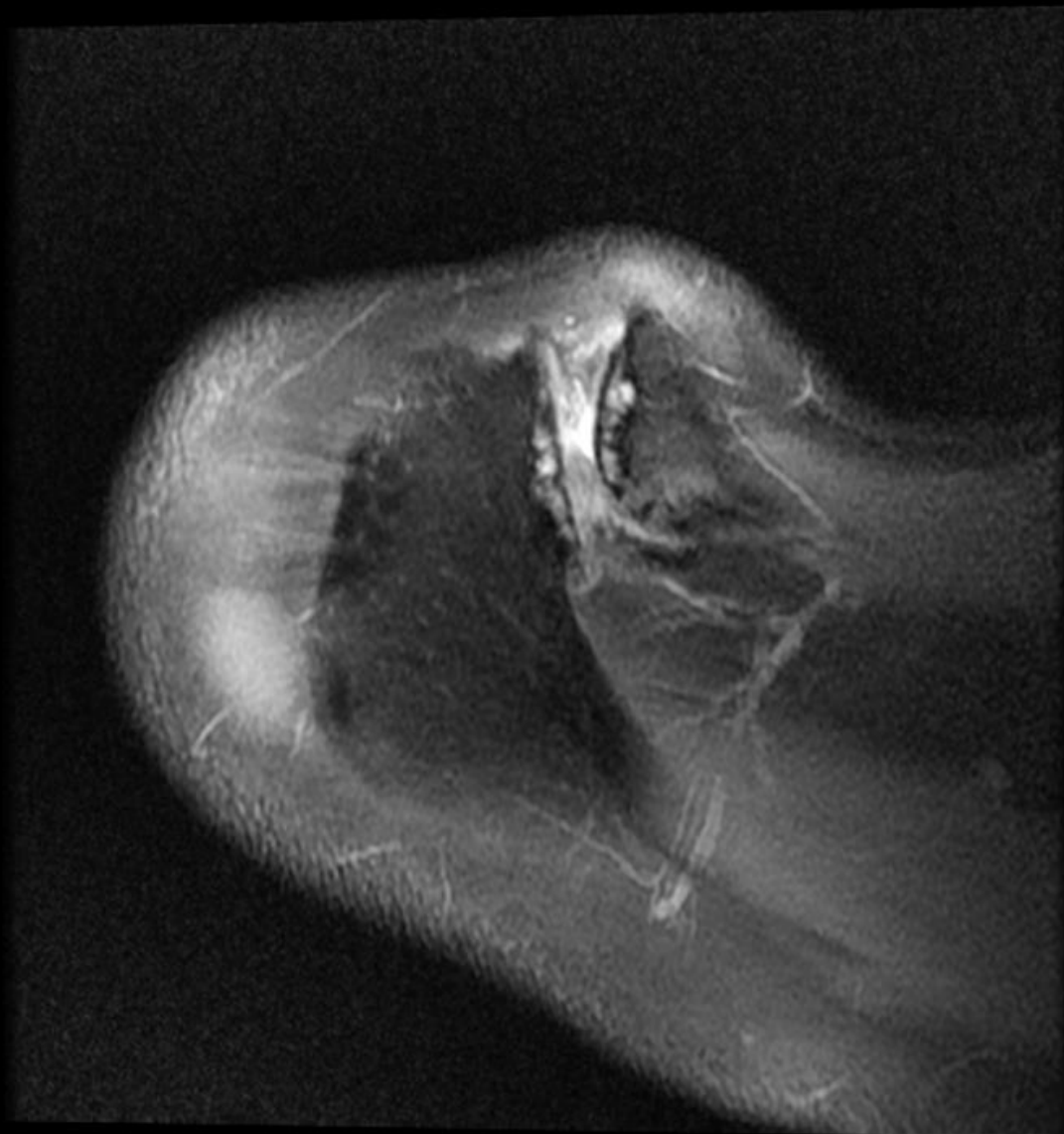
