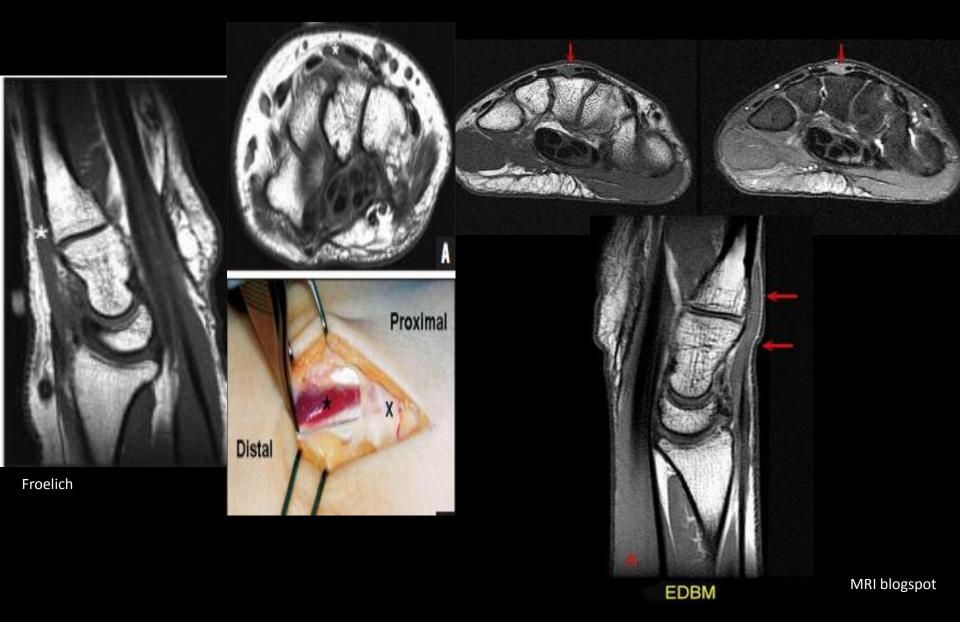
Right Hand

Left Hand





Companion Cases



Extensor digitorium brevis manus muscle

- Albinus 1734
- Supernumerary muscle 4th Ext cmpt.
- Prevalence 1-4% population
- M=F
- 33% b/l
- Presentation
 - Usually asymptomatic, dorsal wrist mass
 - Pain with extension; mm hypertrophy; compression against ext retinaculum
- Prior to imaging confused for
 - Ganglion, synovial cyst/tumor, tenosynovitis, soft tissue tumor, carpal bossing, exostosis



Nakano

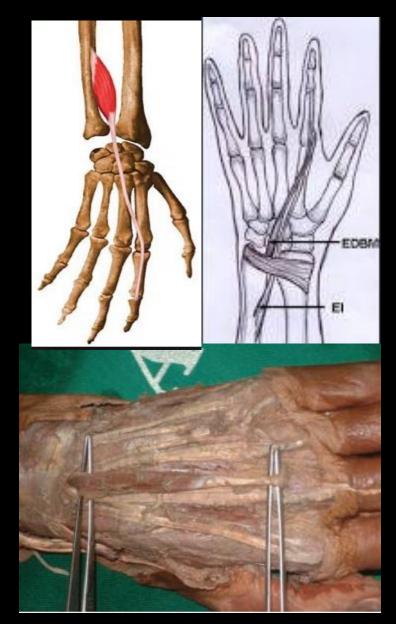
EDBM Anatomy

Origin

 Distal radius, dorsal radiocarpal lig., wrist-joint capsule, carpus(scaphoid/lunate)

Insertion

- Extensor hood of index, middle or ring fingers, or multiple
- $MC 2^{nd} > 3^{rd} > 2^{nd} + 3^{rd}$
- Blood/nerve supply
 - Post. Interosseous n/a



Ogura et al. Journal of Hand Surgery. Anatomic and clinical studies of the extensor digitorum brevis manus. 1987

559 wrist/hand specimens, 17 had EDBM

- 17 Gross specimens, 13 which were frozen
 - ORIGIN
 - Macroscopically proximal portion of dorsal radiocarpal lig near lunate (17/17)
 - 2 cases muscle also arose from distal ulna
 - Microscopically EDBM fibers attached to radius (9/13); EDBM merged into radiocarpal lig. And possibly reached radius (4/13)
 - Muscle Belly
 - Single belly in all cases , just distal to radiocarpal joint \rightarrow midshafts of $2^{nd}/3^{rd}$ MC's.
 - Types I and IIA had larger muscle bellies

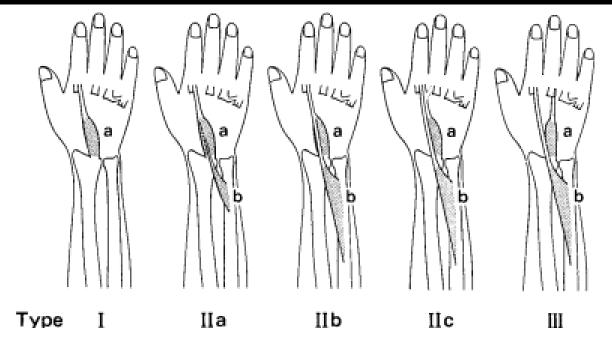


Fig. 1. Classification of the EDBM. a, EDBM, b, EIP.

Table II. Incidence of the EDBM by type in 17 hands

	Туре					
		11				
	I	a	b	с	III	Total
No. of cases	4	3	2	3	5	17

Treatment

• Extensor retinacular release; usually requires EDBM excision

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