Indirect Arthroscopic Decompression Of Paralabral Cyst with SLAP Tear In Shoulder

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Case History :

- 38 yrs old male.
- C/o Right shoulder (dominant side) pain since 1 year post trauma (while overhead activity).
- No comorbidities, Nil active in sports.

O/E :

- ROM B/L Shoulder free and full, No significant muscle wasting noted, affected side ER and Abduction painful terminally.
- Special test - Obriens test positive and cross arm adduction test positive (specific tests for SLAP tears)

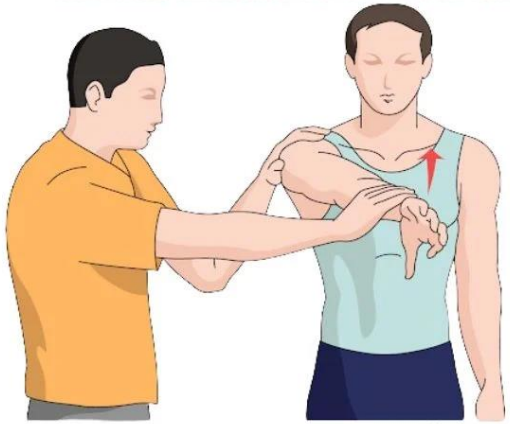
Obriens test and Cross arm adduction

O'BRIEN'S TEST

PHYSIO 360 Sports Injuries & Rehab Centre

Primarily used to detect:

- **SLAP (Superior Labrum Anterior to Posterior) lesions**
- **Can also indicate Acromioclavicular (AC) joint pathology**



Patient Position:

- Standing or sitting
- Shoulder flexed to 90°
- Arm adducted 10–15° across the midline
- Elbow fully extended

Examiner Action:

First Position (Thumb Down):

- **Internally rotate the arm so the thumb points downward** (like emptying a can)
- Apply downward resistance on the arm while the patient resists

Second Position (Palm Up):

- **Externally rotate the arm so the palm faces upward**
- Apply the same downward resistance

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Cross Body Adduction Test

- Cross Body Adduction test (also called Cross chest adduction test or scarf test) is used to check for Acromioclavicular Joint pathology.
- With the patient sitting or standing, the 90° abducted arm on the affected side is forcibly adducted across the chest toward the normal side.
- Pain in the acromioclavicular joint suggests Acromioclavicular joint pathology, anterior impingement, or suprascapular nerve entrapment syndrome. (Absence of pain after injection of an anesthetic is a sign of joint disease.)

