We present a case report of a patient with Saddle Syndrome, adhesion of the intrinsics at the metacarpal head level associated with pain and functional impairment (described by Watson et al and Chicarilli et al.). This is a complex pathology that requires a high index of suspicion due to its difficult diagnosis. A relation between the clinical presentation and main diagnostic tests is established.

A 24 year old female that four years ago suffered a crushing by a weight of approximately 120 kg on the ulnar surface of the palm of her right hand. She presented intense pain and permanent ulnar fingers flexum. Elastic retraction of metacarpophalangeal and interphalangeal joints were noted, as well as pain located in fourth intermetacarpal space and base of the phalanges. Positive Bunell test. Ultrasound, EMG/ENG and MRI were all normal.

After the suspected diagnosis of Saddle Syndrome the patient underwent surgery, performing a zig-zag palmar approach and exploring the fourth intermetacarpal space. Adhesions were removed between lumbrical and palmar interosseus and dorsal and deep transverse metacarpal ligament, resecting its most proximal half. The symptoms resolved immediately after the surgery. The pain dissapeared and range of motion was recovered.

The presumptive diagnosis should be based on careful anamnesis taking the traumatic precedent and compatible clinica exploration into account. MRI should be performed on every patient although it is not often useful. Differential diagnosis of simulated hand pathology is essential. The diagnosis will be confirmed through surgical exploration.