

Isolated Subscapular Abscess: A Case Report

¹Ibrahim, Diyanah; ²Azmi Ayunni; ¹Jeyasingam, Kuhaendra;

¹Orthopaedic Department, Hospital Raja Perempuan Zainab II, Kota Bharu, Kelantan.

INTRODUCTION:

A rare clinical pathology of subscapular abscess may be challenging to diagnose and is all the more important for surgeons to recognize in order to deliver the appropriate treatment in a timely manner. Herein we describe a case of subscapular abscess which was managed with surgical drainage.

REPORT:

A 50-year-old lady with underlying diabetes mellitus was presented to the Emergency Department and treated for diabetic ketoacidosis (DKA). She was lethargic and complained of painful swelling of right shoulder for 1 week with limited motion of the shoulder joint. The onset was spontaneous, and she denied recent trauma. Examination revealed firm fullness of right supraclavicular, extending to the posterior neck and scapular region. Tenderness elicited at scapular and anterior chest wall. Shoulder joint was non tender however had limited shoulder abduction and external rotation. X-ray revealed increased soft tissue shadow at right trapezius area and her septic parameters were high. Contrast-enhanced computed tomography (CECT) neck and thorax displayed features of right subscapularis muscle abscess measuring 6.4cm x 4.0cm x 9.0cm (AP x W x CC) with no evidence of intra-thoracic or right shoulder joint extension. Subsequently, the patient underwent incision and drainage of right shoulder and corticotomy right scapula. Inferolateral incision with tendon-sparing approach was used to access the subscapular space. Intra-operatively drained around 50ml of pus and the unhealthy subscapularis muscle debrided. Cultures sent intra-operatively emerged as *Staphylococcus aureus* (MSSA) and she was treated empirically with Cloxacillin. Post-operatively her clinical condition was improving with better pain control and reducing septic parameters. Daily flushing with povidone iodine applied to aid in the management.

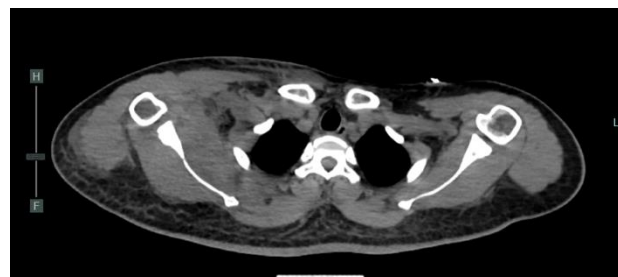


Figure 1: CT Thorax axial view

CONCLUSION:

Presentation of a patient with subscapular abscess may resemble different conditions which potentially pose a challenge to accurately diagnose. Early surgical intervention is crucial to prevent complications of local spread, hematological dissemination and joint destruction.

REFERENCES:

McFarlane IV, Wong M, Alder-Price AC. Subscapular abscesses: A literature review and evidence-based treatment guidelines. *Shoulder & Elbow*. 2023;0(0)