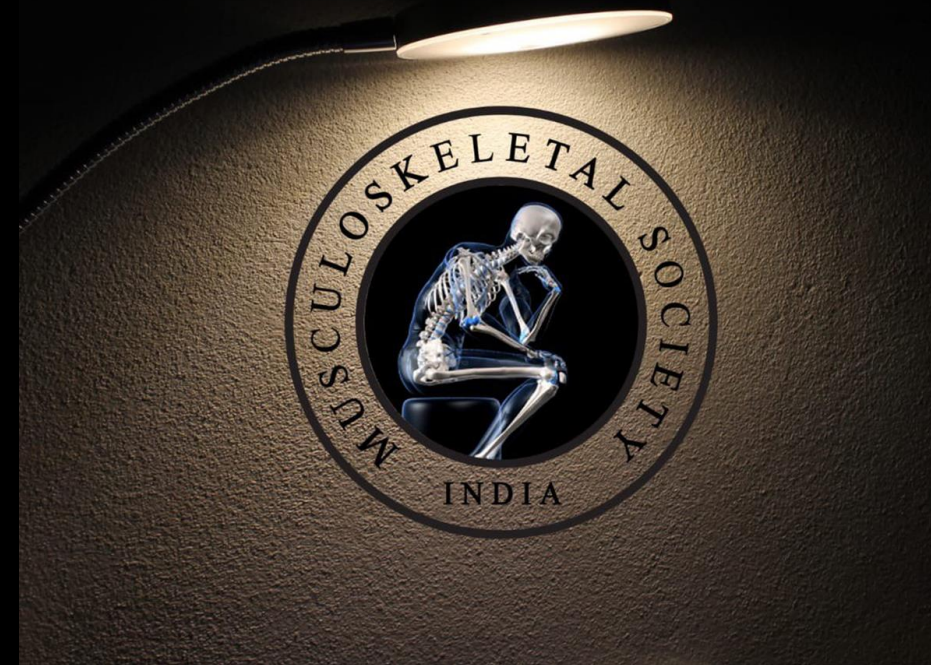


MICOD –02/09/2024

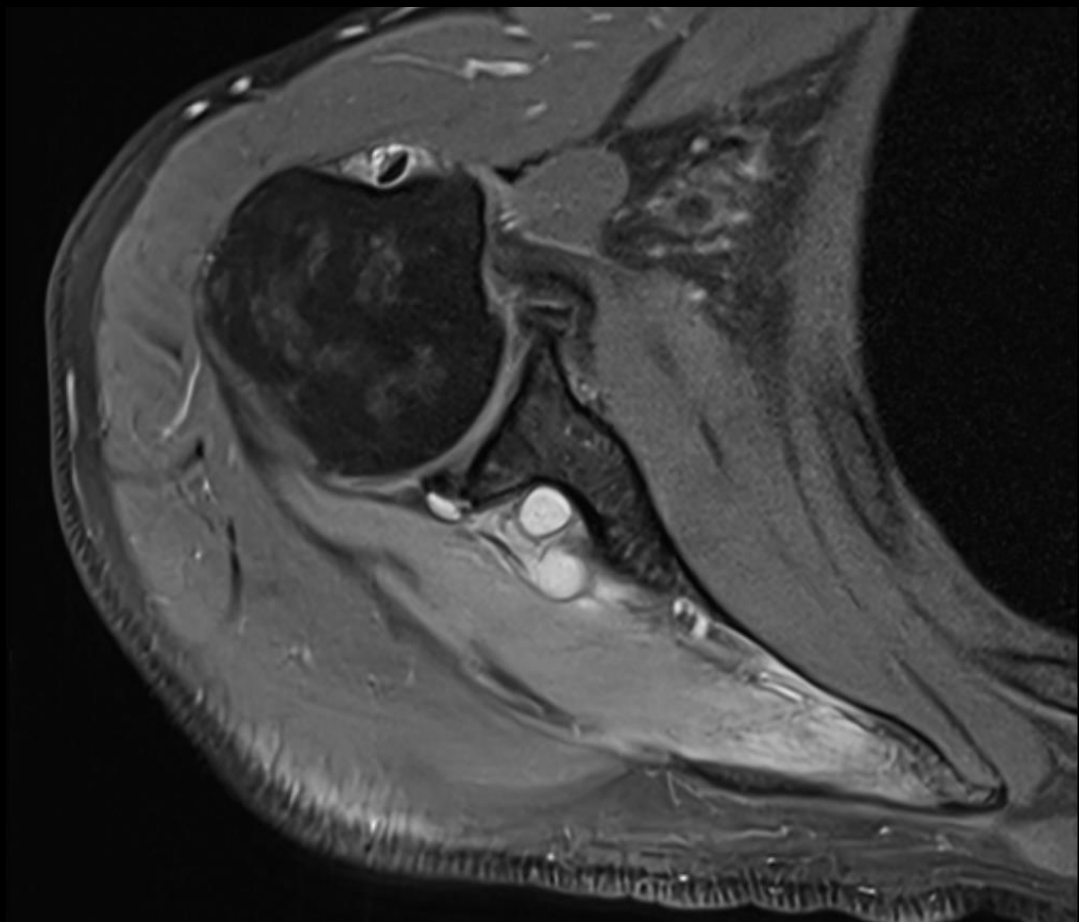
Case contributor – Dr. Karan Asthana.

