

SUBACROMIAL BURSTITIS

Overview

A fluid filled sack between the acromion and the rotator cuff limits friction and serves as a shock absorber between the rotator tendon and the bone. When the bursa is injured or irritated, inflammation occurs and fluid is secreted in the bursa. This leads to lowering of the shock absorbing properties of the bursa. The bursa can also become inflamed due to rotator cuff impingement that causes swelling of the tendon and narrowing of the space between the tendon and the bone. The bursa is pinged between the tendon and the bone with every movement and this leads to shoulder pain. Chronic bursitis can occur when the inflammation process repeats and thickening and scar formation in the bursa takes place, up to a point where range of motion is limited. It can even lead to frozen shoulder.

Causes

Bony anatomy that limits the space between the rotator cuff and the acromion can cause bursitis. Inflammation of the rotator cuff tendons causes swelling of these tendons and limits the space even further. Injury to the bursa or the tendon through repetitive shoulder movement can cause a cycle of pain, inflammation and irritation and a so-called over use injury can occur. Arthritis, gout, rheumatoid arthritis and infection can also bring it on.

Symptoms

It usually starts as a vague, nagging pain in the front and to the side of the shoulder that limits range of motion. Activities with the hand above the head are limited. Pain is also present during rest and can be so severe that it wakes the person up during the night, especially when lying on the shoulder. A feeling of weakness can also be present.

Classification

It is classified by its cause namely inflammation through rotator cuff impingement or inflammation due to underlying medical conditions.

Treatment

It often responds to rest and anti-inflammatory medication, adjustment of activities, ice, strengthening exercises of the shoulder girdle and if this does not work corticosteroid injection can be added.

Symptoms can become chronic despite of non-operative treatment in which case a subacromial decompression operation might be indicated after 3 to 6 months. During this procedure the inflamed bursa is removed and space for the tendon is enlarged by removing some of the bone on the lower surface of the acromion.