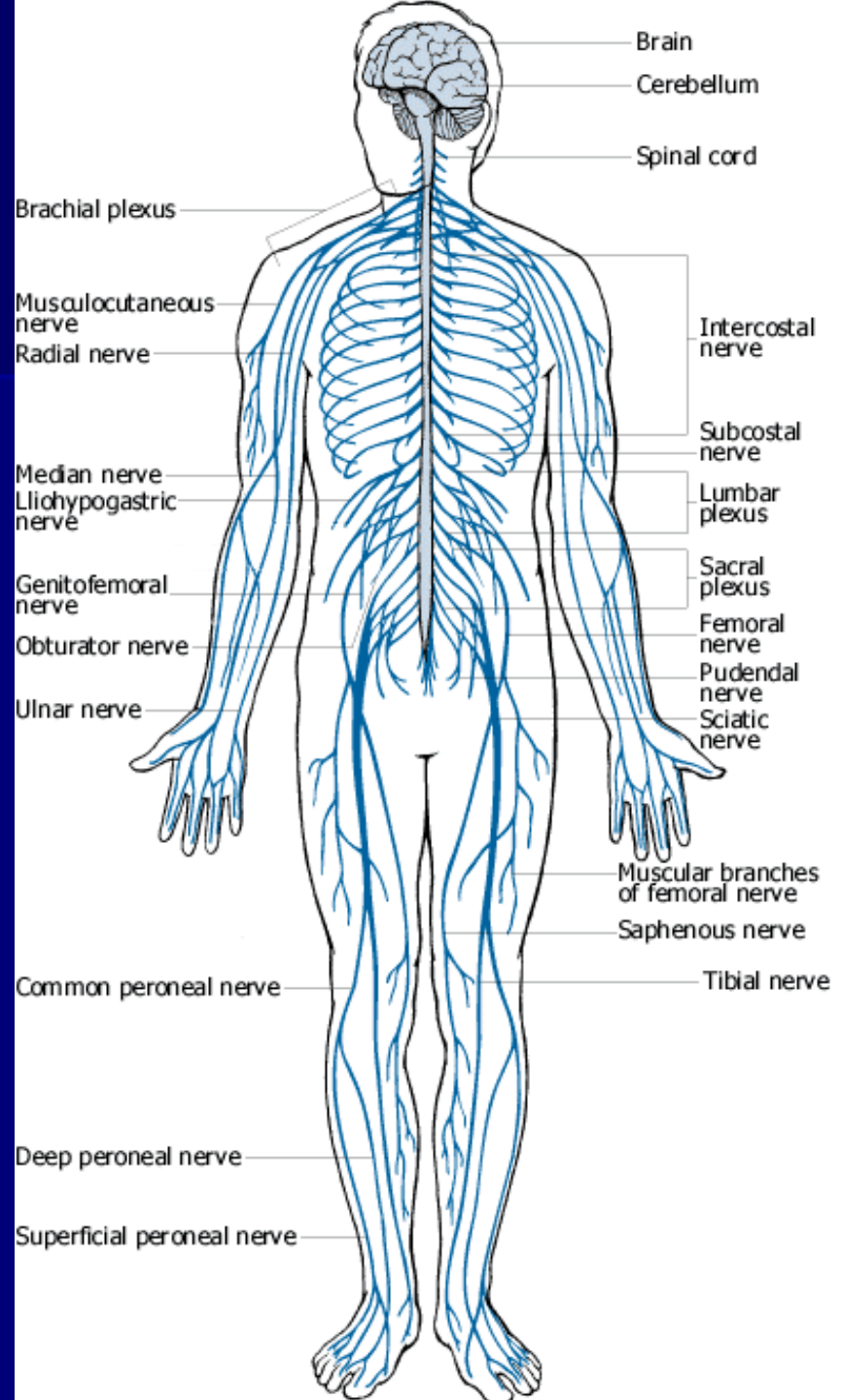