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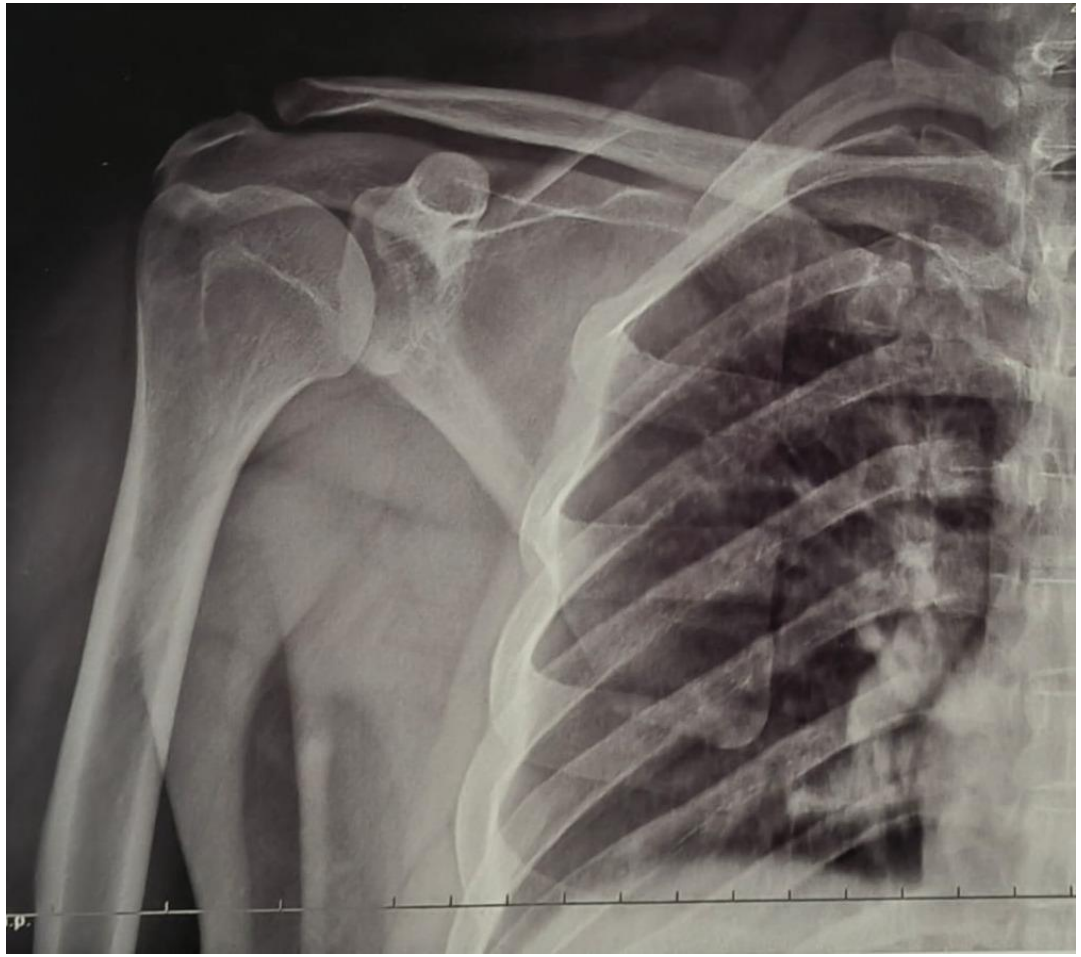
