

Date (CSS Member)	Message	Attached Documents
12/7/17 (Dr. Jon Warner)	<p>Dear Members of the Codman Shoulder Society,</p> <p>Attached please find a case presentation of my patient. Any comments or advice on this case would be greatly appreciated. Thank you in advance for your help.</p>	Case Presentation PPT
12/7/17 (Dr. Bassem Elhassan)	<p>Dear JP</p> <p>Very tough case and very challenging. I have dealt with similar patient who had very similar sequences of events and ended up with resection arthroplasty of the right shoulder and did very well. You would be surprised if I sent you his ROM video: Flexion to 120, abduction 100, external rotation to 30 with no pain at all. He had also revision reverse on the left side that was performed after a presumed infected TSA, but remained with significant pain. I performed on him resection arthroplasty on the left side almost a week ago and his symptoms are now already completely resolved. His cultures are negative so far. I did mention to him that if he was not satisfied with the motion then we can consider shoulder fusion, but would not repeat another reverse on him because the prior one was technically executed well and I do not think I can do better job and definitely can't guarantee he will get better. I do believe that he is one of those very uncommon patients that his shoulder soft tissue envelop cannot tolerate much tension on them, or his body does not like metallic implant. Please keep us posted to what will you do.</p>	
12/7/17 (Dr. George Athwal)	<p>Tough case.</p> <p>I would consider an image guided steroid and local injection in to the suprascapular nerve area... to see if it helps</p>	