

# Codman Case Presentation

September 13, 2018

# MC 51 yo M

ID: 51 yo M RHD with R > L sided shoulder pain

- PMHx: migraines / PSHx: outlined below / Meds: medical marijuana / SHx: former smoker
- Initial bilateral injury in 2010 while performing work-related truck delivery
- OSH orthopaedist performed staged bilateral arthroscopic RCR the same year and both repairs failed which prompted initial presentation to Harvard Shoulder Service
- Interval history
  - Right
    - Arthroscopic revision RCR with biceps tenodesis and SSN decompression
    - Ongoing pain and dysfunction treated with arthroscopic-assisted latissimus transfer and partial RCR in 2016
  - Left
    - Arthroscopic-assisted latissimus transfer, partial RCR in 2013
    - Complicated by deltoid dehiscence treated with deltoidplasty in 2014
    - Ongoing pain treated with SAD and distal clavicle resection in 2015

# MC 51 yo M

- Interval history
  - 3 months following right latissimus transfer developed migraines, significant posterior scapular and neck pain while at physical therapy
    - Limited neck motion on exam and +Spurling's
    - Medrol dosepack and cervical spine films and MRI ordered
    - Diffuse cervical spondylosis discovered but symptoms referable to the neck improved and no intervention was pursued by PCP as patient never saw spine specialist
  - 9 months post-op ongoing right shoulder pain without improvement
    - Repeat MRI shows massive rotator cuff tear of the supraspinatus and majority of the infraspinatus retracted to the glenoid without evidence of prior lat transfer
    - Exam indicative of AC joint pathology and diagnostic injection performed provided ~6 weeks of partial relief
  - 16 months post-op still no improvement and now complaining of upper back spasms with reduced sensation over the posterior and lateral shoulder
    - Concern for entrapment of the posterior branch of the axillary nerve noted and further workup pursued
    - Additionally, CBC, ESR, and CRP were obtained

# MC 51 yo M

- Interval history
  - 19 months post-op: labs and EMG/NCS completed and interpreted as normal
  - 21 months (most current clinic visit) still endorsing R > L pain and dysfunction
    - Pain score 5-6/10
    - SSV 10% on the right / 30% on the left
- Current Physical Examination
  - Pain with any motion of both shoulders and difficult to examine
  - Marked tenderness over both AC joints; + cross body adduction
  - AROM and strength difficult to discern but PROM (R / L):
    - FF 40 /40
    - Abduction 40 /40
    - ER 20/ 20
    - Adduction IR L5 / L5

# MC 51 yo M

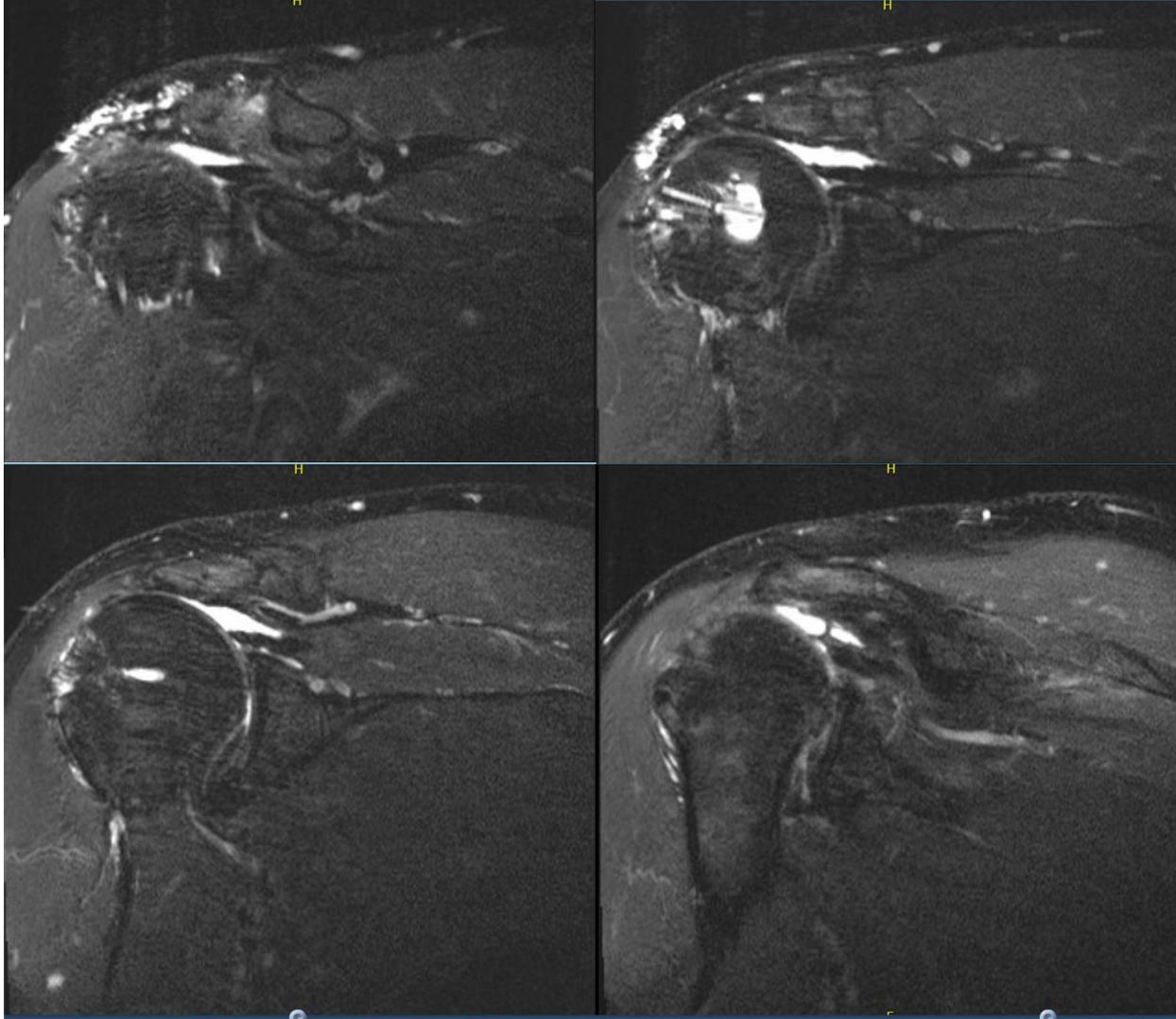
- Inflammatory labs repeated:
  - CBC 9.7
  - ESR 12
  - CRP 6.5 (lab reference < 8.0 normal)
- Most recent MRI and current right-sided x-rays highlighted on following slides