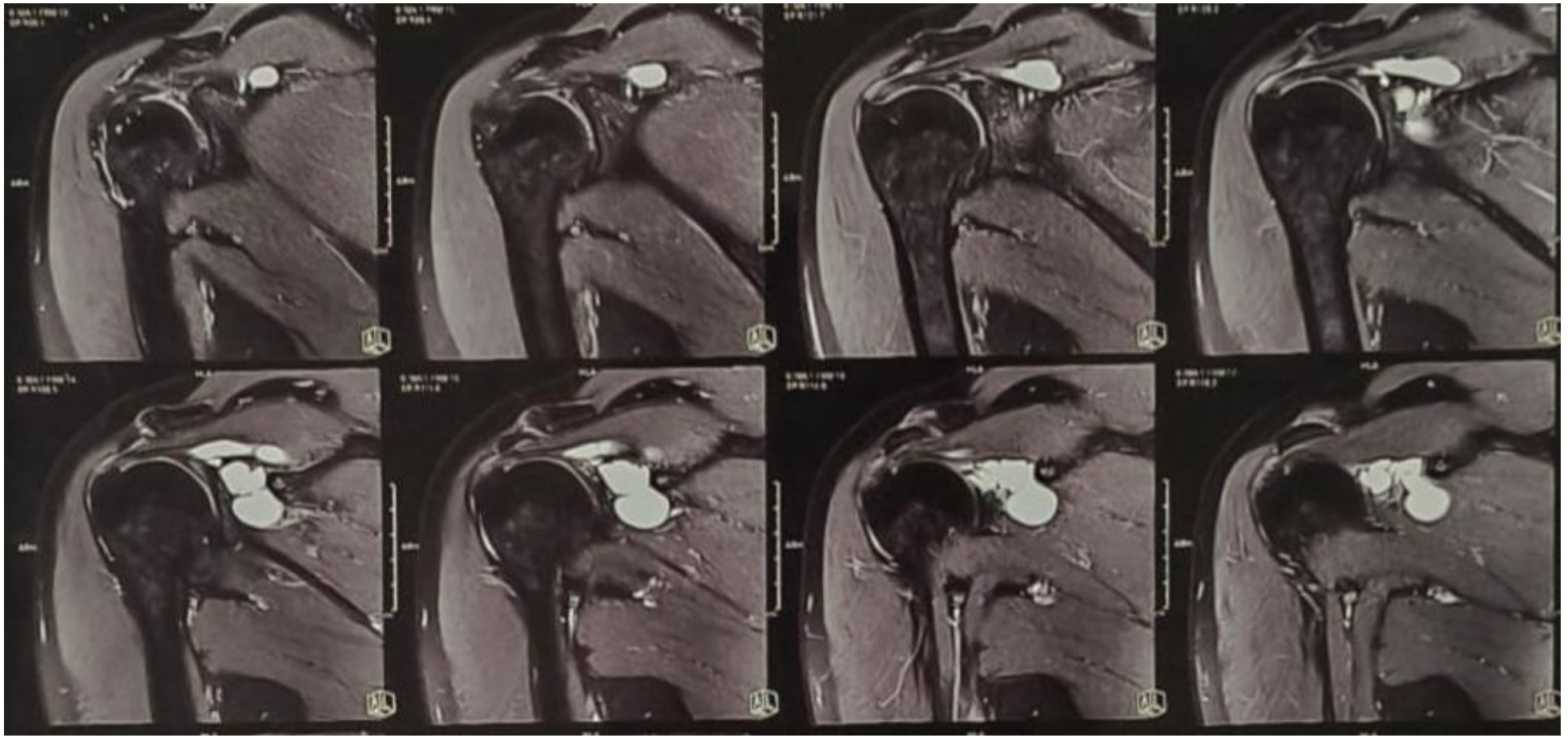
PRE OP XRAY