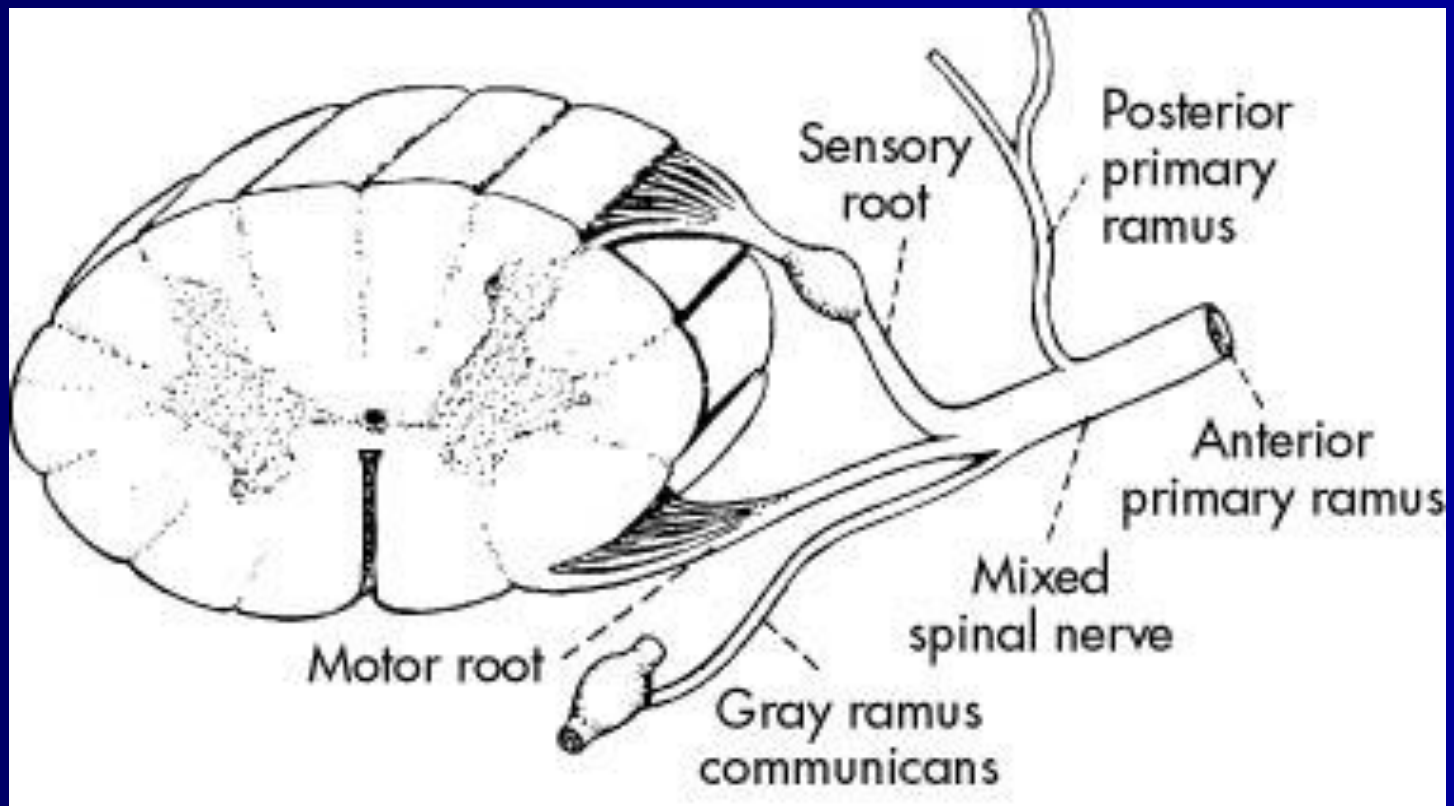


