

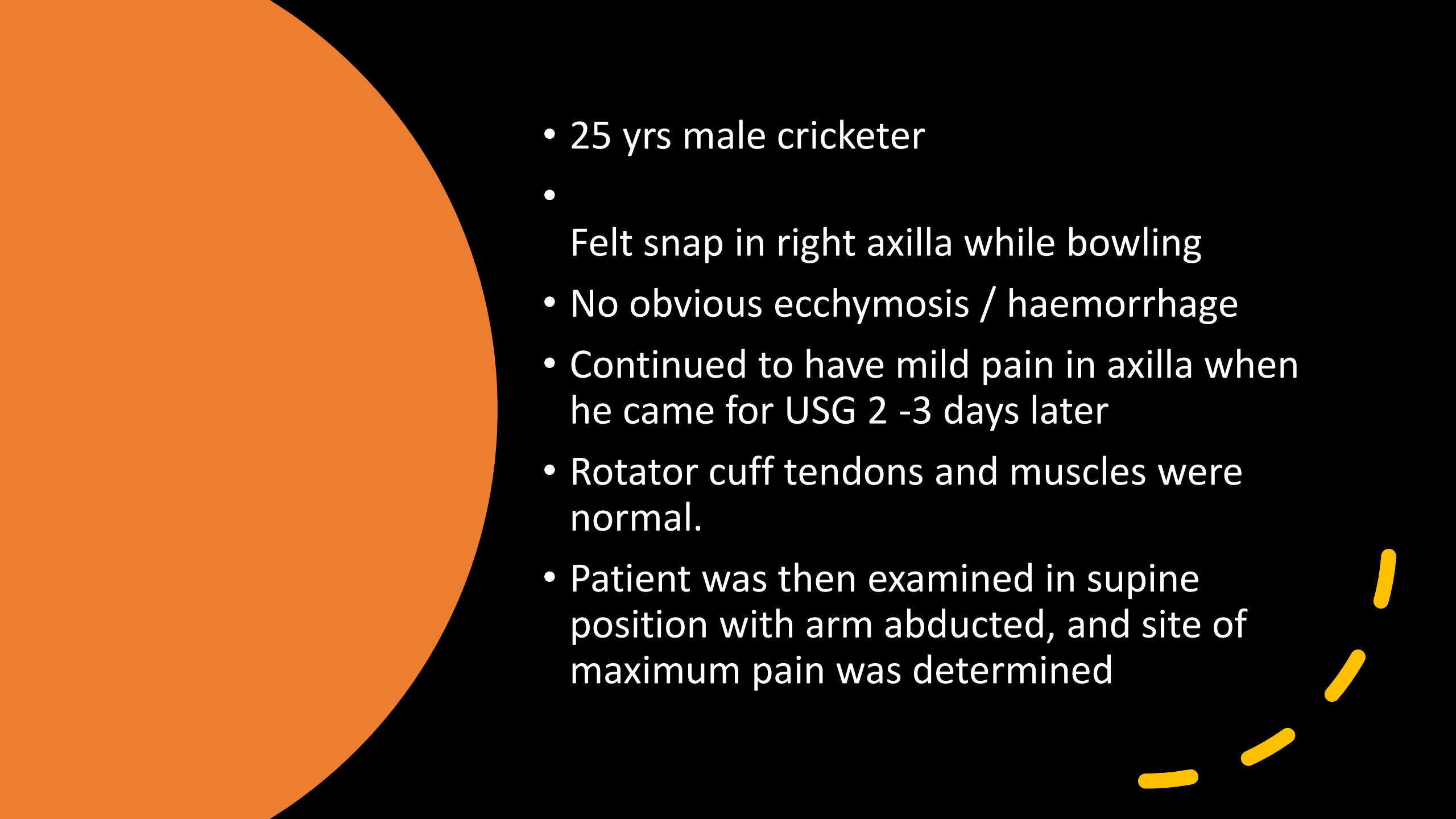
Date: 18.09.2023