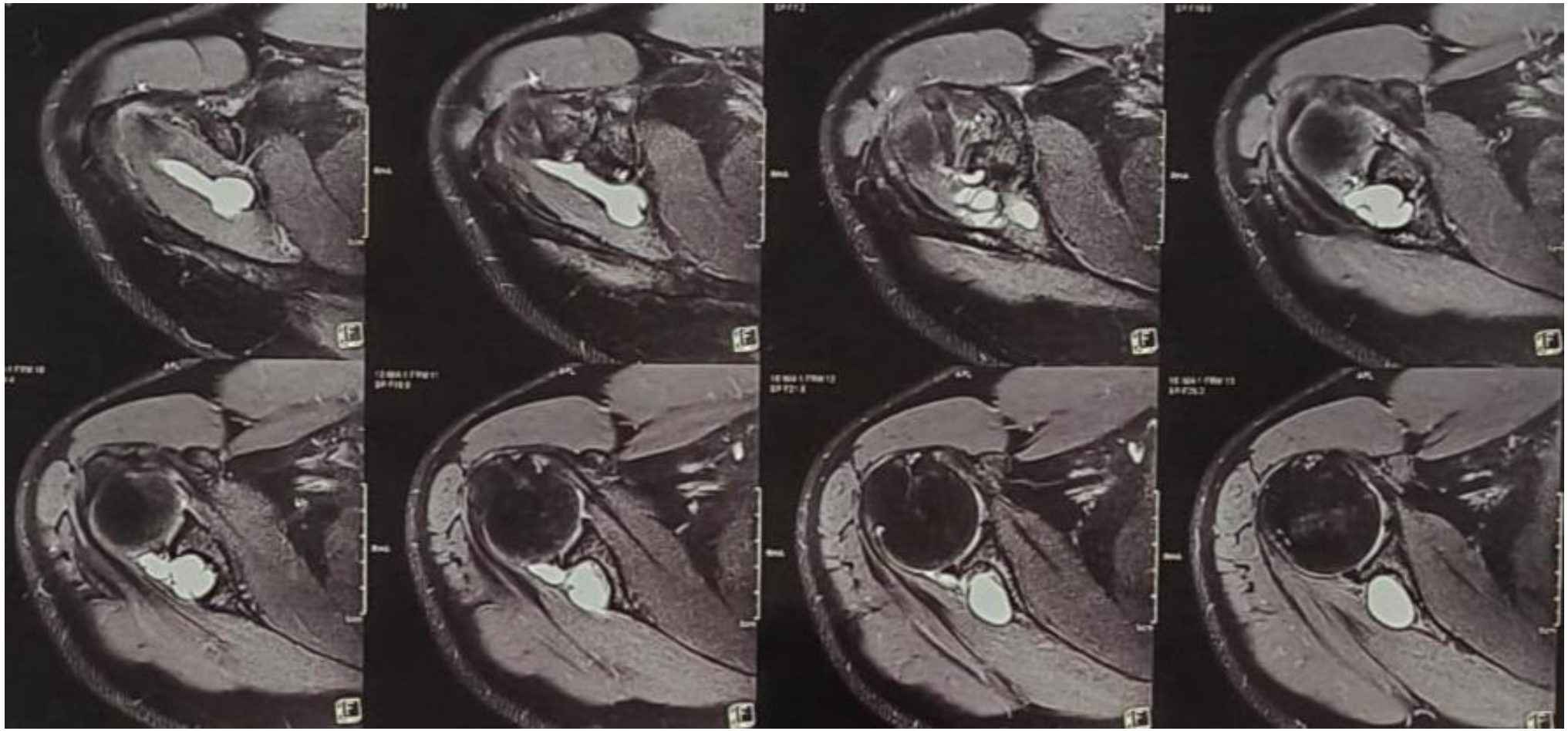
X-Ray – Normal



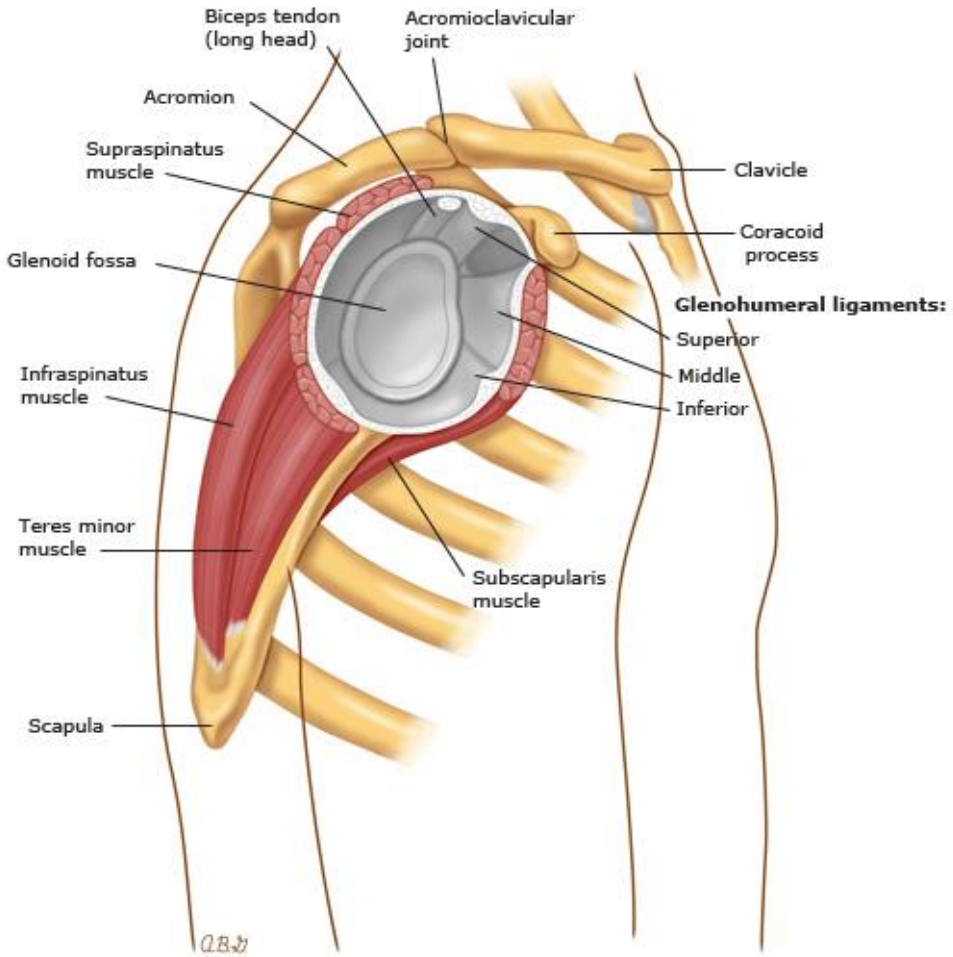
MRI

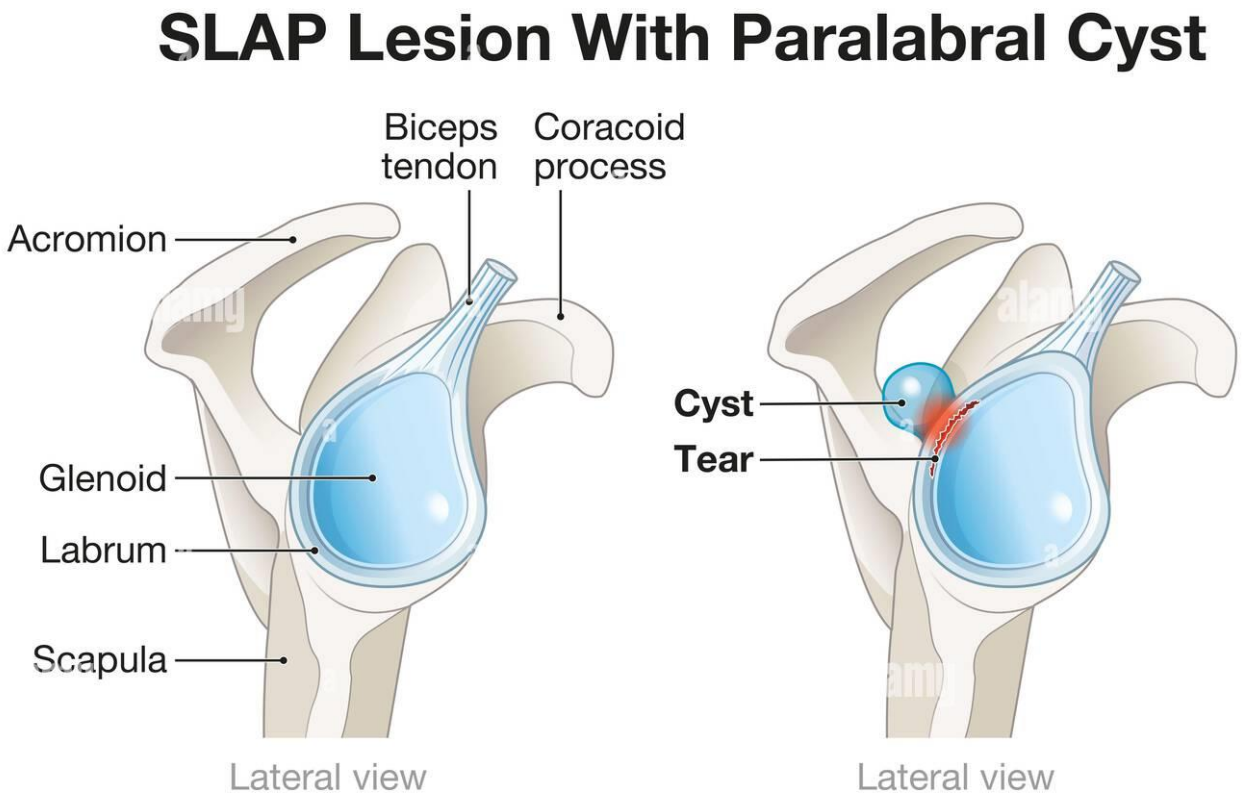
- MRI – T2 weighted axial cuts s/o large multiloculated cyst present in the superior aspect of the spine of scapula.



