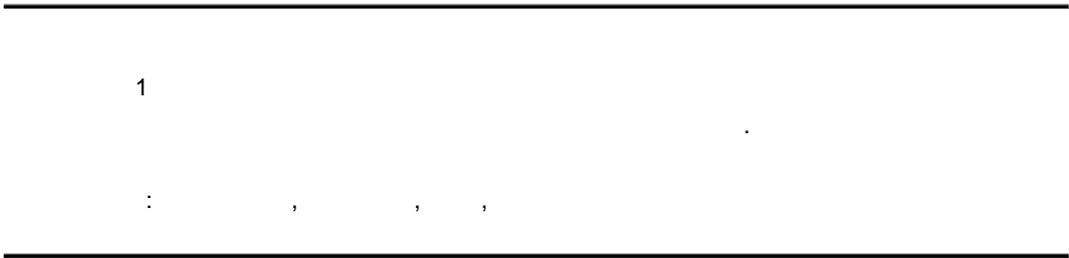


- 1 -



:

4,7,9)

9)

8)

(manual muscle test)
grade 4 가

가

T1

T2

(multiloculated lesion)

(Fig. 1-A,B).

가 6.26 msec(2.4-4.2 msec¹⁾)

38

2

3.88 msec

, (amplitude) (19.9 mV) (0.8

:

249-1

Tel: 031) 560-2314, Fax: 031) 557-8781, E-mail: parkts@hanyang.ac.kr

mV) (fibrillation potential) 6 (marginal excision)²⁾

가 (Fig. 2, 3).

1 cm

5-12 mm 20 Velpeau 3

Ethibond (Johnson & Johnson, New Brunswick, NJ, USA) 2

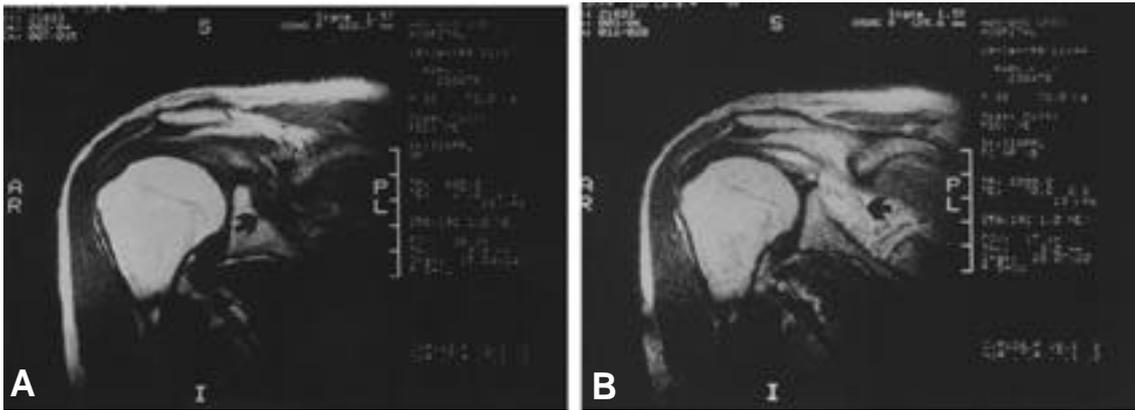


Fig. 1. MR images show the cystic lesion at the spinoglenoid notch of right shoulder (arrow).
(A : Low signal density on T1 weighted image, B : High signal density on T2 weighted image)

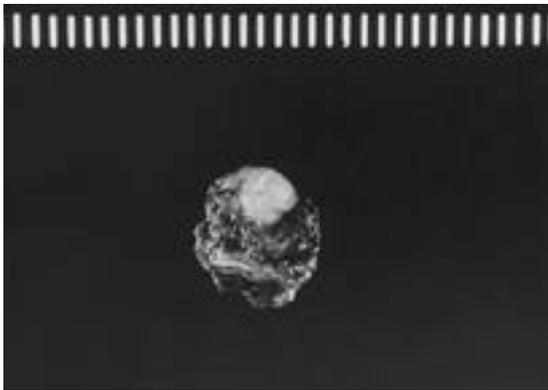


Fig. 2. Gross morphology shows the multilobulated cystic mass, and its cut surface reveals a small cyst with grayish white thin wall.

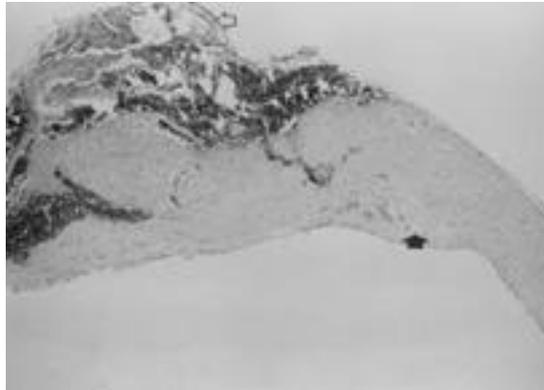


Fig. 3. Histologic finding shows the irregular cystic wall with myxoid changes in the surrounding matrix (arrow), and degeneration of muscle and adipose tissues (open arrow). H&E stain, $\times 40$.

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Abstract

Isolated Paralysis of Inferior Branch of the Suprascapular Nerve due to the Ganglion - Report of One Case -

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We present a case of the patient with early detection of entrapment of inferior branch of the suprascapular nerve caused by multiple ganglion cysts at the spinoglenoid notch of the scapula, recovering from hypotrophy of the infrapinatus muscle and treating successfully after surgical removal of the cysts, and decompression of the nerve.

Key Words : Suprascapular nerve, Inferior branch, Entrapment, Ganglion cyst

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