Peripheral nerve injuries

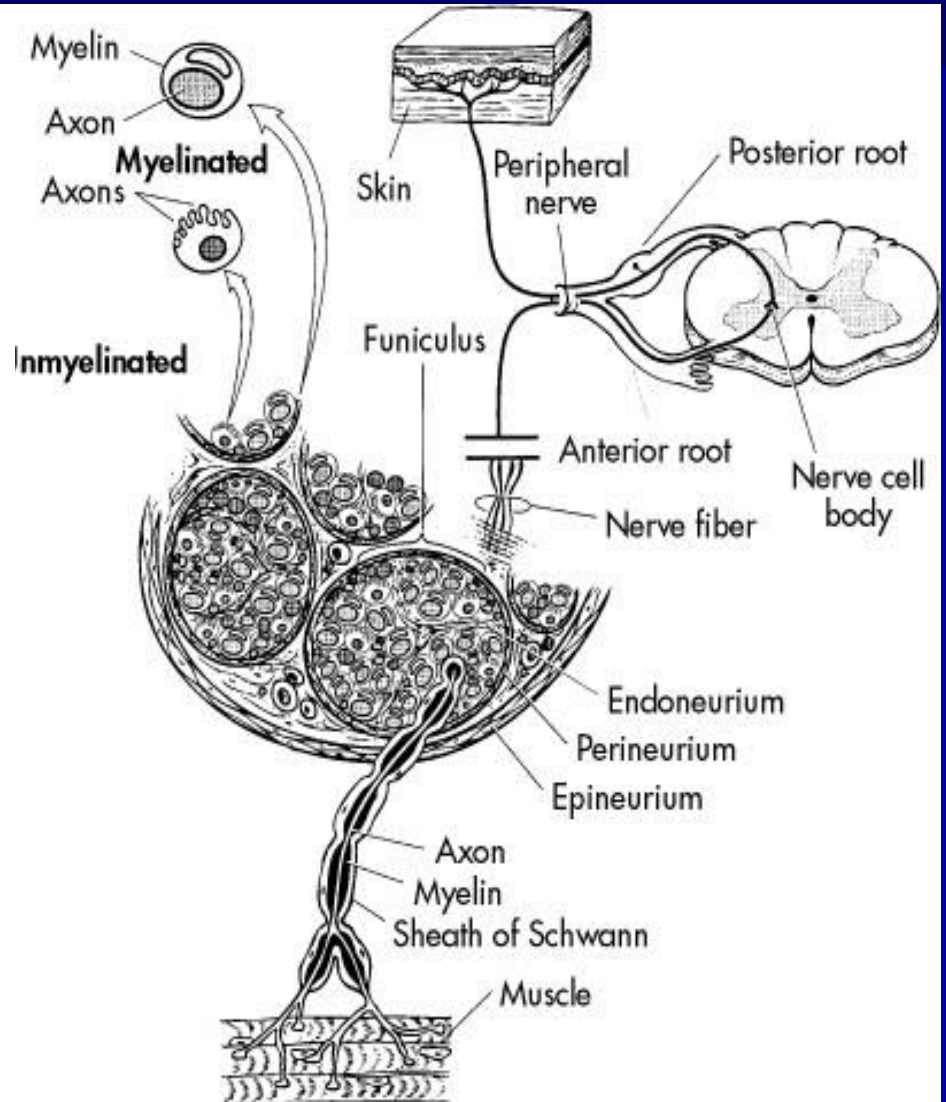
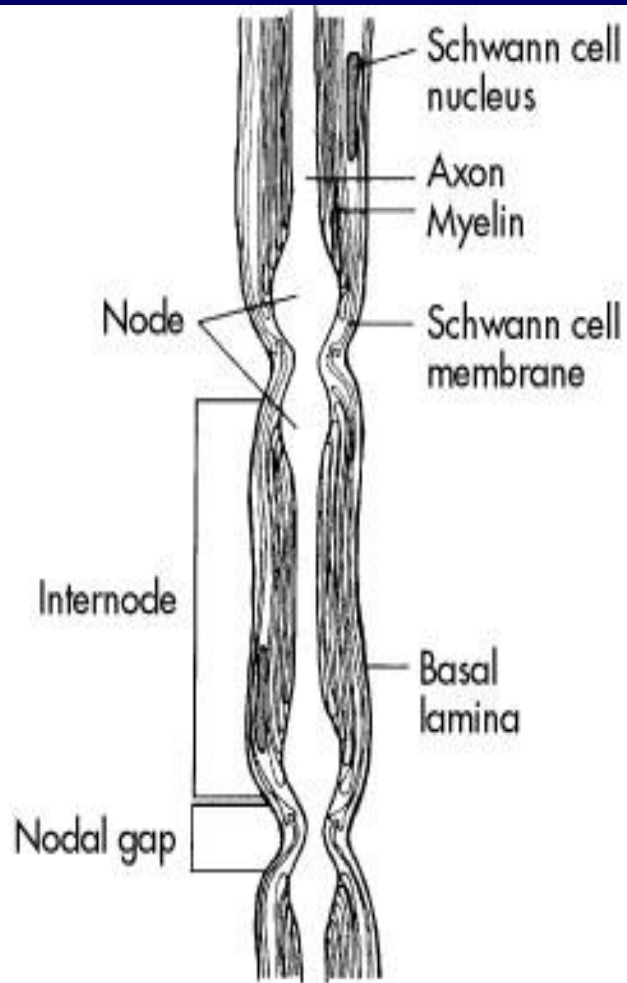
Hassan H. Noaman, M.D.
Professor of Orthopaedics