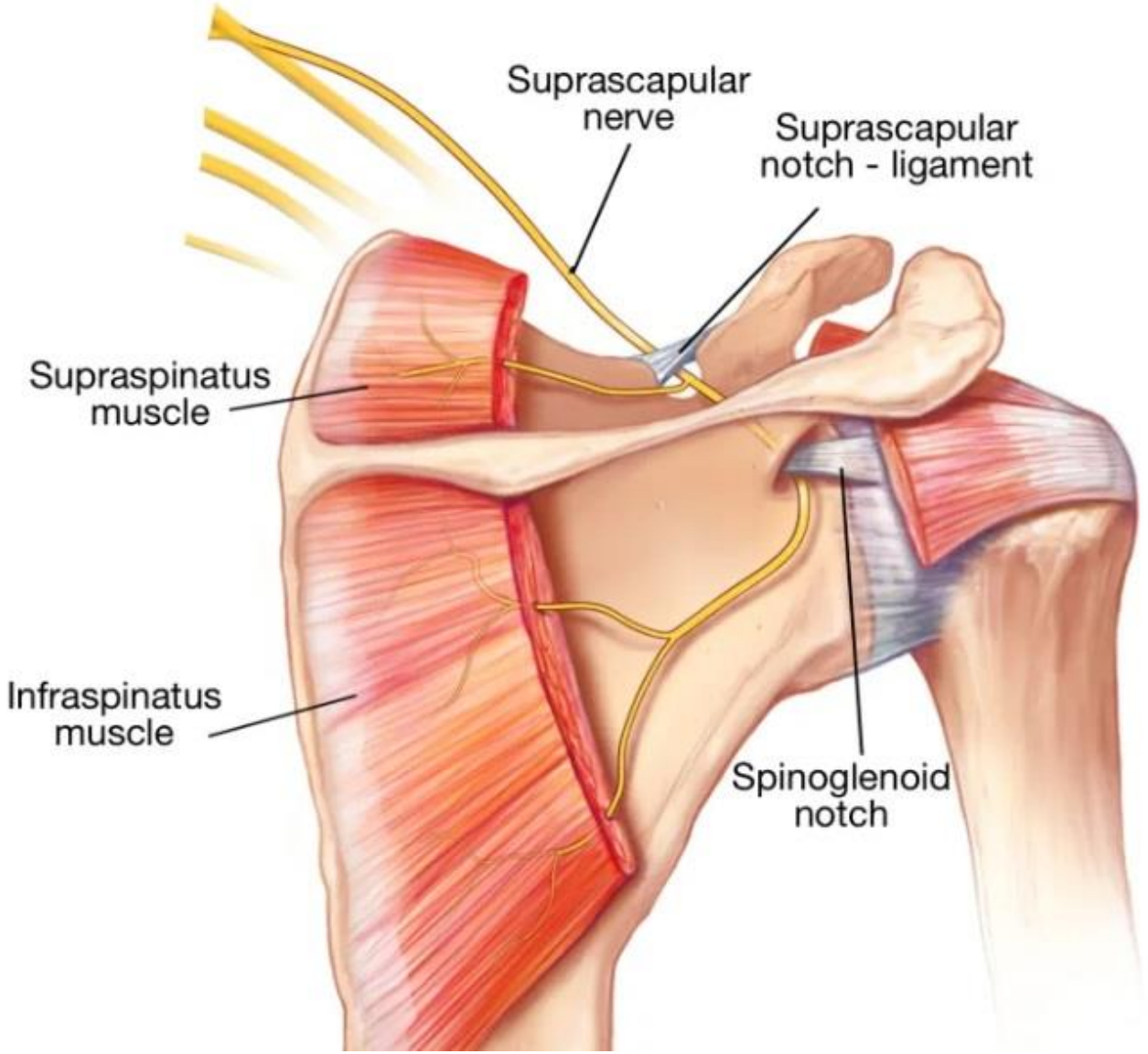


Paralabral cyst due to labral or SLAP tears.



