

shoulder²shoulder

GROUP UPDATE



Dr. Terry Hammond SHOULDER SURGEON
MBBS FRACS

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Profile



Dr. Terry Hammond specializes exclusively in disorders of the adult shoulder. He undertook a six month travelling shoulder fellowship in the USA and Canada and an twelve month upper limb fellowship in the world renowned Pulvertaft unit in Derby, England. Since returning to Queensland in 2006 he has established his private practice in association with Dr. Chris Vertullo at the Orthopaedic and Sports Medicine Centre opposite Pindara Hospital in Benowa. He has performed over 4000 shoulder operations, sees approximately 1000 new patients each year and performs over 450 shoulder operations annually.



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Calcium in the Shoulder

Where does calcium form in the shoulder?

In the tendons of the rotator cuff, particularly the supraspinatus.

Why does it occur?

The cause is unknown.

Who gets it?

Young to middle-aged patients.

How does it present?

In three ways:

- Asymptomatic – incidental finding in up to 5% of patients
- Chronic calcific tendinopathy – the calcium irritates the bursa and gives chronic bursitis that presents in the usual way with intermittent aching pain in the shoulder, particularly at night.
- Acute calcific tendinopathy

What is acute calcific tendinopathy?

The body tries to resorb the calcium and when this happens an extremely acute inflammatory response can occur.

How does acute calcific tendinopathy present?

With rapid onset of very severe shoulder pain with associated marked limitation of movement. Lasts one to two weeks and then usually settles.

What investigations are needed to investigate calcium in the shoulder?

The only investigation needed is a plain x-ray but ensure the AP x-rays include internal and external rotation views in order to visualize the calcium better.

What are the findings on X-ray?

In chronic calcific tendinopathy the calcium appears as a well-defined white mass on the plain x-ray (see photo). However in acute calcific tendinopathy the calcium is being resorbed and often appears fuzzy and ill-defined (see photo).



Well-defined calcium deposit in chronic calcific tendinopathy



Fuzzy calcification in acute calcific tendinopathy

What treatment is needed?

Asymptomatic – no treatment needed.

Chronic calcific tendinopathy – non-operative treatment with analgesia and subacromial steroid injections. If this fails, surgery very helpful.

Acute calcific tendinopathy – strong analgesics, consider subacromial steroid injection.

When is surgery needed?

For continued chronic calcific tendinopathy and occasionally in acute calcific tendinopathy.

When should I refer the patient?

After three months of failed non-operative treatment in patients with chronic calcific tendinopathy.

Occasionally acutely in acute calcific tendinopathy but this is usually not needed.

What surgery is done?

Arthroscopic surgery with excision of calcium and subacromial decompression is ideal. Open surgery is usually not needed.

Calcium has been reported on the ultrasound but I cannot see it on the xray.

This will usually be dystrophic calcification which is small flecks of calcium occurring in degenerative tissue.

This is a different condition to true calcific tendinopathy which has been described above. This can be completely ignored and any underlying condition treated.

How can I tell the difference between acute calcific tendinopathy and frozen shoulder?

Both will present with marked restriction in the range of motion. However acute calcific tendinopathy has a rapid onset with marked pain and settles in a week or two.

A frozen shoulder has a much slower onset and the restriction in movement lasts many months.

Is there often an associated rotator cuff tear?

Not generally – the cuff is usually intact.