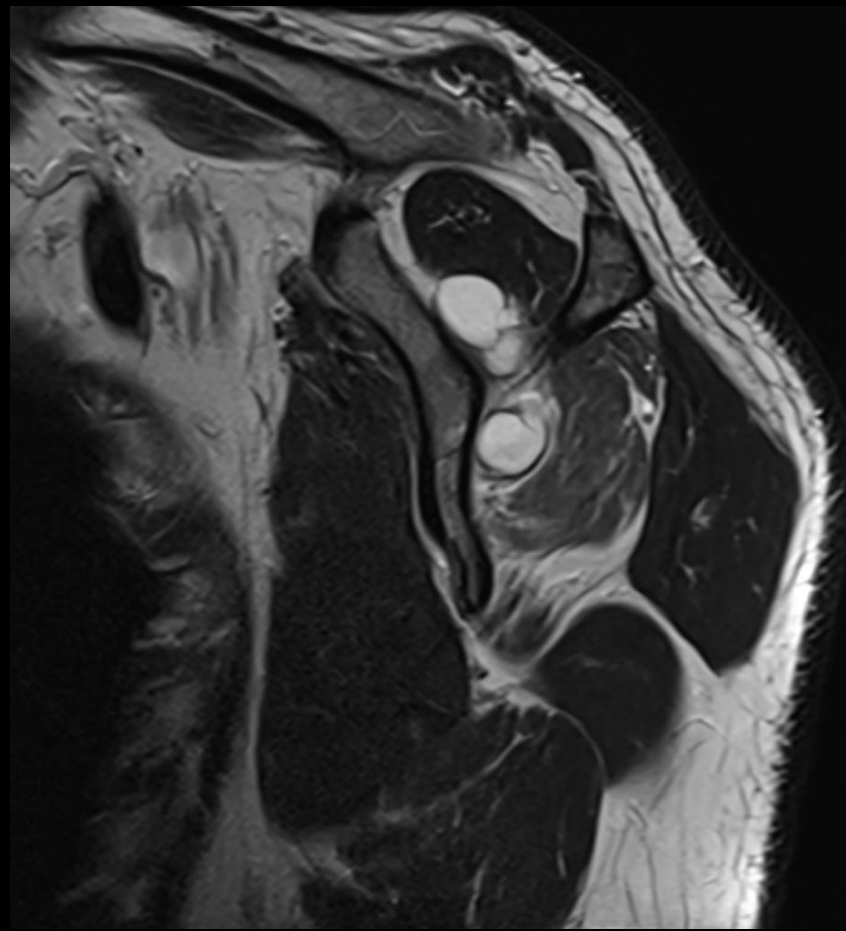
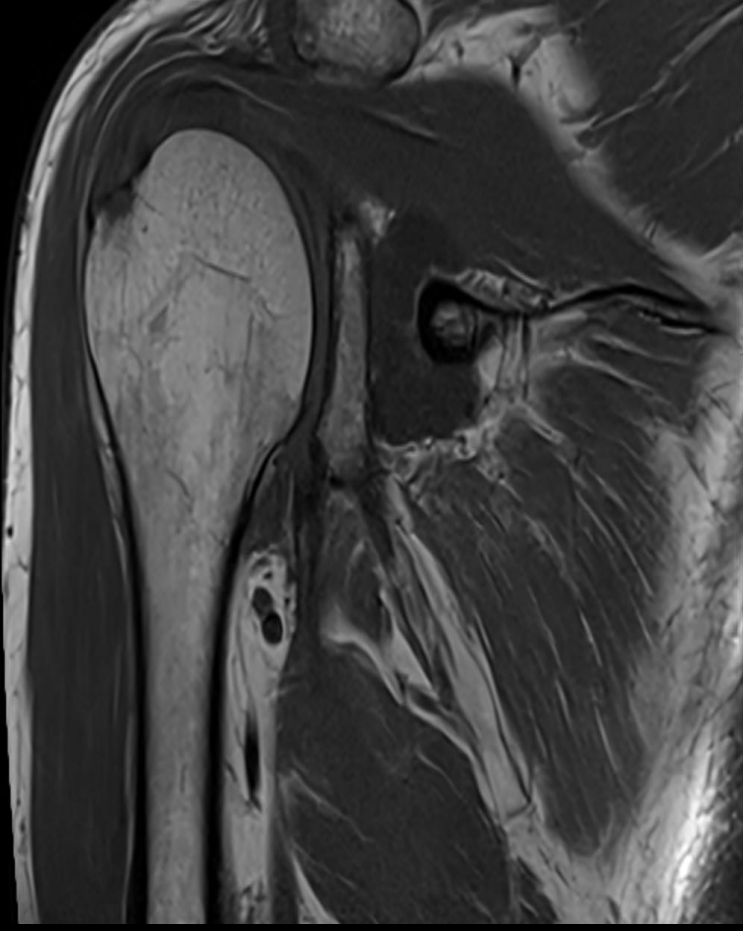