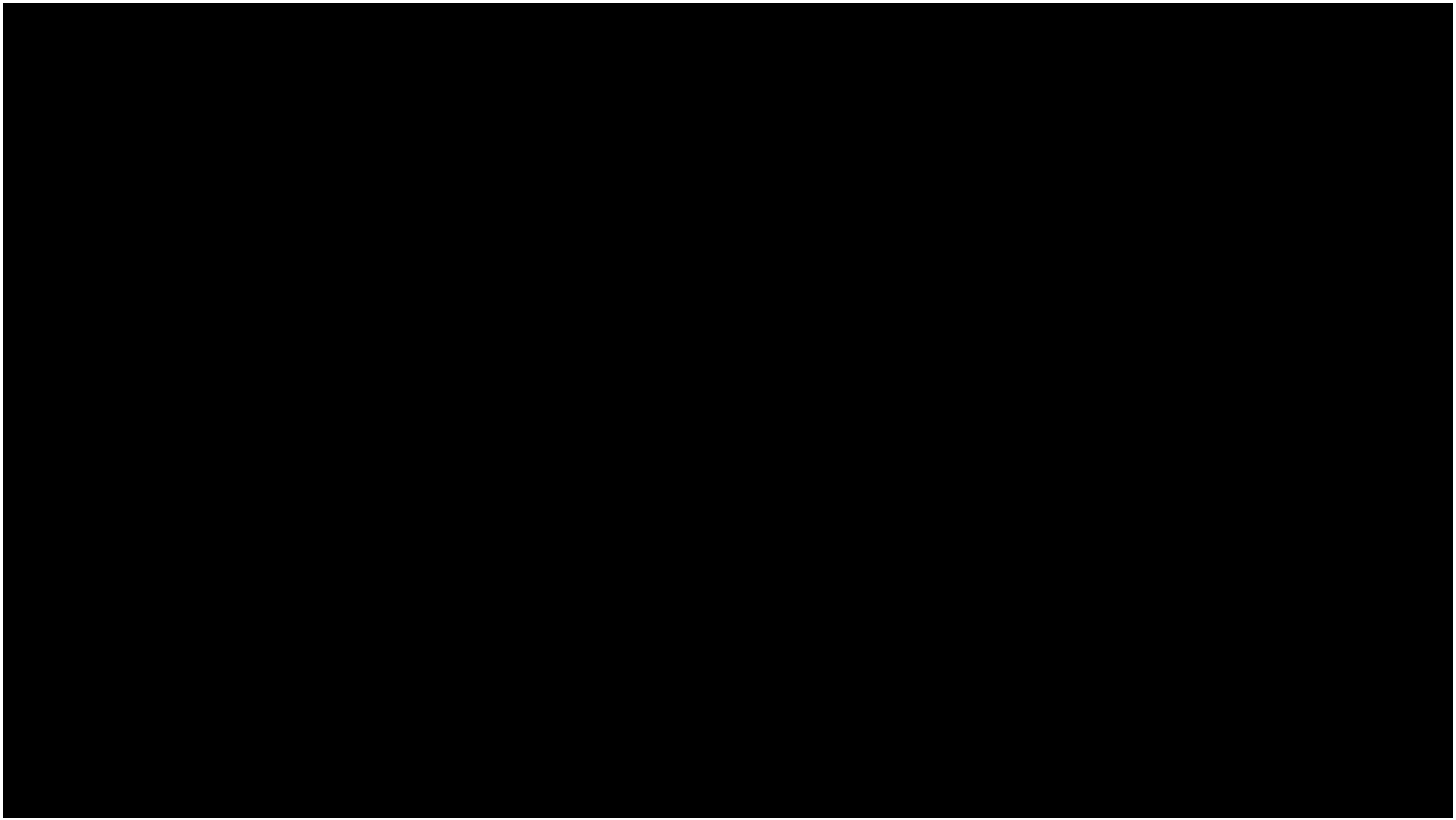


Proximity of SSN to the spine of scapula (Image)