Case Courtesy: Dr. Joban Babhulkar

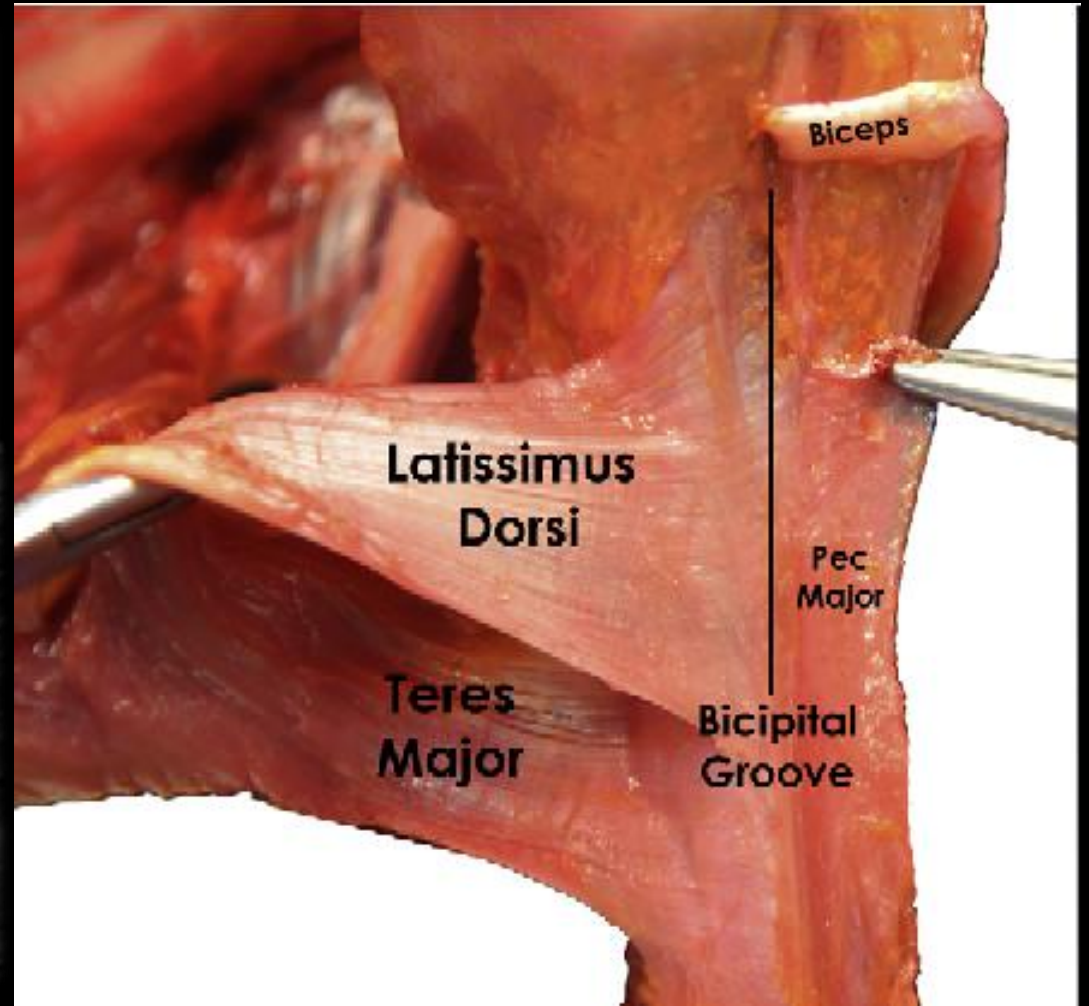
