

Date (CSS Member)	Message	Attached Documents
9/10/18 (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> <p>Best Regards,</p> <p>Jon J.P. Warner, MD</p>	AM Codman Shoulder Society Case Presentation
9/10/18 (Dr. Bassem Elhassan)	<p>Dear JP</p> <p>Interesting and complex case.</p> <p>His xrays show clearly that the scapula is protracted on the chest wall, indicating at least serratus dysfunction. However, on another xray view, the lateral scapula appears with downward rotation indicating dysfunction or injury of the trapezius though on exam he is firing it.</p> <p>It seems this patient is going to require scapulothoracic fusion, especially he has no pectoralis major, however, with the current shoulder arthritic changes and stiffness, he won't do well with ST fusion alone.</p> <p>If the rotator cuff exam is good, then I would consider total shoulder arthroplasty first and see how he does. Most likely he will require ST fusion that you can do after he recovers from his shoulder replacement but I would obtain a CT scan of the chest and scapulothoracic articulation with 3D reconstruction to better visualize the chest especially the patient has prior resection/deformity in it.</p> <p>I have done similar case before but started with ST fusion and the patient was miserable until I did the replacement. It makes sense because if this has limited motion (both active and passive) because of the arthritis, then he is compensating with the scapulothoracic motion. And when this is eliminated with the fusion, the shoulder motion itself becomes more limited and painful.</p> <p>Keep us posted Cheers B :)</p>	