



Clinical Images-Parsonage Turner Syndrome

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Clinical Image

A 43 year old right hand dominant female trauma nurse presented to her primary care physician with sudden onset of severe burning pain in bilateral shoulders and neck without an inciting event. She was treated conservatively with noted improvement in pain, however after two months, she had sudden onset of left shoulder weakness and muscle atrophy so was referred to a sports medicine clinic for a second opinion. Examination of her shoulder showed atrophy of the left supraspinatus and infraspinatus (arrows) along with left sided scapular dyskinesia. Manual muscle testing was remarkable for decreased strength in left shoulder abduction (4/5), flexion (4/5) and external rotation (3/5). Left shoulder MRI showed diffuse edema of supraspinatus and infraspinatus muscles with associated atrophy suggesting sub acute denervation injury. Electro diagnostic exam was consistent with sub acute suprascapular neuropathy at or proximal to the suprascapular notch on the left along with evidence of severe axonal injury with early reinnervation of supraspinatus muscle. A final diagnosis of Parsonage Turner Syndrome with isolated involvement of the suprascapular nerve was made. Patients with this syndrome are generally given six to nine months prior to surgical consideration since most cases improve without intervention. This patient had improving left shoulder strength; however, she decided to undergo left shoulder arthroscopy seven months after onset due to her active lifestyle.

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Figure A: Atrophy of L supraspinatus and infraspinatus.

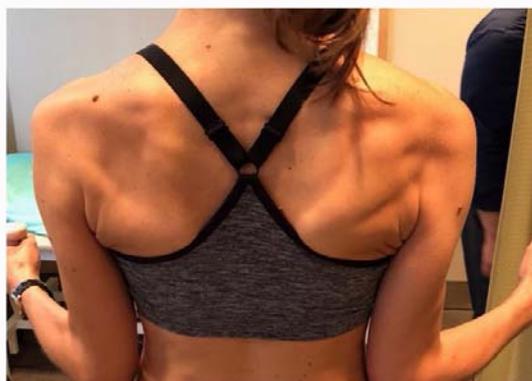


Figure B: Atrophy of L supraspinatus and infraspinatus.