(3) b)

Acute calcific tendinitis of shoulder

Acute calcific tendinitis is as a result of deposition of calcium hydroxyapatite crystal in the critical zone of supraspinatus tendon. Critical zone is 1 cm proximal to the insertion of supraspinatus tendon to the greater tuberosity & it is relatively avascular. The causes are generally unknown but it may be related to genetic, autoimmune or tendon degeneration.

The symptoms are not due to calcium but a florid vascular reaction with which it is associated. In acute calcific tendinitis of shoulder, there would be severe pain and will not allow movement. This corresponds to resorptive phase of calcific tendinitis and may be confused with septic arthritis. The Xray show fluffy opacity. Acute symptoms due to increased intratendinous pressure.

The earlier formative phase is followed by degeneration due to hypovascularity, mechanical wear, repeated micro-trauma and age-related changes. There is no pain in formative phase & area undergoes fibrocartilagenous metaplasia with chondrocytes mediate calcium deposition. The symptoms are mainly impingement.

b)

The disease is usually self-limited but can persist for extended period. The initially well demarcated deposit become more "wolly" & gradually disappear in radiology.

The non-operative management consists of rest arm in a sling, short course of NSAID, followed by physiotherapy. Injection of local anaesthetic into subacromial space & needle calcific deposit can be done.

In operative management, it is the decompression by needle aspiration or by excision. In needle aspiration, the areas of maximum tenderness localised & Local anaesthetic infiltrated. A large bore needle inserted into deposit & saline injected & withdrawn until return clear.

operative management is not attempted in acute calcific tendinitis of shoulder because of severe pain. most patient do well with non operative management. operative management is for "chronic" formative phase

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