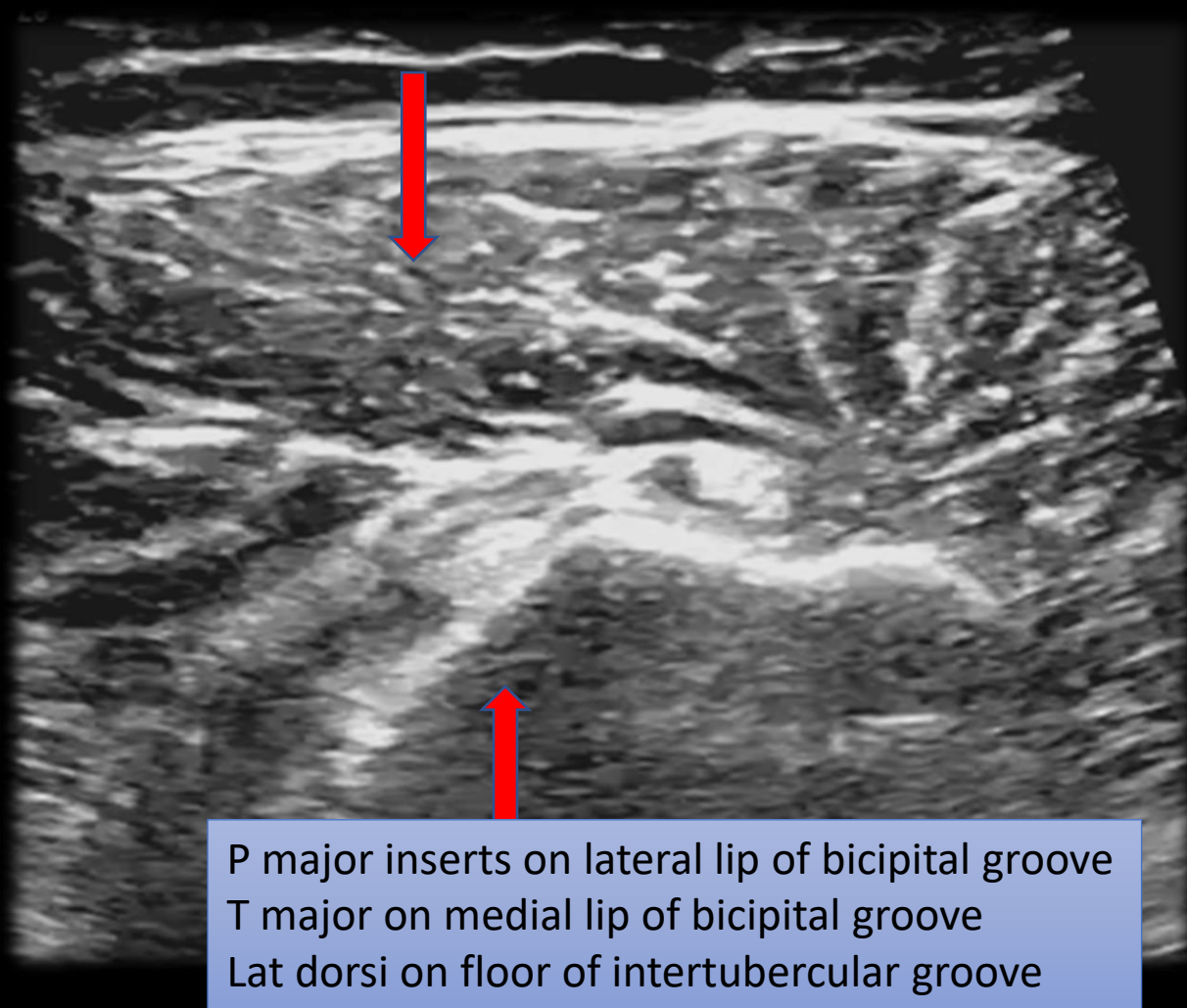
MI-COD