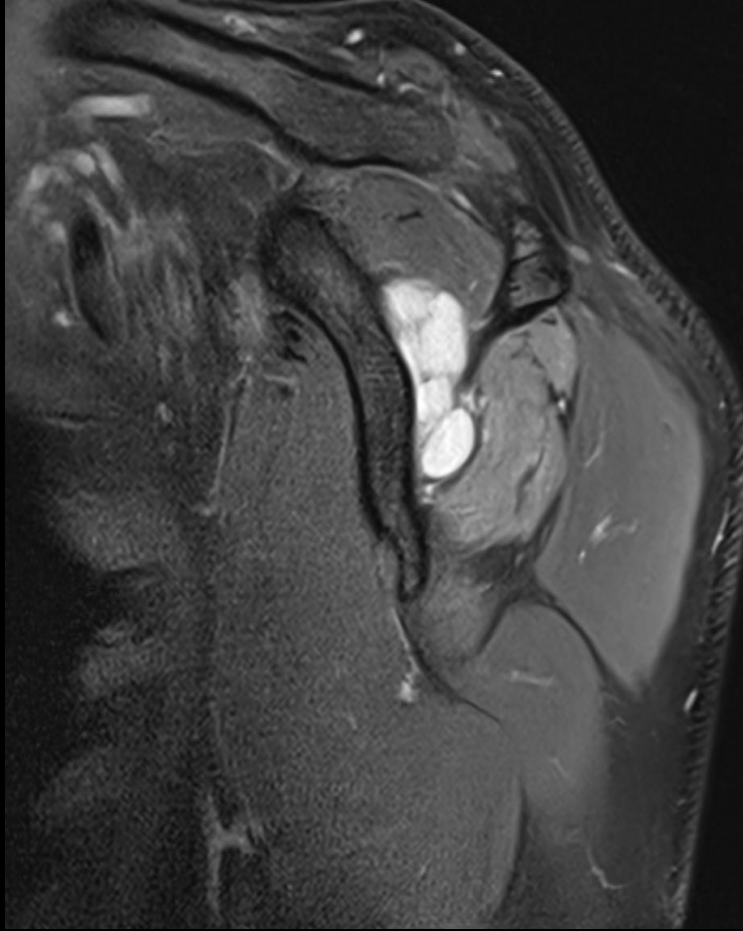
MI-COD

