

Case Study for Left Labrum Tear of the Shoulder

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ABSTRACT

CASE HISTORY: 27-year-old male complains of newly worsening left shoulder pain after playing an intense basketball tournament over the weekend. He denies a single incident that caused his pain and was able to finish playing the tournament. Patient is a recreational basketball player and has a daytime desk job. He complains of having pain while trying to sleep on the left shoulder, hence he only slept on his right shoulder. **PHYSICAL EXAM:** Physical examination revealed a slight loss of motion in the left shoulder. No palpatory tenderness of the left shoulder was identified. However, patient experienced pain with end-range abduction and flexion rotations of the left shoulder. **DIFFERENTIAL DIAGNOSES:** Glenohumeral subluxation, shoulder impingement, rotator cuff disease, rotator cuff tear, shoulder instability. **TESTS & RESULTS:** The patient was referred to a magnetic resonance imaging (MRI) by an orthopedic surgeon. The MRI findings revealed a Superior Labrum Anterior and Posterior (SLAP) lesion of the labrum. **FINAL DIAGNOSIS:** Left shoulder labrum tear. **DISCUSSION:** SLAP tear of the shoulder is considered relatively rare pathology. Only 6% of shoulder arthroscopies are related to this pathology. The most common SLAP tear is type II tear, which is 55% of all SLAP tears. This type of tear is prevalent in overuse shoulder injuries that occurs mostly in athletes whose sports require repeated external rotation and abduction of the shoulder followed by rapid overhead movement such as throwing and serving. This type of injury is very common in sports, such as baseball, volleyball, swimming, etc. Trends in SLAP repair show higher incidence in men (75%) than in women, and higher incidence in ages 20-29 (29.1 per 10000) then in ages 40-49 (27.8 per 10000). **OUTCOME OF THE CASE:** After eight weeks of scapular stabilization, scapulo-thoracic mobilization, and soft tissue mobilization treatments the patient showed a small improvement; however, it did not cause significant alleviation of symptoms. The patient was referred to an orthopedic surgeon, specializing in sports injuries. After the MRI revealed the SLAP tear, the treating physician suggested either cortisone or PRP (platelet-rich plasma) injections in addition to 12-week rehabilitation program similar to the pre-diagnosis protocols. Patient chose to receive two PRP injections one month apart, which improved his pain level and functionality significantly, and assisted in his adherence to his rehabilitation program. **RETURN TO ACTIVITY AND FURTHER FOLLOW-UP:** Patient is almost completely symptom free and returned to normal activity.