MSS INDIA- Case Of the Day

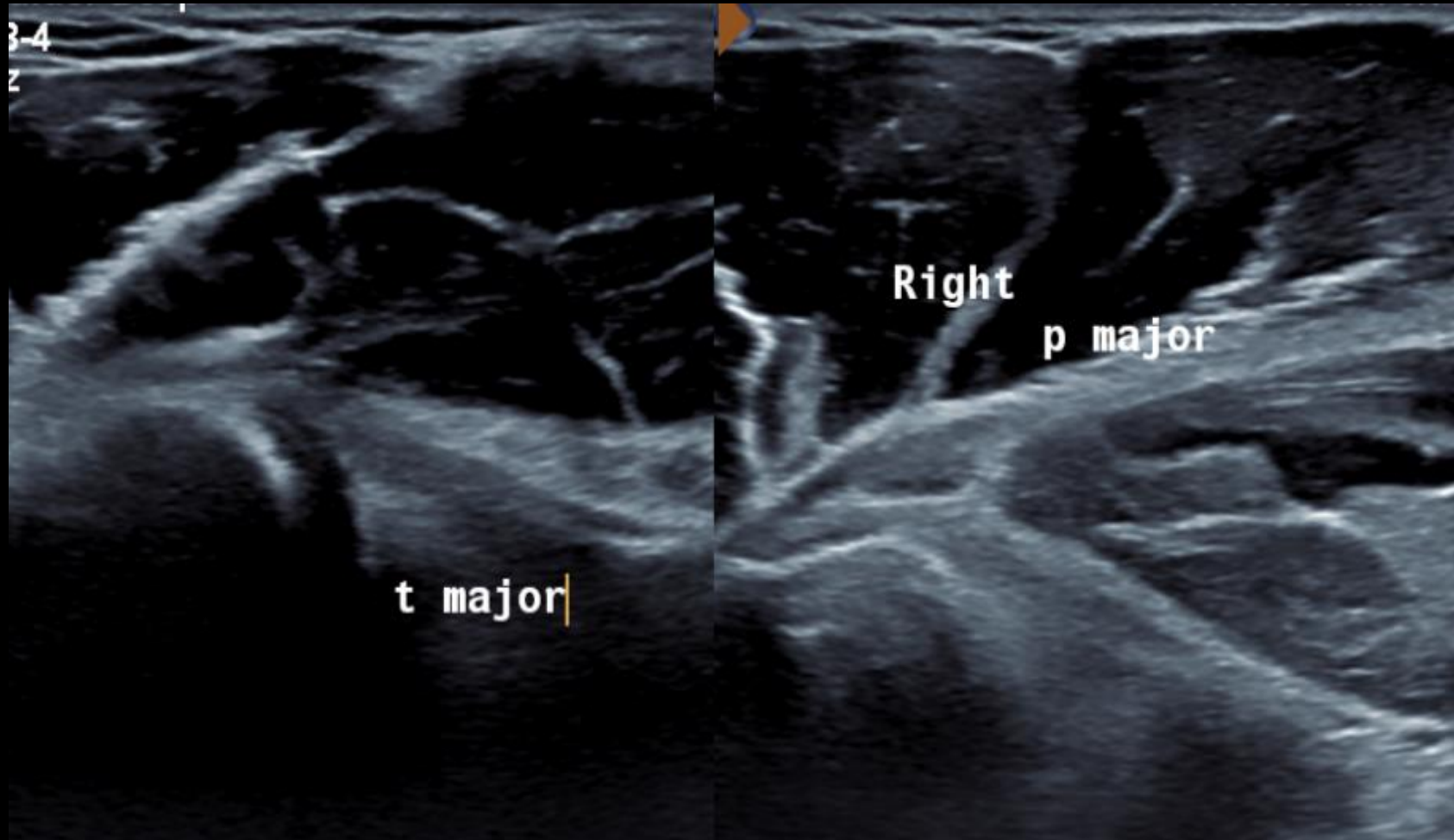


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- 25 yrs male cricketer
 - - Felt snap in right axilla while bowling
 - No obvious ecchymosis / haemorrhage
 - Continued to have mild pain in axilla when he came for USG 2 -3 days later
 - Rotator cuff tendons and muscles were normal.
 - Patient was then examined in supine position with arm abducted, and site of maximum pain was determined

