SWACSM Abstract

Snapping Triceps Syndrome: A Rare Cause of Medial Elbow Pain

DALE BONGBONG, JENNIFER TRAM, KEVIN GILBERT, & KENNETH VITALE, FACSM

School of Medicine; University of California, San Diego; La Jolla, CA

Category: Professional-in-Training

Advisor / Mentor: Vitale, Kenneth (kvitale@heatlh.ucsd.edul)

ABSTRACT

PURPOSE: Snapping medial triceps is a relatively rare cause of medial elbow pain that occurs when the tricep tendon dislocates over the medial or lateral epicondyle. Physical exams usually demonstrate intermittent medial elbow pain with extreme elbow flexion or extension, however dynamic diagnostic studies allow for direct visualization of the dislocating tricep. This case report adds to the sparse literature on snapping medial triceps. **METHODS:** We report a rare occurrence of snapping medial triceps in a young female who initially presented with pain at the posteromedial right elbow with extreme flexion and extension. Intermittent snapping of the medial elbow was noted on physical exam. Ultrasound confirmed snapping of the medial triceps head over osteophytes of the posteromedial olecranon. The patient agreed to surgical right medial triceps release with excision of elbow osteophytes. **RESULTS**: As demonstrated with our case, static diagnostic imaging such as radiographs and MRI may not adequately characterize snapping triceps syndrome. It is crucial for providers to be aware of subtle differences between dynamic and static diagnostics imaging for snapping medial tricep syndrome. Another important diagnostic tools are electrodiagnostic studies, however as displayed with our patient there may be absence of any ulnar neuropathy at the level of the elbow, which could hinder providers from concerning snapping medial tricep syndrome. **CONCLUSION**: It is important to consider a broad differential that includes snapping triceps syndrome in a patient presenting with medial elbow pain. EMG and ultrasonography can be useful in differentiating snapping medial triceps from ulnar nerve instability. Treatment can include activity modification, elbow splinting, or surgical release of the snapping part of the triceps.