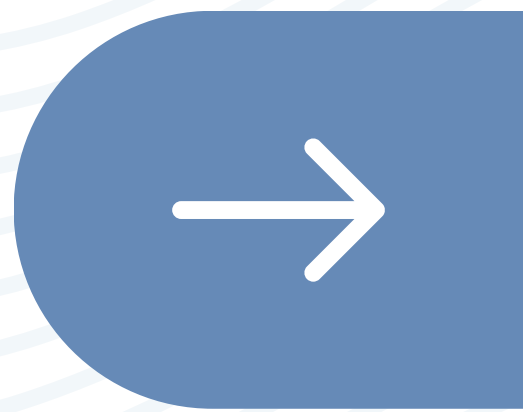


# #DIBS BY NEXTILLO

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**ERB'S AND KLUMPKE'S PALSIES**





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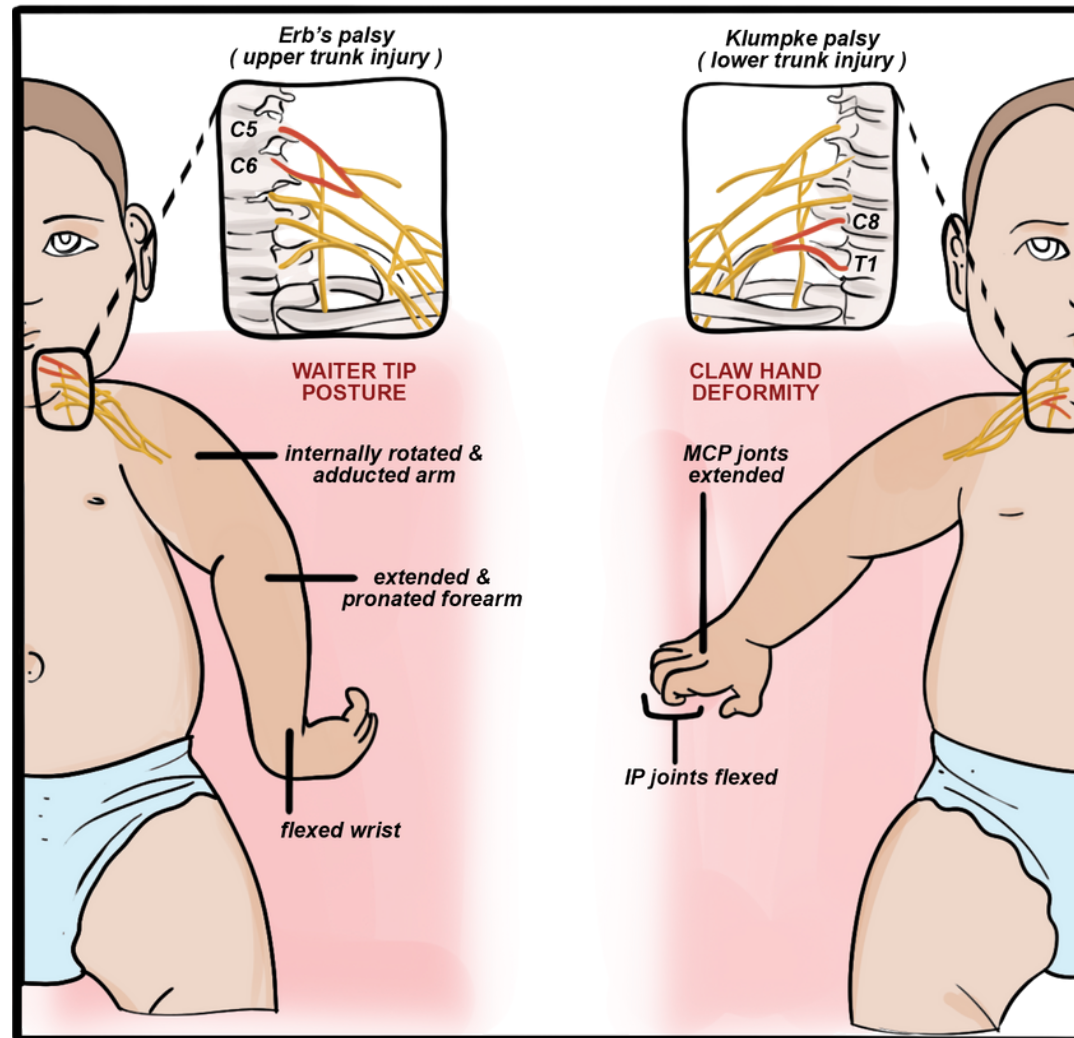
## ERB'S AND KLUMPKE'S PALSIES