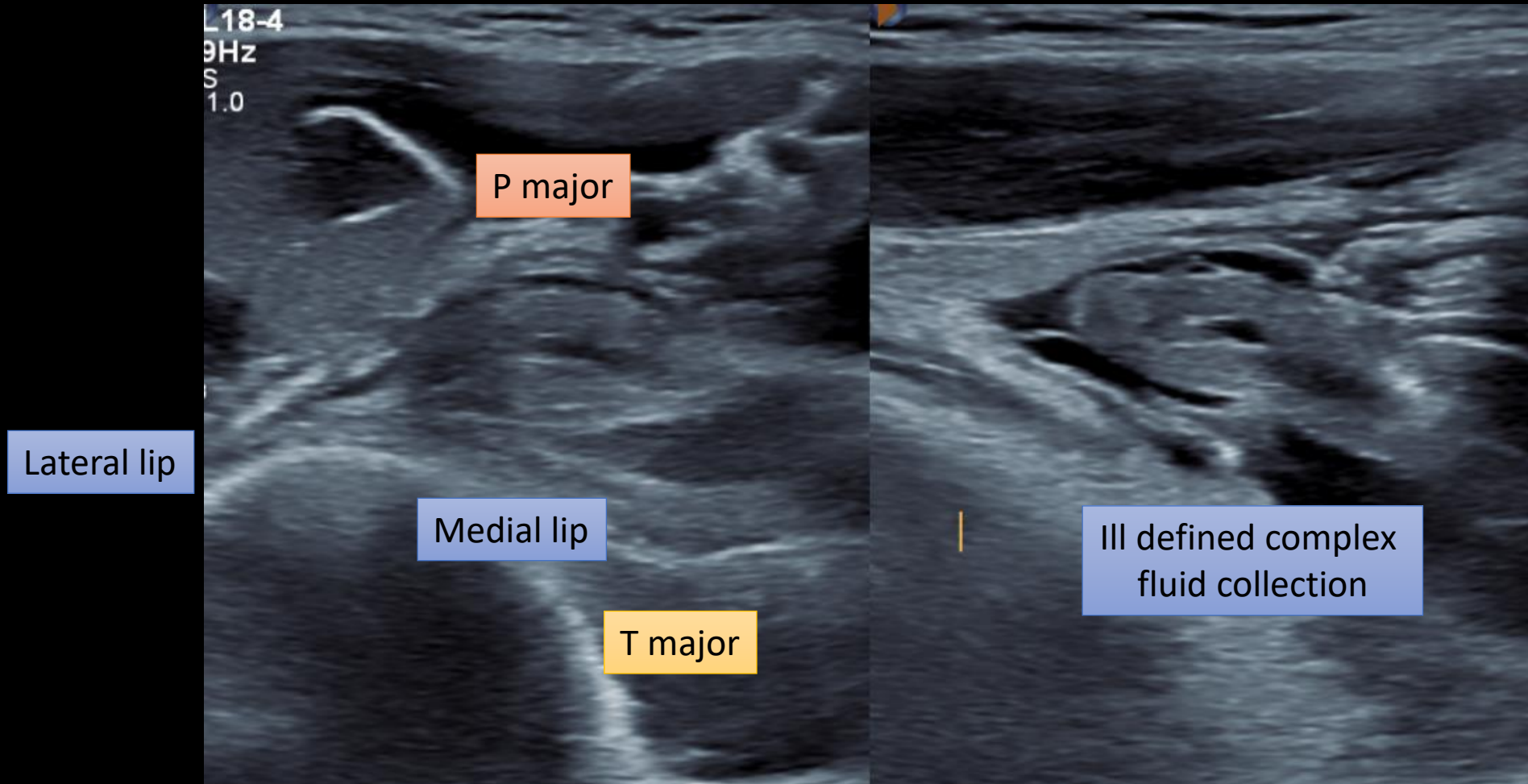
In c/o trauma, when cuff is normal, always follow LHBT to its myotendinous junction



