

CALCIFIC TENDONITIS OF THE SHOULDER

Calcific tendonitis of the shoulder happens when calcium deposits form in the cuff tendons. The tissues around the deposit can become inflamed, causing a great deal of shoulder pain. This condition is fairly common. It most often affects people over the age of 40.

There are two different types of calcific tendonitis of the shoulder: degenerative calcification and reactive calcification. The wear and tear of aging is the primary cause of degenerative calcification. With age, the blood flow to the tendons of the rotator cuff decreases. This makes the tendon weaker. Due to the wear and tear as we use our shoulder, the fibres of the tendons begin to fray and tear. Calcium deposits form in the damaged tendons as a part of the healing process.

Reactive calcification is due to metaplasia of tenocyte to chondrocyte. It is not due to degeneration and Reactive calcification is intracellular [Cf. dystrophic]. Formed crystal is hydroxy apatite crystals. This condition is not related to trauma or has any relation to cuff tear or job

3 stages

- I Pre-calcific stage
- II The calcific stage, calcium crystals are deposited in the tendons
- III The body simply reabsorbs the calcium deposits. [Symptomatic stage]

No one knows what triggers the body to reabsorb the deposits

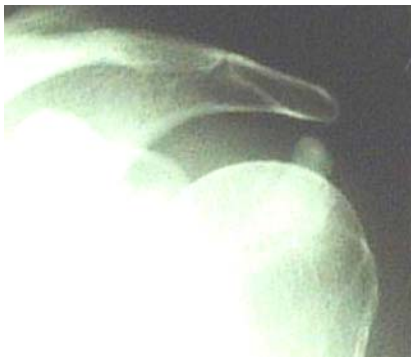
Clinical

- History**
1. Referred pain to the deltoid insertion
 2. Pain on shoulder movement above the chest level
 3. Night pain
 4. Pain limiting: Work, ADL [hanging out clothes on cloth liner; sports like golf or tennis]
 5. At work: Any particular Movement causing pain

Examination

1. Look for tender spot
2. Painful arc: May be present
3. Limitation of movement
4. Wasting of infraspinatus and Supraspinatus
5. Look for associated bicipital tendonitis
6. Rotator cuff strength

X-ray and Ultrasound:



1. Rest
2. Anti-inflammatory medication, such as ibuprofen.
3. Cortisone can be very effective at temporarily easing inflammation and swelling.
4. Remove the calcium deposit by inserting two large needles into the area and rinsing with sterile saline.
5. A physical or occupational therapist directs your rehabilitation program.
6. Shock wave therapy is a newer form of nonsurgical treatment.
7. Surgery: Arthroscopic excision
Or. Open Resection