*Erb's palsy results from neuronal damage to the upper C5 and C6 nerves. The clinical presentation includes partial or full paralysis of the arm and often accompanied by loss of sensation.*

*Klumpke's palsy causes paralysis of the forearm and hand muscles as a result of mechanical damage to the lower C8 and T1 nerves.*

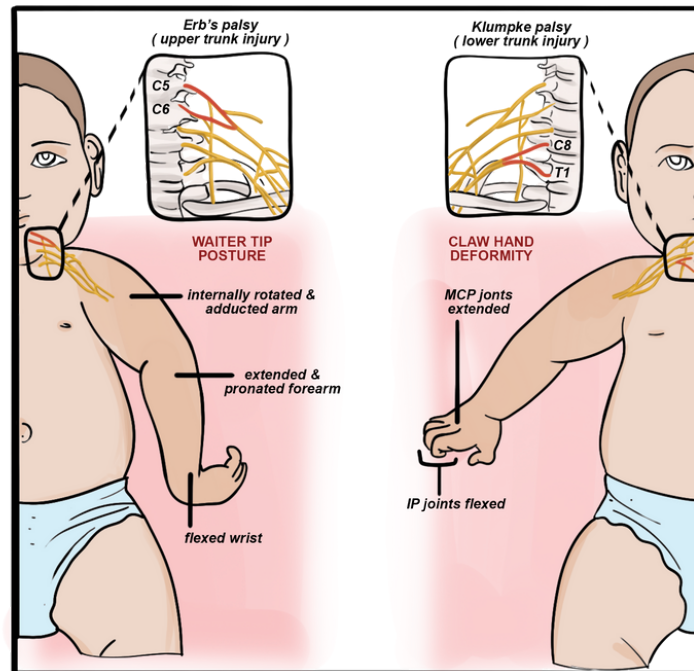


# ERB'S AND KLUMPKE'S PALSY





# IMAGE DESCRIPTION



- A medical illustration depicting Erb's and Klumpke's Palsy, highlighting nerve pathways affected during birth trauma. Visualizes C5/C6 and C8/T1 injuries, portraying paralysis and hand positioning abnormalities.
- Birth trauma leads to C5 and C6 nerve damage, causing arm paralysis.
- Lower C8, T1 nerve injury results in forearm and hand paralysis, often "clawed" hand position.
- Obstetric brachial plexus palsy first described in 1752; Duchenne and Erb provided crucial pathogenic insights.
- Estimated 1-3 cases per 1000 live births; more common in males, right side affected.





# ERB'S PALSY

- *Characterized by undue separation of the head and shoulder during birth.*
- *Involves the upper plexus roots, specifically **C5 and C6** nerves.*
- *Common causes include shoulder dystocia during delivery and motor vehicle accidents.*
- *Muscular Manifestations:*
  - *Affected nerves result in weakness of the deltoid muscle.*
  - *Loss of abduction capability in the upper limb.*
  - *Infraspinatus involvement leads to a loss of lateral rotation.*
  - *Biceps brachii impairment causes a deficit in flexion and supination.*
  - *Policeman's tip position: Arm positioned along the outer aspect due to muscle weakness.*
  - *Sensory loss may or may not be present in the affected area.*
  - *All intrinsic hand muscles remain unaffected.*
  - *Absence of claw hand deformity.*
  - *Focus primarily on larger muscle groups in the upper limb.*
  - *Horner syndrome is absent in Erb's Palsy cases. No notable autonomic dysfunction associated.*



# KLUMPKE'S PALSY

- Results from hyperabduction of the shoulder.
- Involves the lower plexus roots, specifically C8 and T1 nerves.
- Causes include difficult breech delivery, holding onto an object during a fall, and certain syndromes.
- *Deltoid and supraspinatus show loss of abduction capability.*
- *Infraspinatus remains unaffected.*
- *Biceps brachii functioning, preserving flexion and supination.*
- *Porter's tip position: Arm positioned along the medial border of forearm and hand.*
- *Differentiated positioning compared to Erb's Palsy.*
- *Focus on the lower part of the limb.*
- *Involvement of all intrinsic muscles of the hand.*
- *Development of a claw hand deformity.*
- *Sensory loss may be present in the affected areas.*
- *Horner syndrome may be observed in Klumpke's Palsy cases.*
- *Potential for autonomic dysfunction associated with lower plexus root involvement.*



# MCQ

## **Question:**

***What is the primary cause of Erb's Palsy?***

- A) Genetic inheritance*
- B) Traumatic brachial plexus injury during birth*
- C) Neuropathy*
- D) Avulsion of nerves from the spinal cord*

***Answer: B) Traumatic brachial plexus injury during birth***