In our case, pectoralis and teres major tendon attachments seem intact

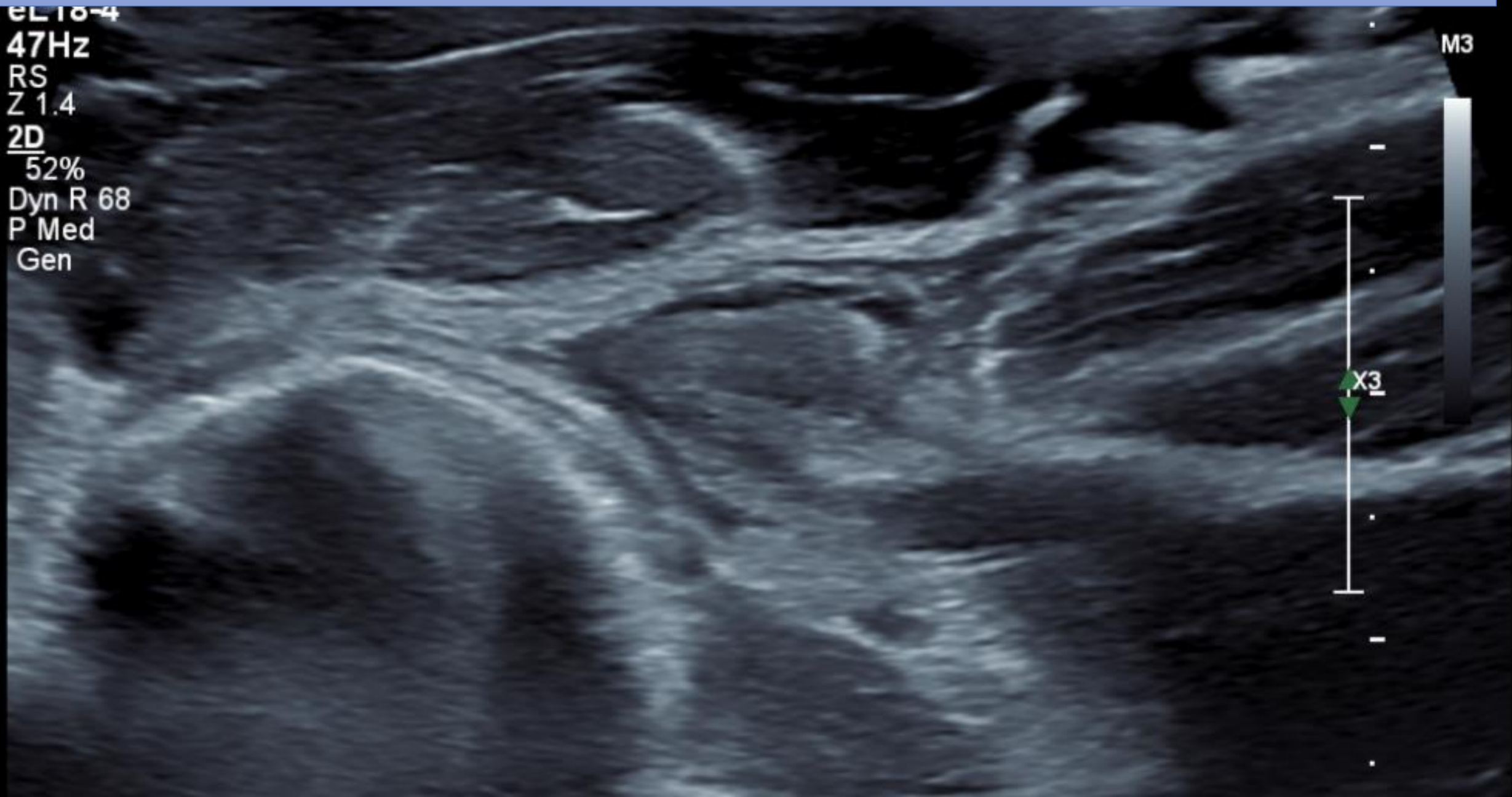


Ill defined heterogenous fluid collection is seen between the pec major and teres major attachments