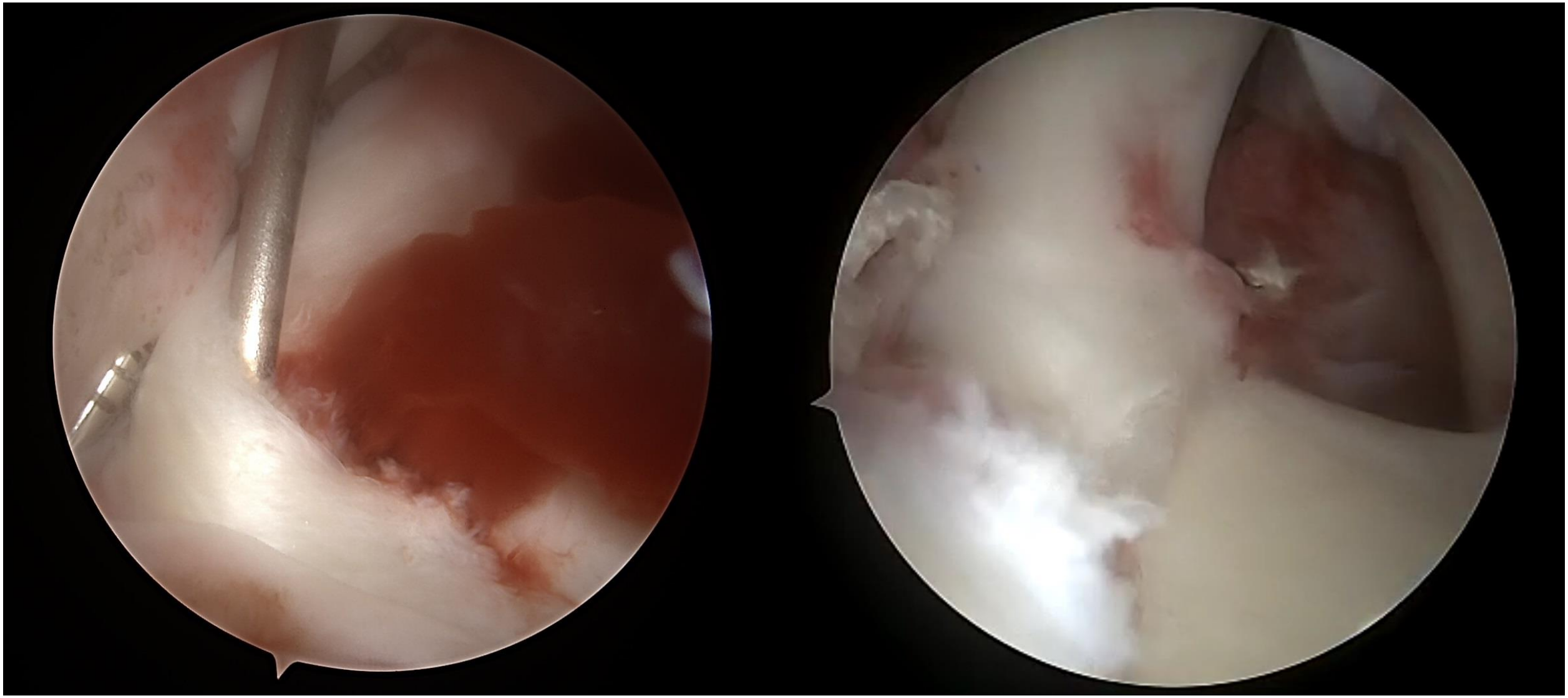


- Diagnosis – Right shoulder superior to anterior labral tear with paralabral cyst w/o nerve involvement.
- Classification

Type	Description
I	Degeneration and fraying of the superior labrum
II	Avulsion of the superior labrum and biceps anchor
III	Interiorly displaced bucket-handle tear of the superior labrum
IV	Extension of type III to involve the biceps anchor



Surgical photo tear and repair



Post op 10 months MRI image

Review Of literature

► Ann Rehabil Med. 2015 Oct 26;39(5):848–852. doi: 10.5535/arm.2015.39.5.848

Type 2 Superior Labral Anterior to Posterior Lesion-Related Paralabral Cyst Causing Isolated Infraspinatus Paralysis: Two Case Reports

Yong Ki Lee [1], Eun Young Han [1,✉], Sung Wook Choi [2], Bo Ryun Kim [1], Min Ji Suh [1]

► Author information ► Article notes ► Copyright and License information

PMCID: PMC4654094 PMID: 26605185

- Conclusion - In summary, SLAP-related paralabral cysts, although uncommon, can result in compression of the infraspinatus branch of the suprascapular nerve and should be considered in the differential diagnosis of shoulder pain and weakness. Therefore, comprehensive EMG evaluation of the shoulder, including the suprascapular nerve, as well as MRI is recommended for SLAP-related paralabral cysts.

Journal of Orthopedic Case Reports

Research Article
[https://doi.org/10.13107/jocr.2025.v15.i03.5384]

Glenoid Paralabral Cysts Causing Shoulder Pain and Isolated Infraspinatus Weakness: Early Arthroscopic Decompression and Labral Repair Leads to Complete Recovery: A Case Series

Learning Point of the Article :

Early diagnosis and arthroscopic treatment of glenoid paralabral cysts ensure full recovery from shoulder pain and infraspinatus weakness.

Conclusion:

Our study highlights the crucial importance of comprehensive clinical examinations and advanced diagnostic investigations for the timely identification and management of shoulder pain and functional limitations. By employing meticulous examination techniques and utilizing high-resolution imaging modalities, we accurately diagnosed and characterized labral tears associated with paralabral cysts and isolated infraspinatus weakness in our patients. Arthroscopic techniques for labral repair and cyst decompression proved to be effective, yielding favorable outcomes and demonstrating the efficacy of surgical intervention in restoring shoulder function and alleviating symptoms. Early identification and intervention are pivotal in optimizing patient outcomes, enhancing functional recovery, and minimizing the risk of recurrent injury in individuals with similar shoulder pathologies. Supervised rehabilitation and targeted muscle training are essential for optimizing recovery and restoring shoulder function. Regular follow-up visits allow for ongoing monitoring and adjustments to treatment plans, promoting long-term shoulder health and functionality.

Clinical Message

Early diagnosis and treatment of such cases are necessary as it yields better clinical results. Chronic compressive neuropathy can lead to irreversible neuromuscular denervation which can lead to poor surgical outcomes. Arthroscopic cyst decompression and labral repair are safe and yield excellent outcomes for patients, enhancing both function and recovery.

Take Home Message

- Arthroscopic indirect manual decompression of the paralabral cyst is a safe technique to decompress the PLC avoiding the chances of iatrogenic injury to the SSN (as traditional techniques demonstrated use of RF probe or arthroscopic shaver to evacuate the cyst making it more vulnerable to injury) reducing the further complication of SSN palsy and thereby SSP or ISP or both muscle wasting post-operatively.

Thank You …….

Questions ???