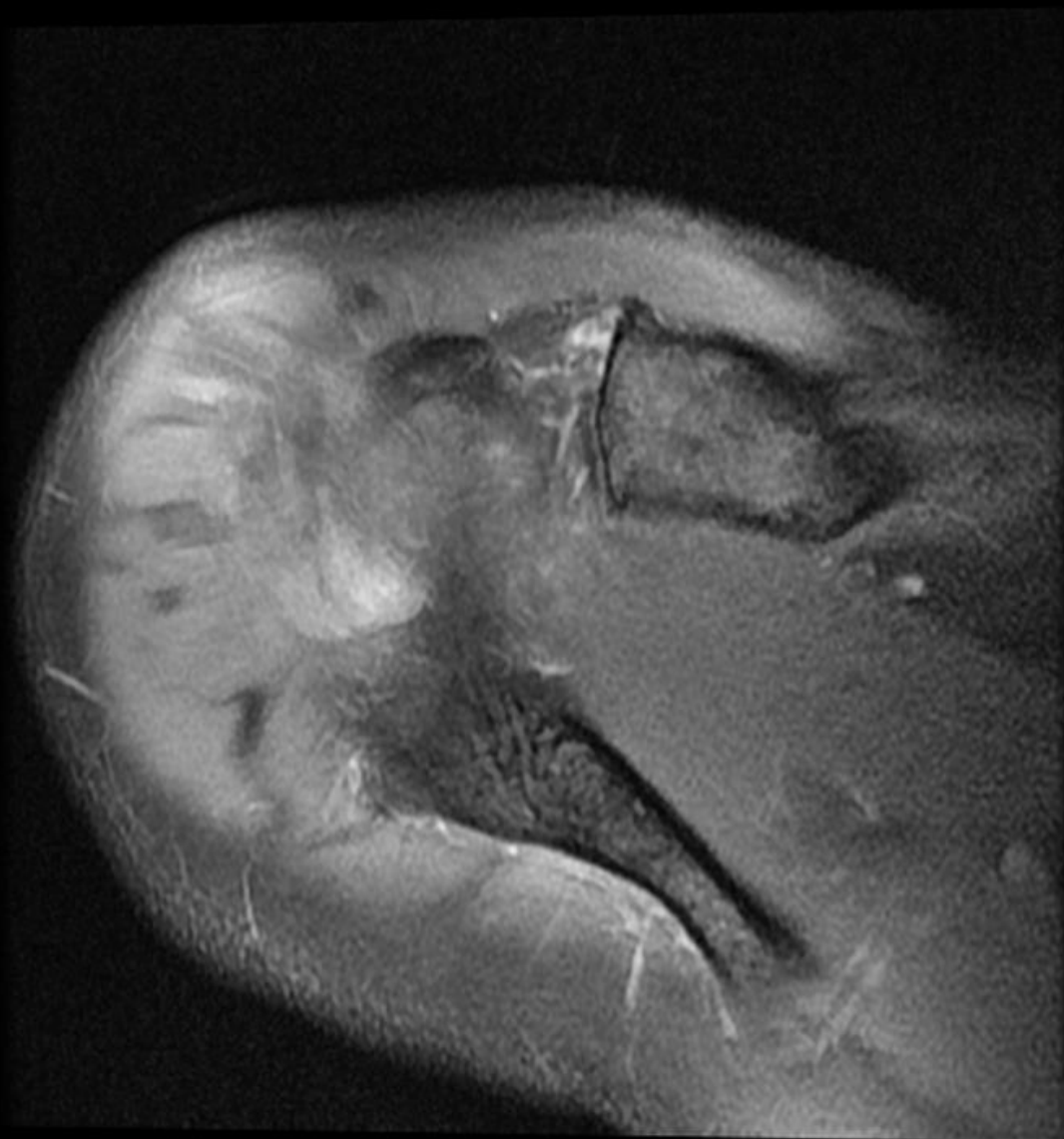


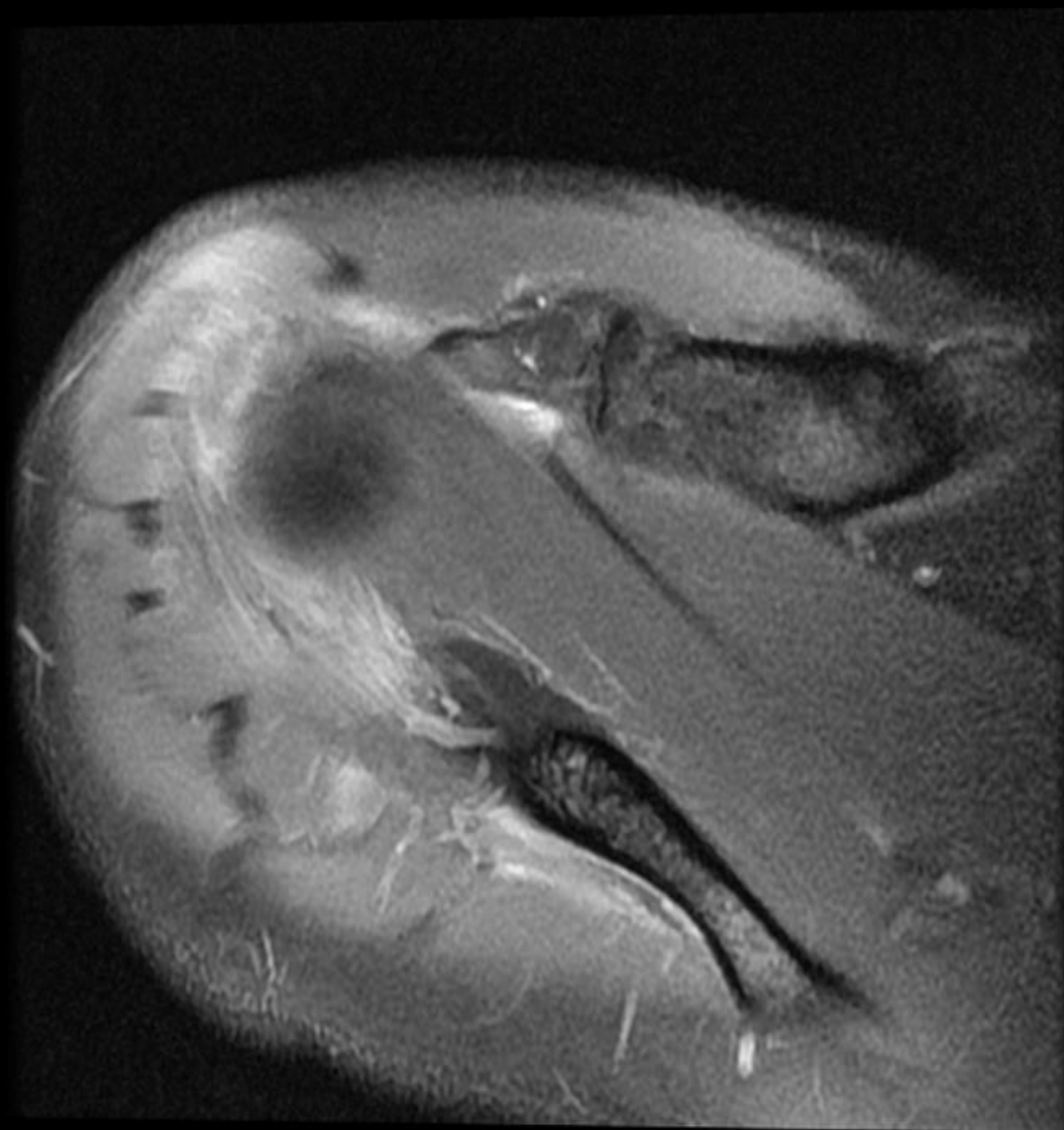