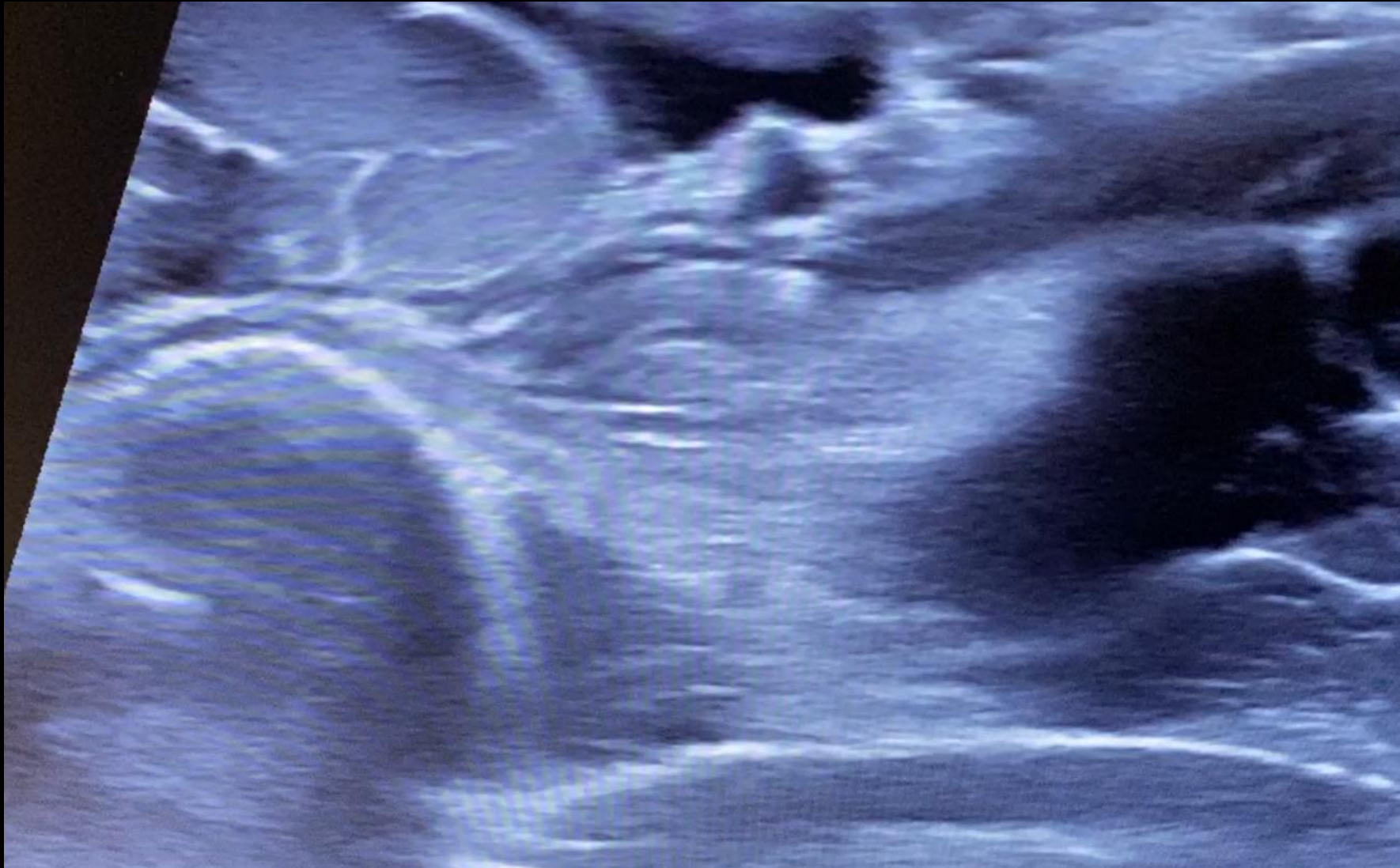


Collection extends into intertubercular groove indicating tear of latissimus dorsi attachment

