

# Calcifying tendinitis

## Overview

The rotator cuff is a group of muscles in the shoulder that consists of the supraspinatus, infraspinatus, subscapularis and teres minor. Their work is to stabilize the ball shaped humeral head in the socket shaped glenoid fossa during a wide range of movements which would otherwise dislocate the humeral head from the socket. By spanning over the glenohumeral joint between the humerus and the scapula, they are able to serve this function.

Calcifying or calcific tendinitis involves the accumulation of calcium in one of these 4 tendons. During the process of calcium deposit, but especially during the re-uptake of these calcium, an inflammatory process is triggered which causes severe pain and limitation of shoulder movement.

## Causes

The cause of calcifying tendinitis is not fully understood yet, but it seems as if local pressure on the tendon combined with an oxygen shortage in this area contribute to the formation. In certain individuals there is a higher tendency to develop this condition, probably on a genetic basis.

There are different phases of this condition and it is often in the later phases of the condition that pain occurs.

## Symptoms

The condition is very painful, especially during shoulder movements. Other movements may, however, be painless. Night pain exists and it is also painful to lie on the affected shoulder.

## Classification

The classification is influenced by the size of the calcium, the appearance thereof as well as where it is situated in the rotator cuff.

Another type of calcification in tendons also exists and is usually present in degenerated tendons. The course of the latter condition, however, is different from classic calcifying tendinitis.

## Treatment

Calcific tendinitis is treated by resting the shoulder, anti-inflammatory medication and physiotherapy. The arm can be immobilized in a sling and at night it can be rested on a pillow in a comfortable position. In acute cases that do not respond to the above mentioned treatment, one cortisone infiltration can be administered.

Calcific tendinitis tends to clear up by itself, but in cases where insufficient pain relief is obtained by the above mentioned techniques, a needle prick decalcification or an arthroscopic debridement of the calcification can be employed to help the body to clear up the calcium deposit. Where indicated, a decompression of the rotator cuff is done by arthroscopic acromioplasty.