

Shoulder Joint Corticosteroid Injection: 3 Years Serdang Hospital Experience

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INTRODUCTION:

Shoulder joint steroid injection is one of the well-known treatments for chronic shoulder pain. Common cause of chronic shoulder pain included adhesive capsulitis, impingement syndrome and rotator cuff injury. Shoulder injection should be considered after options of non-steroidal anti-inflammatory drug, activity modification and physical therapy has been unsuccessful. A single corticosteroid injection is viewed as a conservative treatment modality that achieves good clinical outcomes. Our aim of this small study is to compare the pain visual analog score (VAS) and functional outcome of the shoulder before and after corticosteroid injection.

METHODS:

A retrospective study was conducted on patients with chronic shoulder pain treated with contrasted shoulder joint injection between year 2014 and June 2016 in Serdang Hospital. Patients were injected with shincort (triamcinolone acetone) mixed with chirocaine (levobupivocaine hydrochloride), at various region of shoulder namely subacromial space, acromioclavicular joint, long head of biceps tendon and glenohumeral joint under local anaesthesia. Site of injections were decided by attending surgeon after thorough clinical examination. They were retrospectively evaluated and compared on pain VAS, time of follow up, functional assessment, range of motion and complications before and after corticosteroid injection.

RESULTS:

A total of 18 cases were evaluated retrospectively and 22 injections were given. 94% (16 of patients) of the patients show lower pain VAS post injection. Mean pain VAS pre-injection was 7 while post-injection was 3. Mean time of follow up post injection was 8 months. Average pain free period was 19 weeks. The average functional assessment, range of motion and pain score was 43 post injection. Two was given repeat injection. A

total of 4 of patients were proceed with arthroscopic shoulder surgery.

DISCUSSIONS:

The use of corticosteroid shoulder injection provides more rapid pain relief, better functional outcomes, and higher patient satisfaction for up to 19 weeks after injection than oral medication. Indications for injection vary, such as unfit for surgery or temporarily symptoms relief while awaiting definitive surgery. Like other studies, our study shows that injected corticosteroid are probably only provide limited short-term benefit. Despite of the overall good outcome, there is two patients are required to repeat second injection due to recurrence with average time of 6 months.

CONCLUSION:

Shoulder injection offers less invasive alternative in treating chronic shoulder pain for certain group of patients. Together with regular physiotherapy, faster symptoms relief can be achieved. However, recurrence should always considered before counselled patients for this procedure.

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