Introduction

Long thoracic nerve palsy, also known as serratus anterior palsy, is a relatively rare neurological disorder that affects the serratus anterior muscle. This muscle plays a crucial role in stabilizing the scapula during arm movements. It arises from the first to the eighth, or occasionally ninth, thoracic vertebrae and courses downward to the scapular hilum. The nerve then divides into two branches, which supply the serratus anterior muscle.

Diagnosis

Right sided idiopathic isolated long thoracic nerve palsy was diagnosed by exclusion. The patient was evaluated by his PCP and referred for shoulder MRI for further evaluation of Right Upper Extremity weakness. In PMR clinic patient was found to have isolated medial winging of right scapula and abduction weakness. Other significant histories are chronic low back pain and bilateral carpel tunnel syndrome.

Discussion

This is a case of a 25 year old right handed male audio-visual technician with 5 year history of right shoulder pain associated with work, overhead activities and push-ups. However, the most recent episode in March 2013 was different, in that it was only spontaneous weakness for abduction above shoulder and persists till date. He was evaluated by his PCP and referred for shoulder MRI for further evaluation of right Upper Extremity weakness. In PMR clinic patient was found to have isolated medial winging of right scapula and abduction weakness. Other significant histories are chronic low back pain and bilateral carpal tunnel syndrome.

Case Diagnosis:

Right Sided Idiopathic Isolated Long Thoracic Nerve Palsy

MRI:

Mild Supraspinatus and Infraspinatus tendinopathy with mild infraspinatus interstitial changes in rotator cuff muscles. With no history of inciting trauma to the right shoulder.

EMG:

Bilateral median mid palm SNAP's with Fibrillation and Positive sharp waves in right Serratus Anterior muscle on needle EMG. Patient was enrolled into physical therapy program focusing mainly on range of motion and pain management period. Planned for the patient to have EMG and planned for electrophysiology re-evaluation in 6 months.

Conclusion

This is a case of 25 year old right handed male audio-visual technician with 5 year history of right shoulder pain associated with work, overhead activities and push-ups. However, the most recent episode in March 2013 was different, in that it was only spontaneous weakness for abduction above shoulder and persists till date.

References

3. Narayan Reddy, MD2; Monica Steiner, MD2; Noel Rao, MD1
5. Gnanapradeep Gnanapragasam, MD1; Melanie Querubin-Atonson, MD2; Takeshi Narayan Reddy, MD2; Monica Steiner, MD2; Noel Rao, MD1

Electrodiagnostic Study

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Electrodiagnostic Study

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