

Bursoscopy and resection of the Luschka tubercle as a treatment of scapulothoracic friction syndrome: case presentation and literature review.

Christian Oswaldo Segura Sangucho¹, Pablo A. Patino Rios²

¹Orthopaedic Surgery, MEDISEG, ²Orthopedic Surgery, SOLCA

INTRODUCTION:

Scapulothoracic friction syndrome is a rare condition, first described by Boinet in 1867. It is caused by an incongruity in the scapulothoracic joint, associated with multiple causes, such as bursitis, exostoses, bone masses, abnormal fibrotic or muscle tissues, consolidation defective from fractures or variations in costal or scapular anatomy. We present the case of a 15-year-old adolescent, who comes to the clinic complaining of pain in the right scapular region with radiation to the right shoulder and functional limitation, for approximately 9 months. Our objective was to establish a safe procedure for scapulothoracic syndrome after conservative treatment failure, with pre- and post-surgical functional assessment, in addition to review current concepts.

METHODS:

We performed a surgical intervention (bursoscopy plus resection of Luschka's tubercle) in a 15-year-old male patient with scapulothoracic syndrome. The functional assessment was carried out 10 months after the intervention, VAS, CONSTANT, ASES and SST scales were applied. For the clinical case we carried out a documentary search in different databases.

RESULTS:

The pain assessment and post-surgical functional scales showed a significant trend towards score improvement. Pre-surgical: VAS: 9; CONSTANT: 19; ACES: 17; TSS: 0%. Post-surgical (10 months): VAS: 0; CONSTANT: 96; ASES: 95%; SST: 100%.

DISCUSSION AND CONCLUSION:

Although thoracic scapular syndrome is a rare condition, our knowledge of it allows us to suspect it in patients who present with pain unrelated to injuries to the glenohumeral joint or rotator cuff, which allows us to make an accurate diagnosis and recommend appropriate surgical treatment.



Figure 1. Patient in prone position (clickeo wing position).



Figure 2. Marking of scapula, clavicle, spine, costal and scapular tubercle.



Figure 3. Lower vision portal and upper work portal.



Figure 4. Suprascapular accessory portal.



Figure 5. Arthroscopic view of the scapulothoracic joint. The scapula is visible, and the clavicle is partially visible. The joint space is clear, and the scapula is in a normal position.

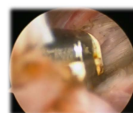


Figure 6. Suprascapular bursoscopy.

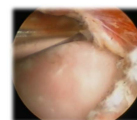


Figure 7. Luschka tubercle removal.