

INTRODUCTION

Diagnosis and treatment of patients with chronic shoulder pain and paresthesia can be challenging due to the array of potential etiologies. Thus, it is important for clinicians to gather a detailed patient history and perform thorough musculoskeletal and neurological examinations to develop a differential diagnosis in these cases. Further diagnostic imaging and testing is often required to reach a conclusive diagnosis.

CASE SUMMARY

36-year-old female presents to clinic complaining of diffuse, achy right shoulder and arm pain for the past two years. She reports minimal relief of symptoms with conservative treatment options such as massage, non steroidal anti-inflammatory drugs and topical analgesics. Her symptoms have progressively worsened over the past month. She denies pain or numbness in the neck, left upper extremity, or distal to the right elbow. Physical exam revealed a positive Spurling's test on the right along with decreased sensation to light touch over the lateral aspect of the right shoulder. Magnetic resonance imaging (MRI) of the cervical spine and electromyography (EMG) of the right upper extremity were advised.

DISCUSSION

Cervical spine MRI revealed an extramedullary mass lesion measuring 3.5 x 2.4 x 1.3 cm extending through the right neural foramen at the level of C5-C6 with displacement of the cervical cord into the left lateral spinal canal likely representing a nerve sheath tumor. EMG findings were consistent with a right sided chronic C6 radiculopathy. These results provide explanation for the patient's current symptomatology and reported history, indicating that this tumor has gone undetected for multiple years. Urgent surgical excision of the tumor was deemed necessary to relieve the pressure on the compressed nerve root and prevent permanent spinal cord damage.

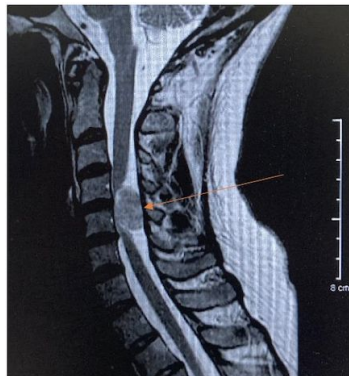


Figure 1: Sagittal view from cervical MRI showing mass lesion compressing spinal cord

CONCLUSIONS

This case demonstrates one of the rare and potentially fatal etiologies of this seemingly common chief complaint. One might assume that more significant symptoms or exam findings such as muscle weakness, gait abnormalities, Hoffman's sign, hyperreflexia and/or clonus would be present for someone to have a sizeable tumor at this location, but this patient's symptoms remained relatively mild for multiple years. Recognition that a more thorough workup including cervical MRI and EMG was indicated likely prevented paralysis in this patient.

REFERENCES

Vaughan, Aaron, and Stephen Hulkower. *UpToDate*, www.uptodate.com/contents/evaluation-of-the-adult-with-shoulder-complaints?search=chronic+shoulder+pain&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1#H24.