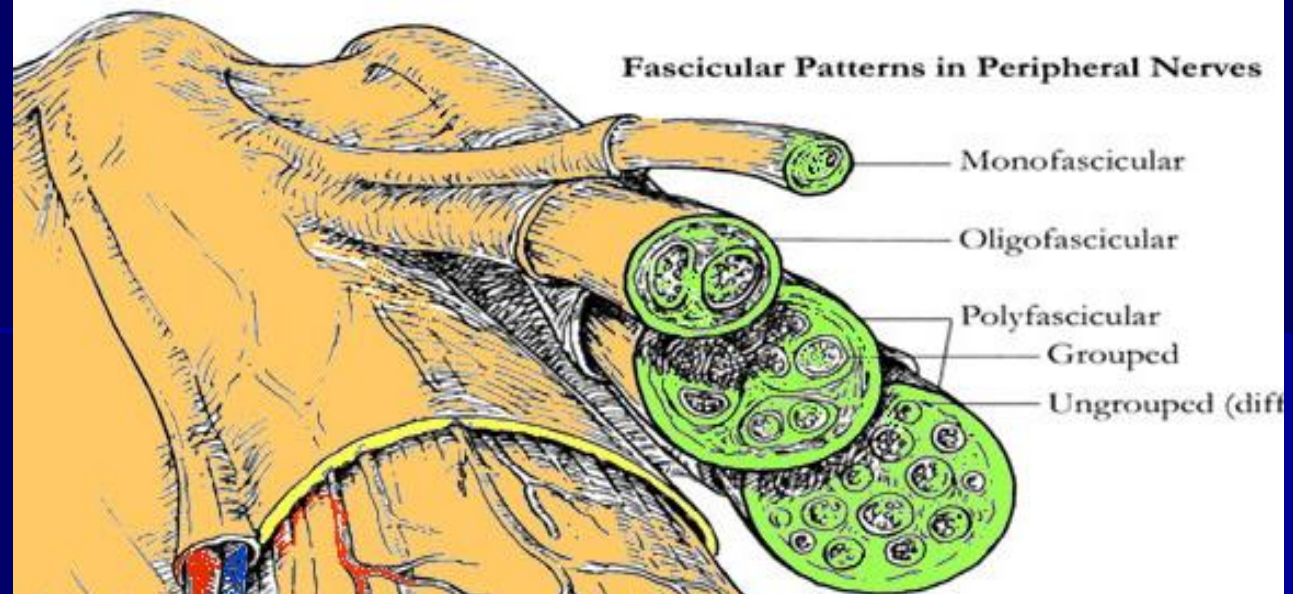
Anatomy of mixed spinal nerve



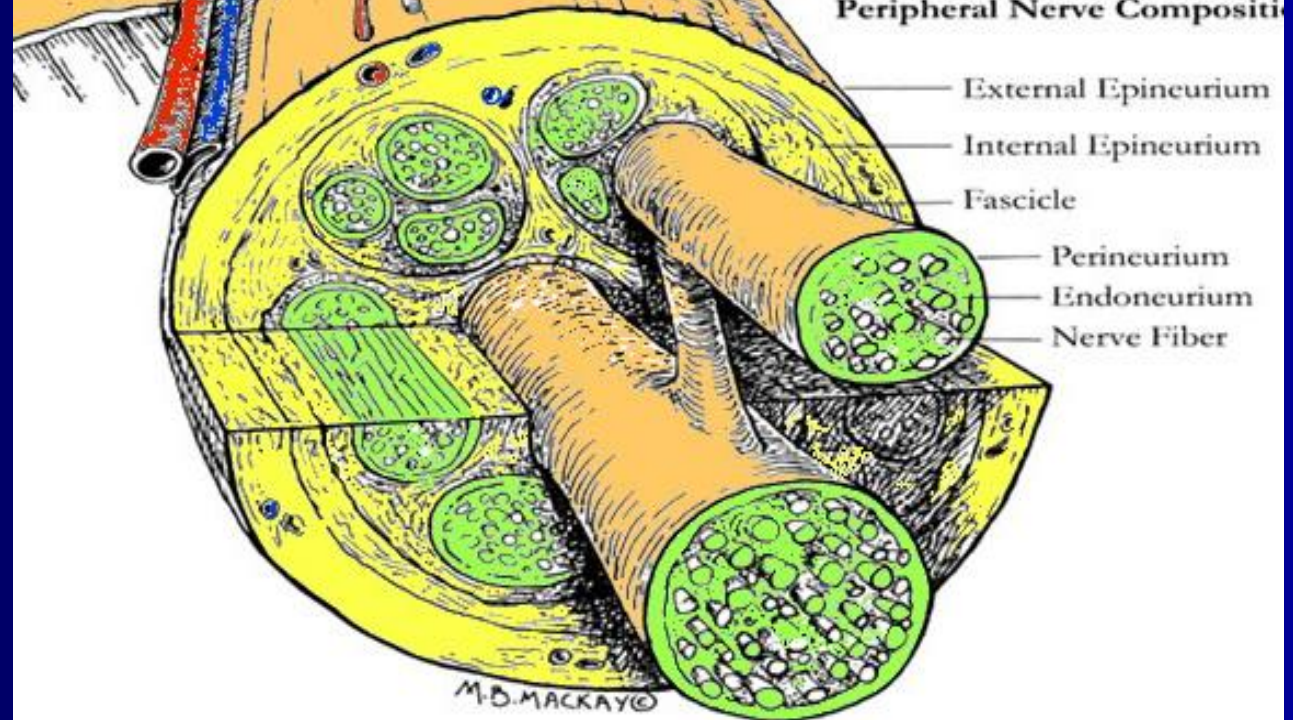
Microscopic anatomy

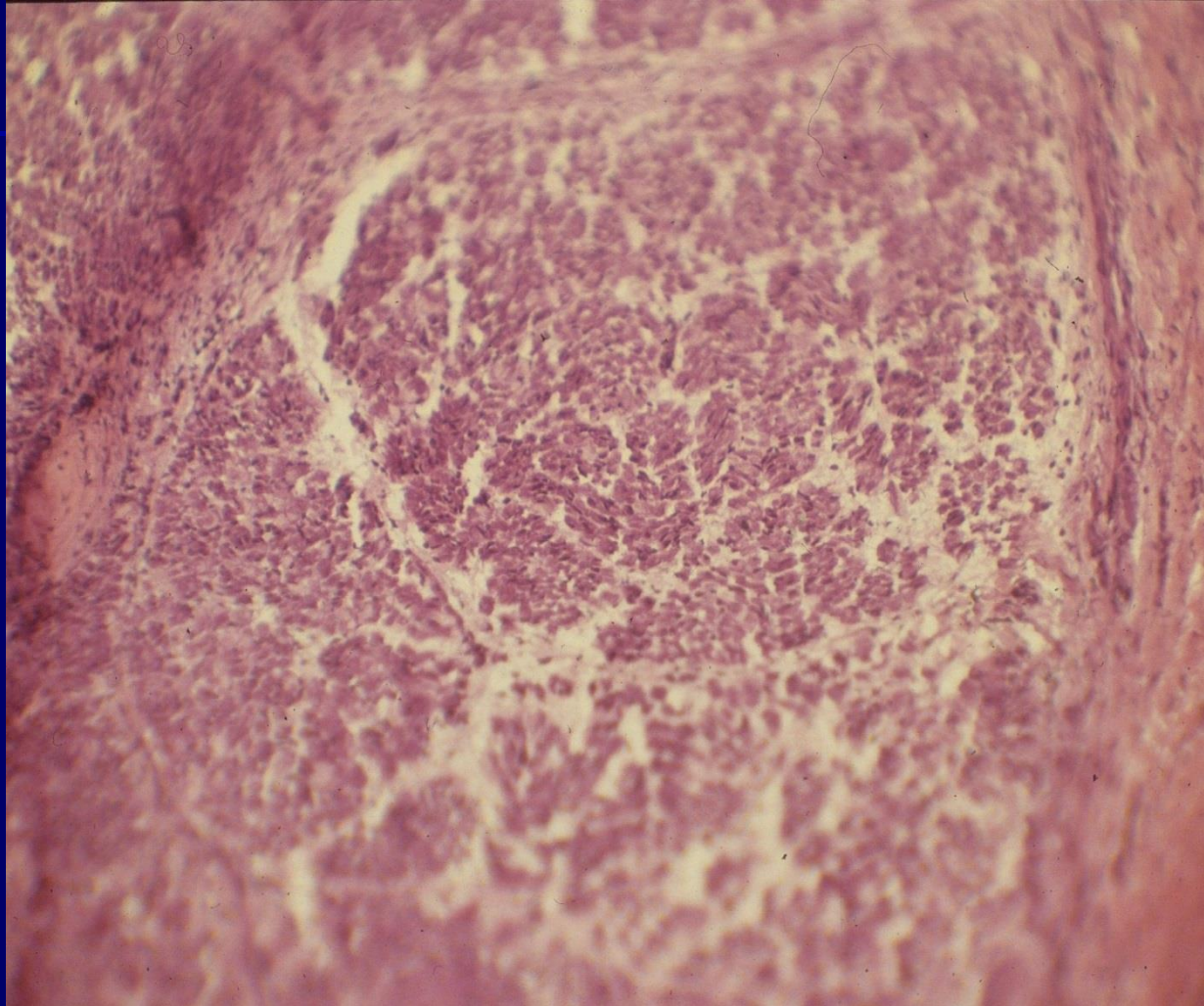


Fascicular Patterns in Peripheral Nerves



Peripheral Nerve Composition





Classifications of peripheral nerve injuries

- Seddon's classification divided the nerve injuries into three types:

(a) neuropraxia.

(b) axonotmesis.

(c) neurotmesis.

