

## Left shoulder Complex Effusion and Bursitis Treated with Radiofrequency Ablation of Suprascapular Nerve.

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### INTRODUCTION:

Complex effusion and bursitis commonly occur over shoulder at subacromion, subdeltoid and subcoracoid regions. It may or may not be associated with underlying chronic problems such as rotator cuff tear or gleno-humeral osteoarthritis. These problems if left untreated may lead to chronic pain and eventually lead to deterioration of shoulder function.

### REPORT:

A 60-year-old lady homemaker, complained of left shoulder pain for the past 1 year. She was treated with physiotherapy and pharmacological treatment in which she showed minimal improvement. Multiple ultrasound-guided aspirations and triamcinolone injections were performed, however, the pain relief were temporary and tend to recur. Radiofrequency Ablation of suprascapular nerve (SSN) was performed, and patient was monitored pre-procedure, and at 2 weeks and 6 weeks post-procedure using NRS scoring system. Shoulder Pain And Dysfunction Index (SPADI) and Range Of Motion (ROM) to monitor progress and effectiveness of treatment.

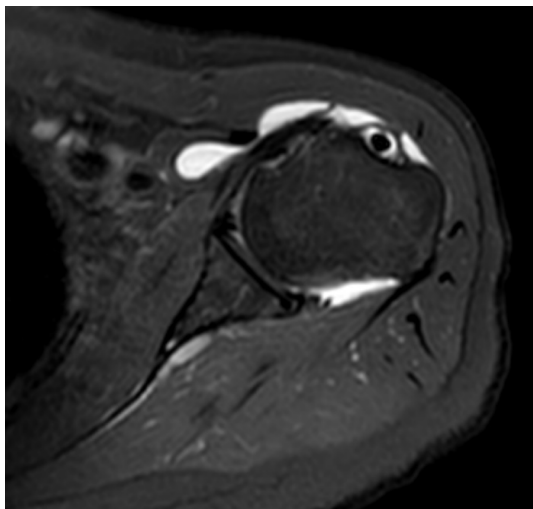


Figure 1: MRI of left shoulder (Axial View)

Outcomes Measure	Pre Procedure	Post Procedure 2 weeks	Post Procedure 6 weeks
Pain Score	8/10	2/10	3/10
SPADI	Pain Scale	52%	12%
	Difficulty scale	45%	1.25%
ROM	FF: 90	FF: 95	FF: 110
	Abd:90	Abd:95	Abd:110
	Int Rot: L5	Int Rot: L4-5	Int Rot: L2-3

Figure 2: Outcome Measure

### RESULT:

The patient showed improvement across all outcome measures. NRS and SPADI (Pain Scale) showed early improvements followed by SPADI (Difficulty Scale) and ROM.

### CONCLUSION:

Radiofrequency ablation (RFA) of suprascapular nerve is an effective alternative treatment for patients who are unfit or not keen for operative management. By keeping pain under control, we may be able to initiate early physiotherapy to further improve ROM and function. RFA must be performed with detailed clinical judgement considering the region of pathology, and areas of innervation by the particular nerve. In our case, pathologies were at subacromion and subcoracoid region which are innervated by SSN, hence RFA of SSN showed significant improvement.

### REFERENCES:

- Gofeld, M., Restrepo-Garces, C. E., Theodore, B. R., & Faclier, G. (2013). Pulsed Radiofrequency of Suprascapular Nerve for Chronic Shoulder Pain: A Randomized Double-Blind Active Placebo-Controlled Study. *Pain Practice*, 13(2), 96–103. <https://doi.org/10.1111/j.1533-2500.2012.00560.x>