eL18-4
47Hz
RS
Z 1.4
2D
52%
Dyn R 68
P Med
Gen

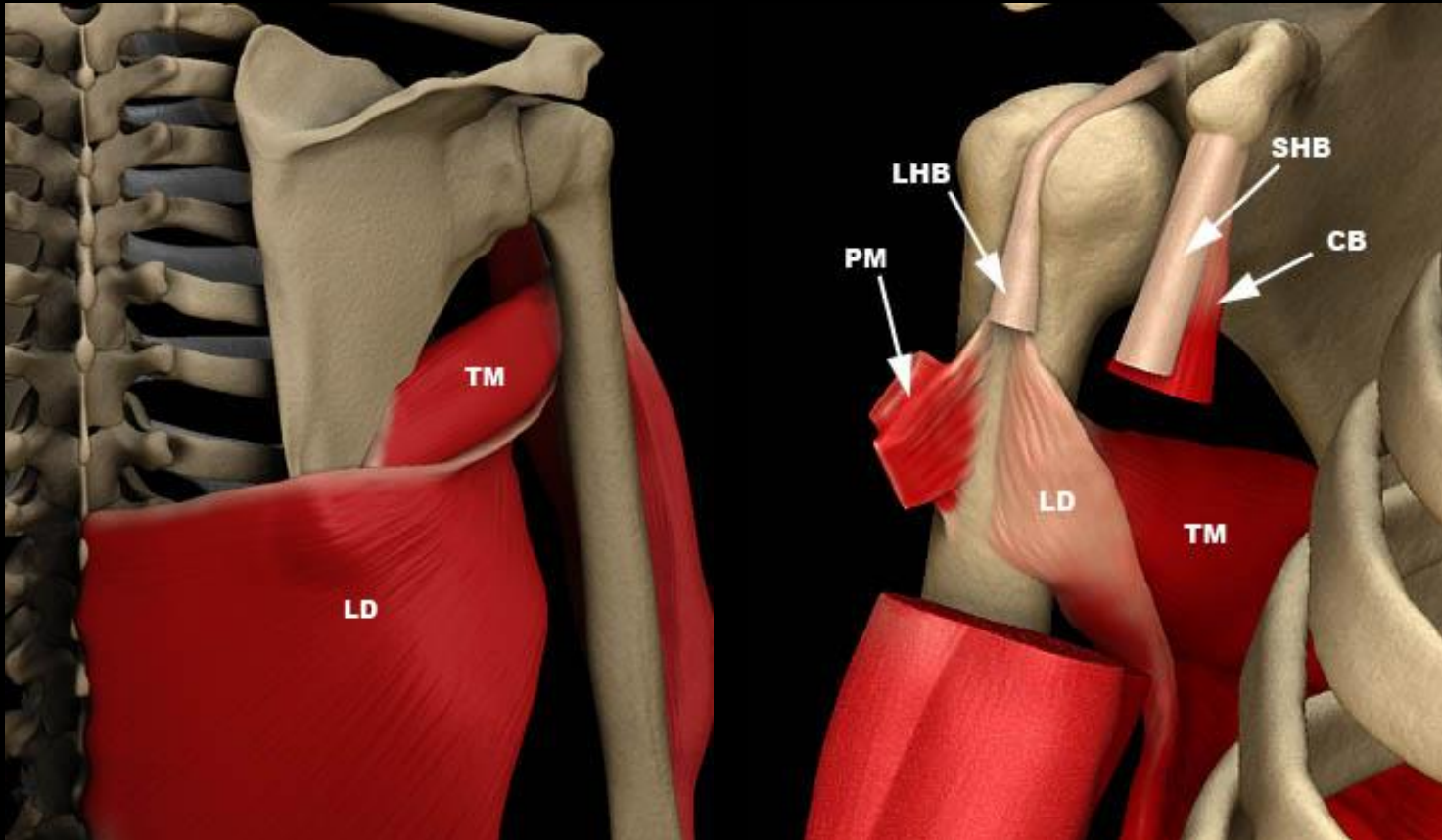


Dynamic scan in abduction – adduction of shoulder demonstrates avulsion of lat dorsi tendon with mild retraction by 20 – 25 mm



MRI done subsequently
demonstrates the lat dorsi tear
with possibility of teres major
involvement

Lattissimus dorsi



- Large fan shaped muscle from an extensive origin
- Inserts in 7 cm long tendon in intertubercular groove
- Isolated tears are rare – can occur in throwing athletes

Strong index of suspicion
with “ axillary snap “

Ecchymosis along axilla /
posterior axillary fold

Loss of contour of
posterior axillary fold

Take home message

Anterior scanning along humeral shaft and axilla for “ THE LADY BETWEEN THE TWO MAJORS ”

Posterior sagittal scanning for teres major muscle and myo tendinous junction