March 2017



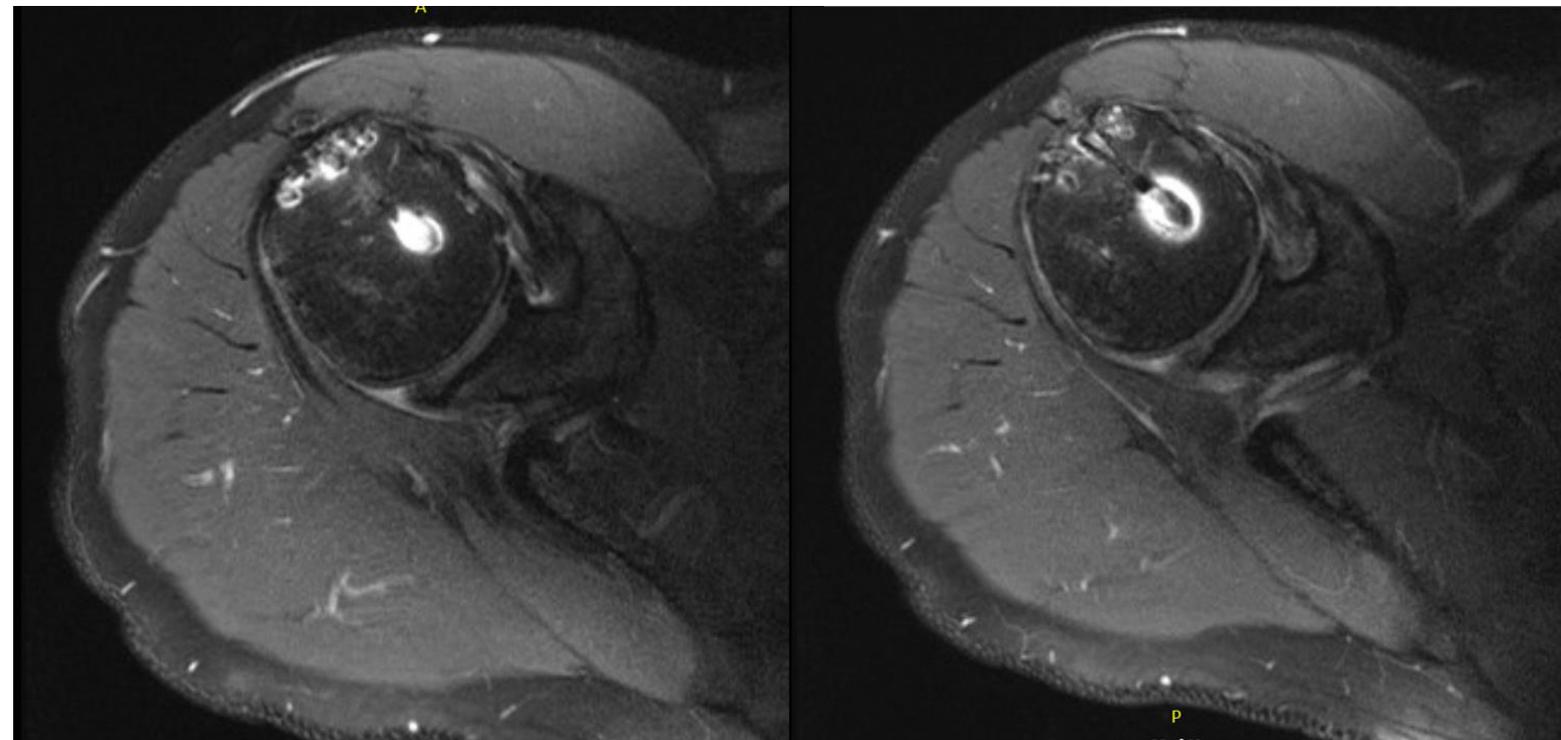
August 2018



August 2017



August 2017



August 2017