

Snapping scapula in Denmark

Diagnostic strategy and treatment during one year

Martin Rathcke

Section for Sports Traumatology M51, Bispebjerg University Hospital, Copenhagen

Introduction

Snapping scapula is a symptom with several underlying pathologies. With the new speciality plan, the treatment of this disease in Denmark has been centered at Bispebjerg Hospital. We report the experience during one year with these patients.

Method

All patients with the diagnosis snapping scapula (scapula crepitans), defined as a painful and noisy dyscoordination of scapula during movement of the arm, were prospectively recorded. The diagnostic strategy included: 3-D-CT scan of scapula, MRI of the thoracoscapular region, injection of carbocaine/depomedrol in the bursa, UL-scan of the thoracoscapular space and neurophysiological investigation when it was found relevant. The last five patients received NMS treatment by our physiotherapists and continued treatment at home prior to decision about surgery.

Results

19 patients were admitted. Two had true scapular exostoses, that were removed arthroscopically. One had full and lasting effect of the corticoid injection Eleven had a short effect of the injection and were regarded as classical snapping scapulae with a dynamic impingement between the superomedial corner of scapula and the thoracic wall. These eleven patients had the superomedial corner of scapula removed arthroscopically. Five patients are still under non-operative treatment with NMS. Of these, two patients have very severe dyscoordination of scapular with any movement of the arm – one is bilateral. Generally they report that treatment with NMS reduces symptoms, but treatment has not terminated for any of these patients yet.

We have not had any complications to surgical treatment.

In these 19 patients MRI did not result in additional information compared to 3-D-CT. In one patient there was a clearly inflamed bursa visible on UL.

Conclusion

The number of patients was slightly higher than expected in the speciality plan. 3-D-CT gave valuable information in several patients. MRI is probably not necessary as a diagnostic tool. We have used positive effect of carbocaine injection in the superior part of the scapulothoracic bursa in the decision rule for surgical treatment. Outcome will be reported, when patients are observed for > one year.
