

TITLE : ROLE OF SUPRASPINATUS NERVE BLOCK AND GLENOHUMERAL HYDRODISSECTION IN THE TREATMENT OF ADHESIVE CAPSULITIS

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INTRODUCTION :

Adhesive capsulitis is common cause of shoulder pain and disability .The choice of treatment are usually conservative with steroid injection or physiotherapy. Supraspinatus nerve block are commonly used in treating chronic and post operative shoulder pain however the use in adhesive capsulitis are not common (1)

REPORT :

This is a case of adhesive capsulitis treated with Supraspinatus nerve block and glenohumeral hydrodissection. Mr S is a 62 years old gentleman who is a known case of left shoulder adhesive capsulitis presented with worsening of shoulder pain for 6 months Mr. S was treated with steroid injection previously. The range of movement of shoulder are severely limited with abduction limited to 45 degree , forward flexion 120 degree , external rotation 15 degree and internal rotation up to lower limb level. Jobe test , belly press test and speed test are all positive.

An ultrasound done showing minimal shoulder joint fluid. Subacromial and sub deltoid bursa is thickened with positive impingement. Supraspinatus muscle show tendinopathy appearance. Patient consented for Supraspinatus nerve block and glenohumeral hydrodissection. A combination of lignocaine , bupivacaine and normal saline was injected surrounding Supraspinatus nerve. Glenohumeral hydrodissection was done via posterior approach with triamcinolone with lignocaine with bupivacaine diluted in normal saline. The outcome for procedure was then assessed by Oxford Shoulder Score. OSS score improved from 45 to 13 two weeks post injection .

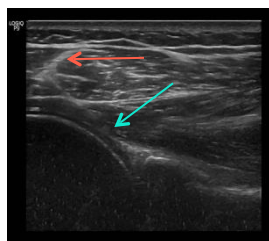


Figure 1 : Glenohumeral joint as shown by arrow show narrow joint space indicated minimal joint fluid (Red arrow : needle)

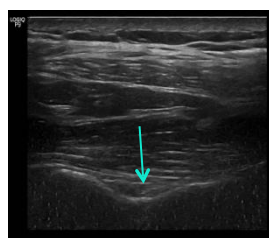


Figure 2 : Arrow showing supraspinatus nerve



Figure 3 : Significant increase in glenohumeral joint space post hydrodissection

CONCLUSION:

Combination of ultrasound guided hydrodissection and Supraspinatus Nerve block show good outcome and could be treatment of choice in patient with adhesive capsulitis with severe pain and disability.

REFERENCES:

1. Schoenherr JW, Flynn DN, Doyal A. Suprascapular Nerve Block. <https://www.ncbi.nlm.nih.gov/books/NBK580556/>
2. EFORT Open Rev 2017;2:462–468. DOI: [10.1302/2058-5241.2.160061](https://doi.org/10.1302/2058-5241.2.160061)