MSS INDIA- Case Of the Day



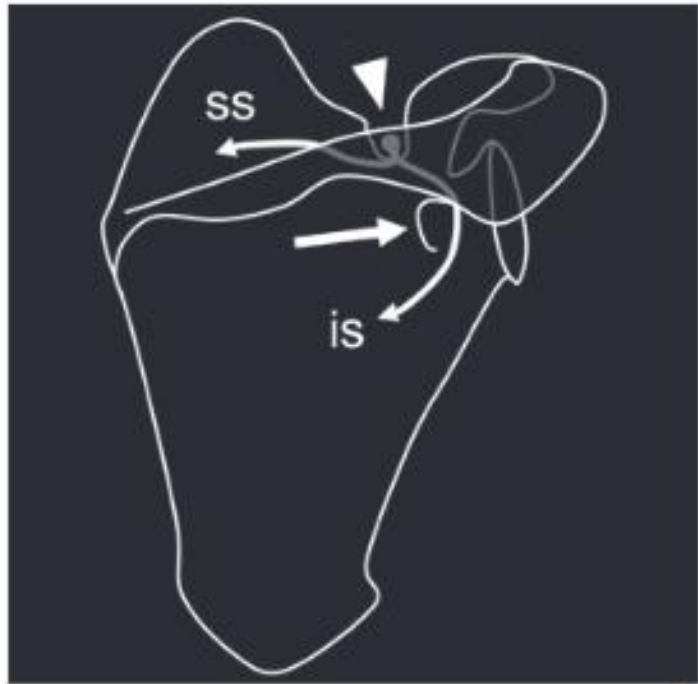
- 60 YRS MALE WITH RIGHT SHOULDER PAIN



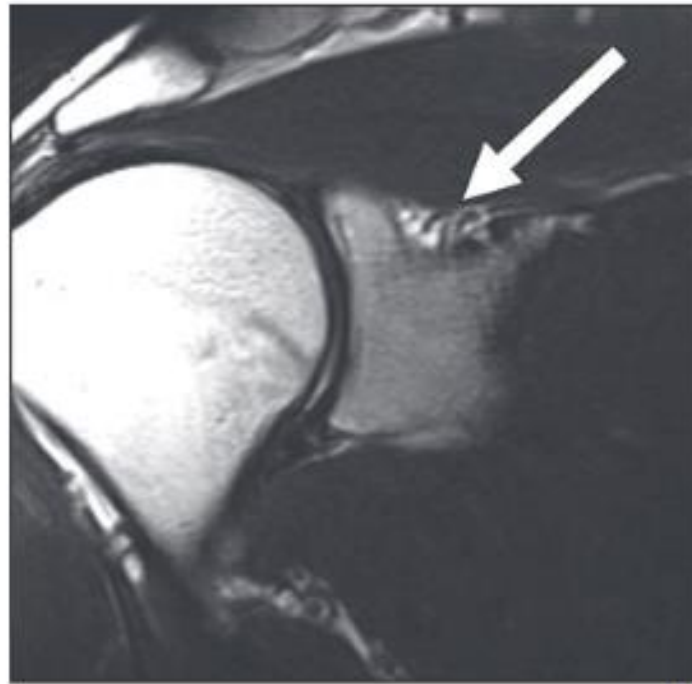


ANSWER

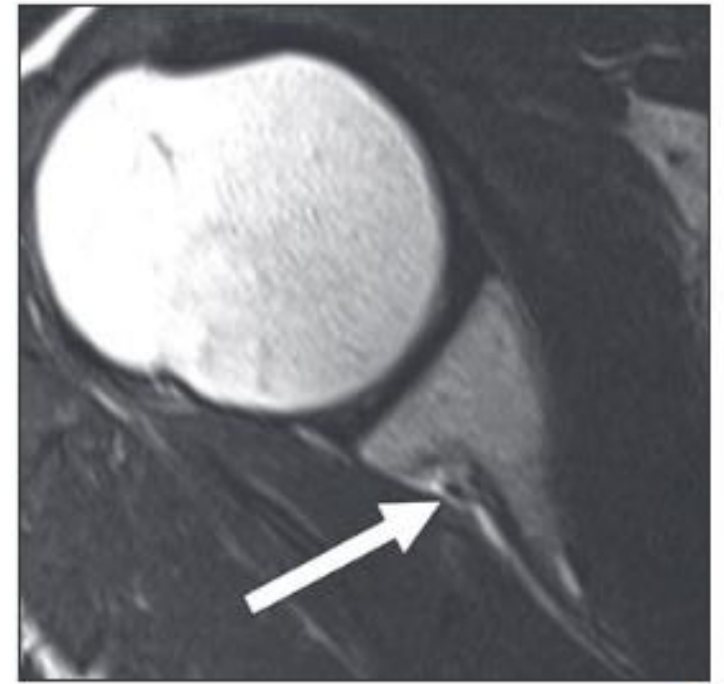
POSTEROSUPERIOR LABRAL TEAR WITH A PARALABRAL CYST COMPRESSING THE SUPRASCAPULAR NERVE PREDOMINANTLY IN THE SPINOGLENOID NOTCH CAUSING ACUTE DENERVATION EDEMA IN THE INFRASPINATUS MUSCLE.



A



B



C

Fig. 1—Suprascapular nerve anatomy.

A, Drawing shows posterior perspective of suprascapular nerve. Acromion is represented as transparent to allow visualization of suprascapular notch. Nerve enters suprascapular notch (*arrowhead*) and passes under superior transverse scapular ligament, giving branches to supraspinatus (ss) and infraspinatus. Inferior to suprascapular notch is spinoglenoid notch (*arrow*), which contains only nerve to infraspinatus (is). *Curved arrows* = supracapsular nerve branches.

B and **C**, Coronal oblique (**B**) and axial (**C**) T1-weighted images in healthy 30-year-old man show normal appearances of suprascapular nerve (*arrows*) in suprascapular and spinoglenoid notches, respectively.

Yanny S, Toms AP. MR patterns of denervation around the shoulder. *American Journal of Roentgenology*. 2010 Aug;195(2):W157-63.