

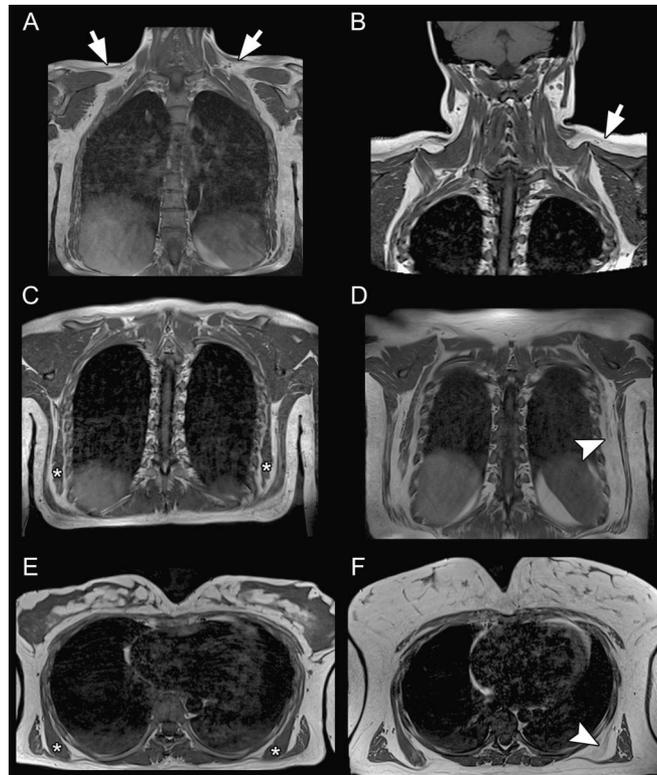
Teaching Video NeuroImages: Complicated scapular winging



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Figure 1 Upper limb muscle MRI, T1-weighted sequences of the 2 sisters



Patient 1 (A, C, E): bilateral trapezius muscle atrophy (arrows in A) with normal serratus anterior (asterisks in C, E). Patient 2 (B, D, F): left trapezius muscle degeneration (arrow in B) and asymmetric involvement of serratus anterior (arrowhead in D, F). Muscle MRI allows easy identification of single muscle involvement even in complex clinical situations. Normal muscle appearance on MRI is shown in figure e-1.

Scapular winging (SW) is a common sign in neuromuscular disorders. Besides “pure” phenotypes due to single muscle weakness often secondary to nerve injuries or dysfunctions,^{1,2} the phenotype can be complicated when a combination of different scapular fixators is involved by a myopathy. We show an example of 2 sisters with facioscapulo-humeral muscular dystrophy (video 1 on the *Neurology*[®] Web site at www.neurology.org). In patient 1, the SW is caused by an isolated trapezius weakness. Conversely, in patient 2, the left SW can be attributed on clinical grounds to a combined serratus anterior and trapezius weakness. Both hypotheses are confirmed by muscle MRI (figure 1).

AUTHOR CONTRIBUTIONS

M. Monforte and G. Tasca designed the study and drafted the manuscript. E. Ricci and E. Iannaccone collected the data and revised the manuscript for intellectual content.

STUDY FUNDING

No targeted funding reported.

DISCLOSURE

The authors report no disclosures relevant to the manuscript. Go to Neurology.org for full disclosures.

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Teaching Video *NeuroImages*: Complicated scapular winging

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Neurology 2013;81:e95

DOI 10.1212/WNL.0b013e3182a4a4e6

This information is current as of September 16, 2013

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