## Canadian Journal of Neurological Sciences Journal Canadien des Sciences Neurologiques

## **Neuroimaging Highlight**

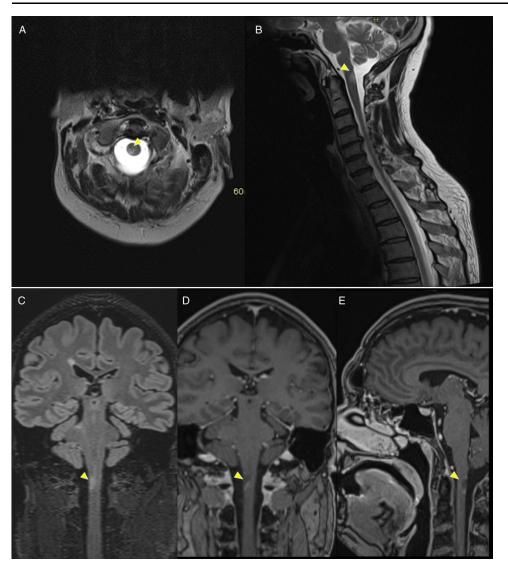
## Useless Hand (of Oppenheim) Syndrome

Jihad Al Kharbooshi<sup>1</sup> and Seth Climans<sup>2</sup>

<sup>1</sup>Department of Clinical Neurological Sciences, London Health Sciences Centre, Western University, London, ON, Canada and <sup>2</sup>Departments of Clinical Neurological Sciences and Oncology, London Health Sciences Centre, Western University, London, ON, Canada

**Keywords:** demyelination; multiple sclerosis; neuroimaging

(Received 19 December 2023; final revisions submitted 13 February 2024; date of acceptance 14 February 2024)



**Figure 1:** Hyperintensity on T2-weighted axial (A), T2-weighted sagittal (B) and T2-FLAIR coronal (C) MRI images; T1-weighted coronal and sagittal (D, E) post-gadolinium (yellow arrows) MRI images showing short-segment right posterolateral cord lesion at C1–2 that demonstrates incomplete peripheral enhancement.

A 47-year-old man presented to clinic with right hand numbness. He was diagnosed with clinically isolated syndrome 10 years prior. Now, he had a three-day history of right thumb and index finger numbness which then progressed to affect his right arm and right

leg. He had difficulty using his right hand. Physical examination revealed pseudoathetosis of his right hand (supplementary media clip). His strength was normal. He had normal sensation on pinprick testing of the face, arms and legs. He had markedly

Corresponding author: J. Al Kharbooshi; Email: Jihad.alkharbooshi@lhsc.on.ca

Cite this article: Al Kharbooshi J and Climans S. Useless Hand (of Oppenheim) Syndrome. The Canadian Journal of Neurological Sciences, https://doi.org/10.1017/cjn.2024.28

® The Author(s), 2024. Published by Cambridge University Press on behalf of Canadian Neurological Sciences Federation.

abnormal proprioceptive testing in the right arm compared to the left arm. Magnetic resonance imaging revealed a short-segment right posterolateral cord lesion at upper C2 that demonstrated incomplete peripheral enhancement (Fig. 1).

Given his clinical history, examination and imaging findings, he was diagnosed with relapsing remitting multiple sclerosis. His presenting syndrome was consistent with the useless hand (of Oppenheim) syndrome. He improved with pulse steroids and was subsequently started on disease modifying therapy.

Hermann Oppenheim initially described the useless hand phenomenon or the "de-afferented hand secondary to posterior column demyelination" in 1911¹ as a specific albeit rare manifestation of multiple sclerosis, in which a hand loses its functional utility due to dorsal column (position, vibration, two-point discrimination) sensory deficits with occasional presence of involuntary movements resembling that of a sensory ataxia, while maintaining relatively intact motor function. Oppenheim observed a connection with high cervical cord lesions predominantly affecting the posterior column. While the prevalence of useless

hand syndrome remains uncertain, it is a rare presentation of multiple sclerosis.<sup>2</sup>

**Supplementary material.** The supplementary material for this article can be found at https://doi.org/10.1017/cjn.2024.28.

Acknowledgements. None.

Author contribution. JA wrote and revised the manuscript.

SC wrote, revised the manuscript, created the images and treated the patient.

Funding statement. None.

Competing interests. None.

## References

- Oppenheim H. Discussion on the different types of multiple sclerosis. Br Med J. 1911;2:729–33.
- Coleman RJ, Russon L, Blanshard K, et al. Useless hand of Oppenheimmagnetic resonance imaging findings. Postgrad Med J. 1993;69:149–50.