

Radiofrequency ablation role as alternative treatment to adhesive capsulitis

¹Yong, PY; ²Aizuddin, Sahak;

¹ Orthopaedic and Traumatology Department, Hospital Sungai Buloh, Selangor, Malaysia.

INTRODUCTION:

Adhesive capsulitis, commonly known as frozen shoulder, is a condition of glenohumeral joint having functional loss of both passive and active range of motion (ROM). Pain and limited shoulder ROM are the two most common presentation. Analgesic, NSAIDS and physiotherapy are the usual conservative management before proceeding to surgical intervention. Radiofrequency ablation (RFA) of shoulder nerve is another alternative conservative treatment of it.

REPORT:

A 60-year-old lady, housewife, complained of right shoulder pain for 2 years, progressively worsening and limitation of shoulder motion whereby patient unable to comb her hair, lift arm up above head level for house chores, difficult to put on a coat and buckle up her bra. Despite of having regular analgesics, NSAIDS and physiotherapy, the pain score was 8 and shoulder ROM was still limited.

On examination, patient's shoulder ROM as such: flexion: 0-110°, abduction: 0-100° and internal rotation: patient's thumb only able to reach sacroiliac joint level. According to American Shoulder and Elbow Surgeons Standardized Shoulder Assessment (ASES), the score before RFA was 27 points, the lower the score, the greater the pain and degree of shoulder disability.

Figure 1: Ultrasound: right long head of biceps tendinitis

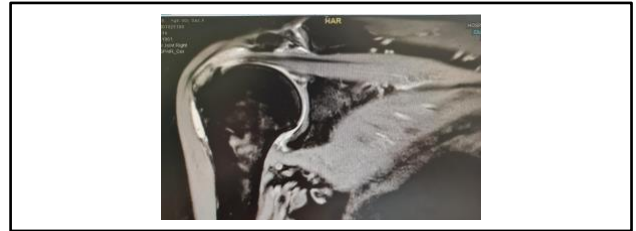
Figure 2: MRI right shoulder: moderate subdeltoid-subacromial bursitis, features of adhesive capsulitis

Lidocaine injection was done on right supraspinatus(SSP) and subscapularis(SUBS) nerve using ultrasound guided. Two weeks later, patient claims pain reduced, pain score was 5,

hence, proceeded with RFA of right SSP and SUBS nerves.



After 3 months post RFA, patient's pain score



markedly reduced to 3, she able to swim, do house chores with reaching high shelf, comb her hair and buckle her bra. On examination, her shoulder ROM also much improved, flexion: 0-150°, abduction: 0-120° and internal rotation able to reach T8 level. ASES score post RFA was drastically increased to 83 points.

CONCLUSION:

RFA of shoulder nerves is effective conservative measure in managing shoulder pain and improving shoulder ROM in adhesive capsulitis.

REFERENCES:

MDApp. 2022. (ASES) Score Calculator.[online] <<https://www.mdapp.co/american-shoulder-and-elbow-surgeons-ases-score-calculator-607/>>