- **Sunderland** contributed a further subdivision of nerve injuries and listed five grades according to their severity:

- grade I, loss of conduction in the axons.
- grade II, loss of continuity of the axons without affecting the endoneurium.
- grade III, loss of continuity of the nerve fibers (endoneurium affected).
- grade IV, loss of continuity of the fascicles (perineurium affected).
- grade V, loss of the entire nerve

- **Non-degenerative (Neuropraxia)**
- **Degenerative**
 - Axonotemesis
 - Neurotemesis

Etiology of peripheral nerve injuries

- Surgical causes

- Non Surgical Causes

■ Non surgical causes

- Metabolic.
- collagen diseases.
- Malignancies.
- endogenous or exogenous toxins.
- Thermal.
- chemical.
- Nutritional.

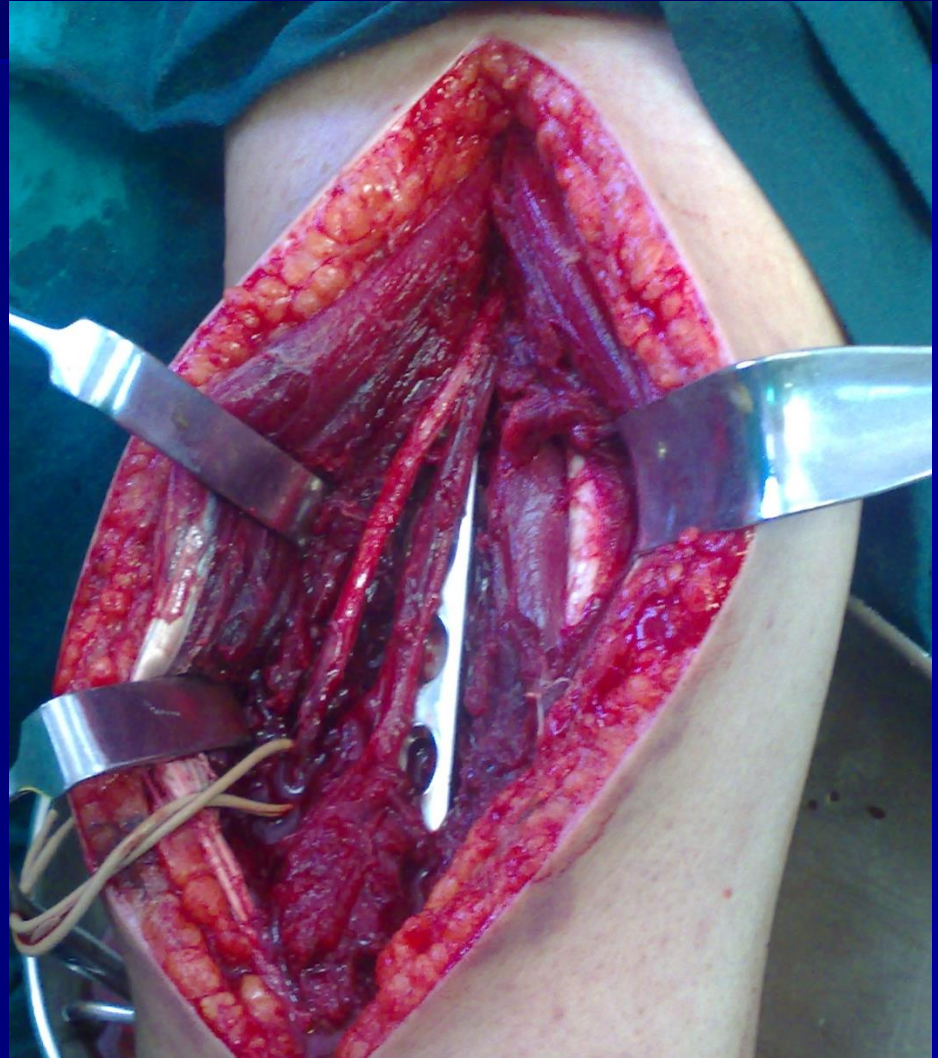
■ Surgical Causes

- Acute
- Chronic

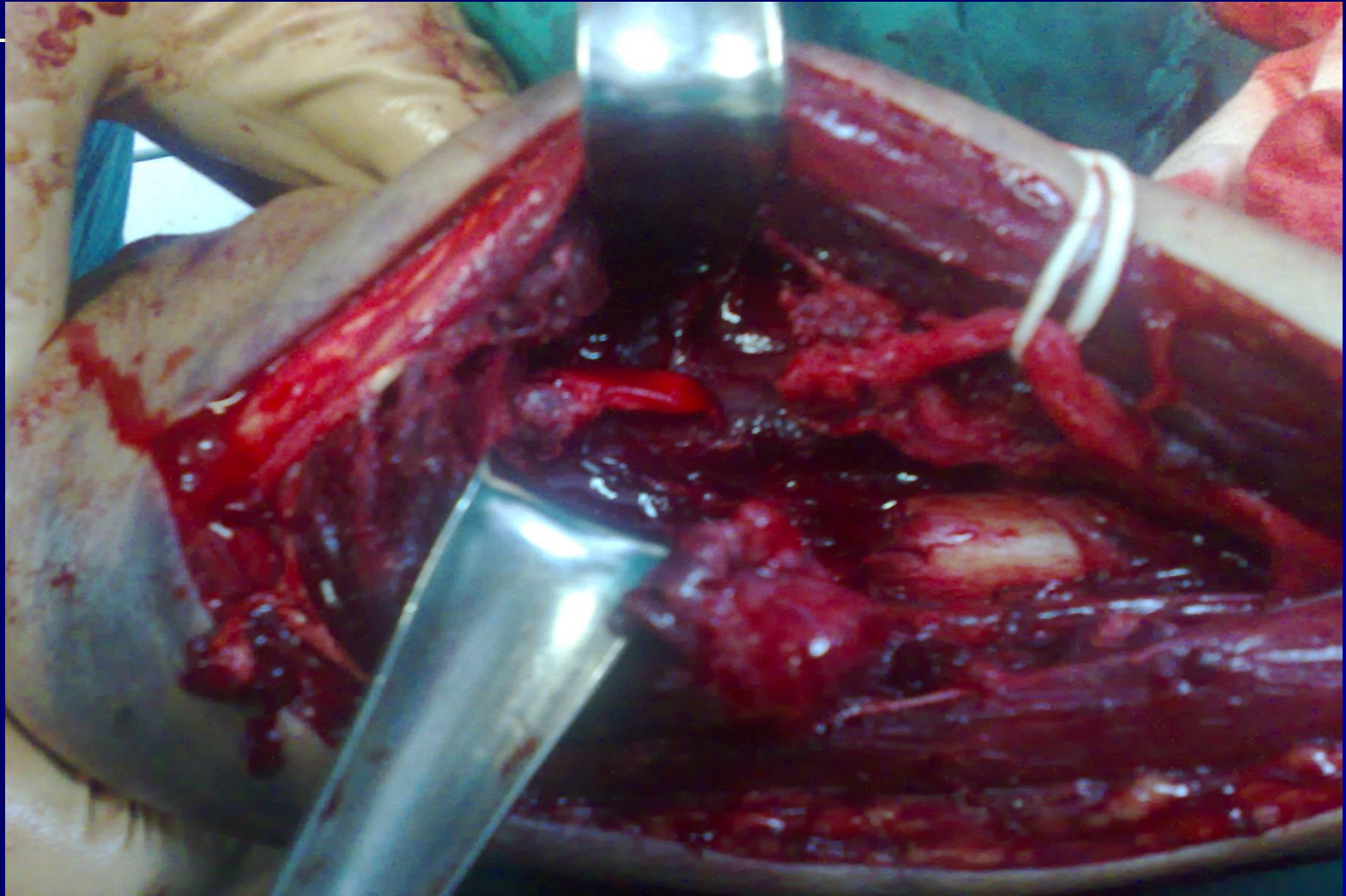
- Acute Surgical causes

Fractures

- Simple fracture

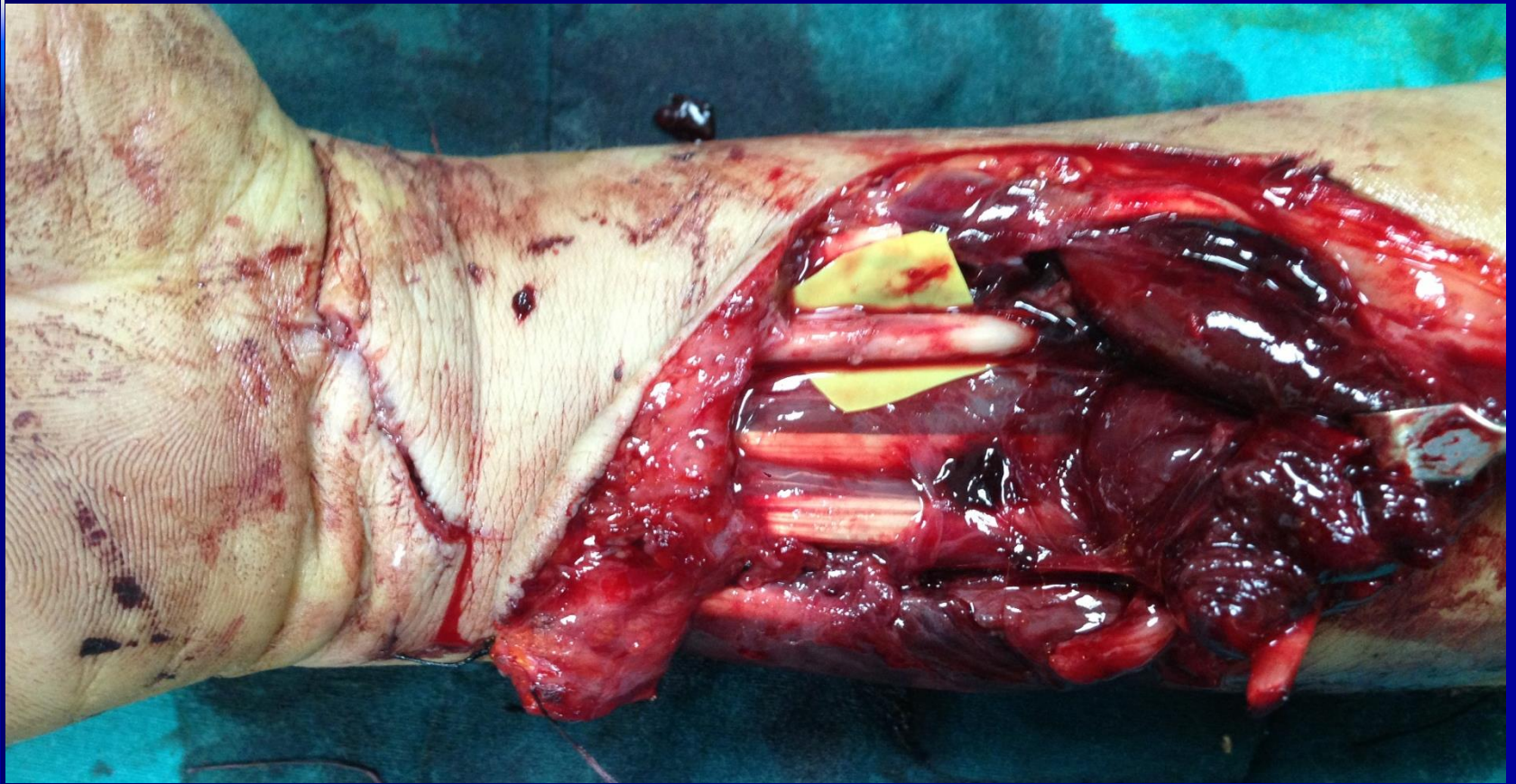


Open Fracture



Cut wounds





