Painful Intramuscular Lipoma of the Infraspinatus: Unusual Location and Presentation

To the Editor:

We read with great interest the article by Park et al¹ and found it instructive for clinical practice. The authors presented a fascinating case of intramuscular lipoma located in the infraspinatus muscle and presenting with pain. The patient reported shoulder pain and deficit in joint mobility. The diagnosis was made with the use of ultrasound. Finally, after surgical excision, the patient had complete relief of pain and complete recovery of range of motion.

This report was informative, detailing the specific features of the case and the diagnostic path followed by the authors. The location of this lipoma was unusual, which added value to this report. Moreover, clinical evaluation was performed and was completed with the use of instrumental diagnostic tools, in particular ultrasound. The lesion was detected by ultrasound; magnetic resonance imaging had only confirmed the presence of intramuscular alteration. Ultrasound served as an extension of the physical and visual examination.² A lipoma with a deep localization, as in this case, is not accessible via simple palpation; hence, investigation using instrumentation is mandatory. In some cases, ultrasound is the best choice because it is less expensive and easier to perform than magnetic resonance imaging. In addition, in this case, ultrasound was necessary for successful surgery, as an accurate morphologic evaluation is needed to determine the surgical approach and avoid possible side effects of the intervention.

On the basis of our experience, ultrasound plays a crucial role in orthopedics, neurology, and rehabilitation.³ In addition to evaluating the muscles, ultrasound offers the possibility of widely and precisely studying the nerves, permitting assessment of patients’ condition and providing important data about diagnosis, prognosis, and therapy in cases of peripheral neuropathies.⁴ Morphologic knowledge of the assessed structures (eg, muscles, nerves, bones) yields additional information, such as about anatomical variation, essential for accurate surgical planning.⁵ Furthermore, Doppler ultrasound can reveal the vascularization of a lesion, offering additional diagnostic data. Finally, the intrinsic features of ultrasound permit its being performed multiple times, allowing follow-up information to be easily obtained.⁶ The use of ultrasound after surgical intervention may reveal the evolution of a condition.

The method described in the article by Park et al¹ is notable. The correct diagnosis of an uncommon condition and its extensive characterization via the use of tools that can widen clinical evaluation are important for patient care and management. According to our experience, the literature, and single cases such as that of Park et al,¹ we recommend the use of ultrasound to complete physicians’ routine clinical evaluation.

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REFERENCES


Editor’s Note: At the time of publication, the authors could not be reached for response.

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