ISOLATED OSTEO-ARTHRITIS OF THE SHOULDER JOINTS REPORT OF A CASE

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It seems worthwhile to describe this case because of the very unusual site of the osteo-arthritis. There is no evidence whatever of arthritis of any other type elsewhere in the body and the patient, whose memory is good, can recollect no injury whatsoever to either shoulder. Both the patient and her daughter state that she has done no strenuous work and has always

been able to avoid the heavier household chores—nor has she indulged in sports at any time

Case Report

History of Present Illness.—4 years before consultation, this 73-year-old white woman began to have rheumatic pain in the left shoulder, which persisted until restriction

Figure.—Radiographs of right and left shoulders, showing narrowing of joint space with eburnation of subchondral bone, pseudo-cystic changes in the next deeper layer of bone, and bone proliferation on the glenoid and humeral margins.

of movement immobilized it 3 years later. 3 years ago, she began to have pain also in the right shoulder. This became progressively worse, even though marked restriction of movement had developed, and was her chief complaint when seen.

Her past history and family history were not contributory.

Examination.—The right shoulder showed about one-third of the normal range of (passive) scapulo-humeral movement, and was quite painful. Eburnation crepitus was palpable on the right side.

The left shoulder showed only a few degrees of passive movement at the scapulo-humeral joint, which was only slightly painful.

The peripheral joints were quite normal and the spine showed only the slight restriction of movement to be expected at her age.

There was nothing to indicate a focus of infection, or other systemic disease. Blood pressure 140/80, electrocardiogram and fluoroscopy of the thorax within normal limits.

The central nervous system was quite normal and there was no evidence to suggest syringomyelia.

Laboratory Findings.—Blood tests, including serological tests for syphilis and Brucellosis, were negative. Erythrocyte sedimentation rate 12 mm./hr (Westergren). The fasting blood sugar was normal.

Radiological Findings.—In both shoulders, there was rather marked narrowing of the joint space with eburnation of the subchondral bone and pseudo-cystic changes in the next deeper layer of bone, more marked on the right side. There was marginal bone proliferation on both the glenoid and humeral margins (see Figure).

X-rays of the lumbar spine and pelvis showed some vertebral degenerative change.

Discussion

Osteo-arthritis of the shoulder joints of significant degree is most uncommon. When it does develop,

good reason for it is usually easy to find, but in this case there was no good reason.

There was no past history of inflammatory arthritis in the shoulders or elsewhere, and no history of either major, or oft-repeated minor, occupational injury (as might be expected in a miner or stevedore). Neuropathies, such as syringomyelia, may contribute to osteo-arthritis of the shoulder, but there was no neuropathy, nor was there any metabolic disease, such as ochronosis, to predispose to the unusual degree of degenerative change, demonstrated radiologically and clinically. The patient had led a life of ease and comfort.

Summary

A case of bilateral, severe arthritis of both shoulders presumably purely degenerative in origin, is reported because of its extreme rarity and because no potential pre-disposing factor was detectable.

Ostéoarthrite isolée de l'articulation de l'épaule; rapport d'un cas

RÉSUMÉ

Un cas d'arthrite sévère des deux épaules, probablement de nature purement dégénérative, est signalé en raison de son extrême rareté et parce qu'aucun facteur potentiel de prédisposition n'avait pu être décelé.

Osteoarthritis aislada de la articulación del hombro; relato de un caso

SUMARIO

Un caso de artritis grave de ambos hombros, probablemente de naturaleza puramente degenerativa, se señala aquí a causa de su gran rareza y porque no se pudo encontrar ningún factor potencial de predisposición.