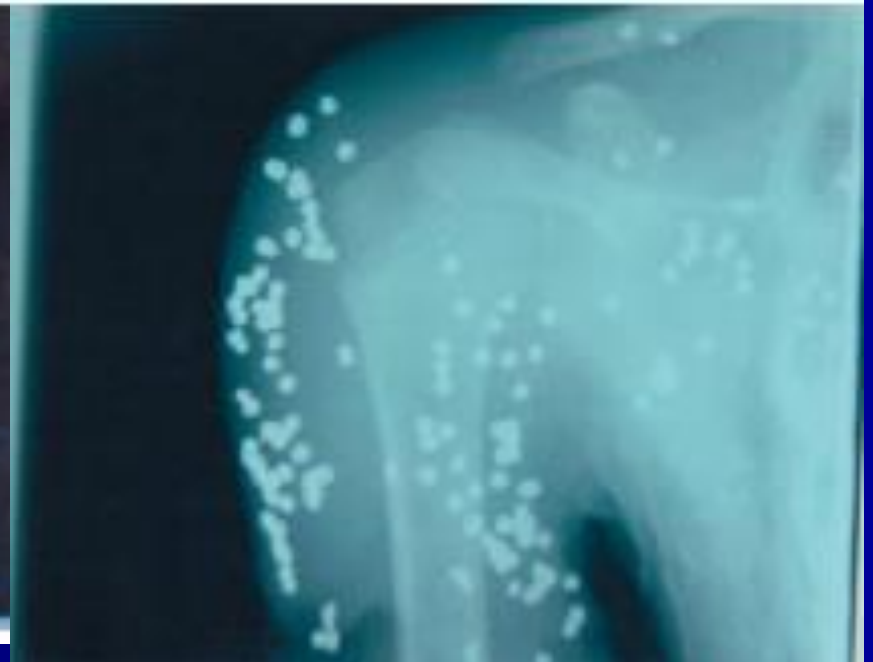
Traction injury



- The peripheral nerve can be stretched approximately 10% without losing function
- 15% to 20% with temporary loss of function (neurapraxia).
- Greater than 20%, the elastic limits of the perineurium are surpassed, thus creating at least an axonotmesis and, not infrequently, a neurotmesis or complete rupture.

■ Gunshot injuries

- Thermal effect
- Direct injury



Crushed injuries



Camel bite injury



Chronic nerve injury (neuromas)



Entrapment neuropathies

