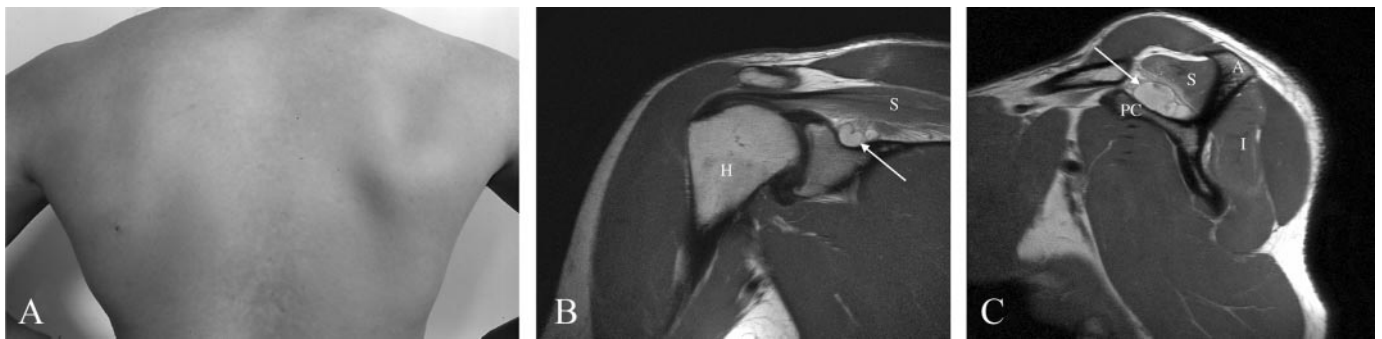


Suprascapular nerve entrapment by a spinoglenoid cyst

Figure Physical examination and MRI findings



(A) Patient's back demonstrating the isolated atrophy of the infraspinatus muscle. (B, C) Proton density weighted images. (B) Coronal oblique image showing the cyst in the spinoglenoid notch. (C) Sagittal oblique image. Arrow: spinoglenoid cyst. S = supraspinatus muscle; I = infraspinatus muscle; C = coracoid process; A = acromion; H = humerus.

A 27-year-old body builder presented with a 1-year history of dull right-sided shoulder pain and proximal arm weakness. There was no history of neurologic complaints or shoulder trauma. Physical examination showed marked and isolated atrophy of his right infraspinatus muscle and an arm abduction paresis (MRC 3, figure, A). Deep tendon reflexes and sensation were normal. Electromyography showed fibrillation potentials and enlarged motor unit potentials confined to his infraspinatus muscle. MRI of the right shoulder revealed a large spinoglenoid cyst compressing the suprascapular nerve (figure, B and C). Six months after operative excision of the cyst the patient had regained normal musculature strength. Suprascapular nerve compression should be considered in cases of shoulder pain and arm abduction weakness. Electromyography and MRI are the methods of choice in depicting the etiology of this rarely encountered mononeuropathy.¹

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