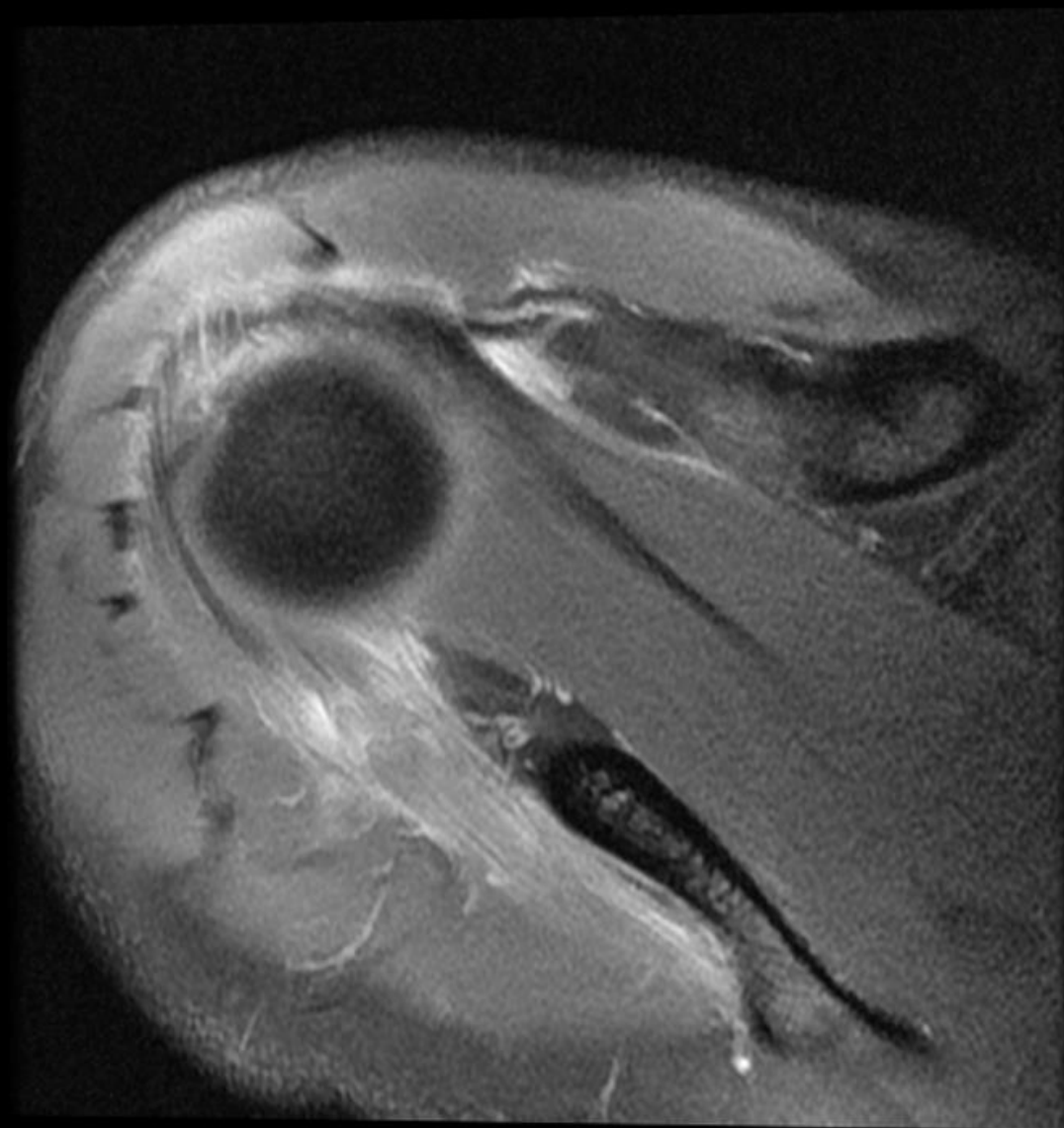
57 yo M with right shoulder pain and stiffness

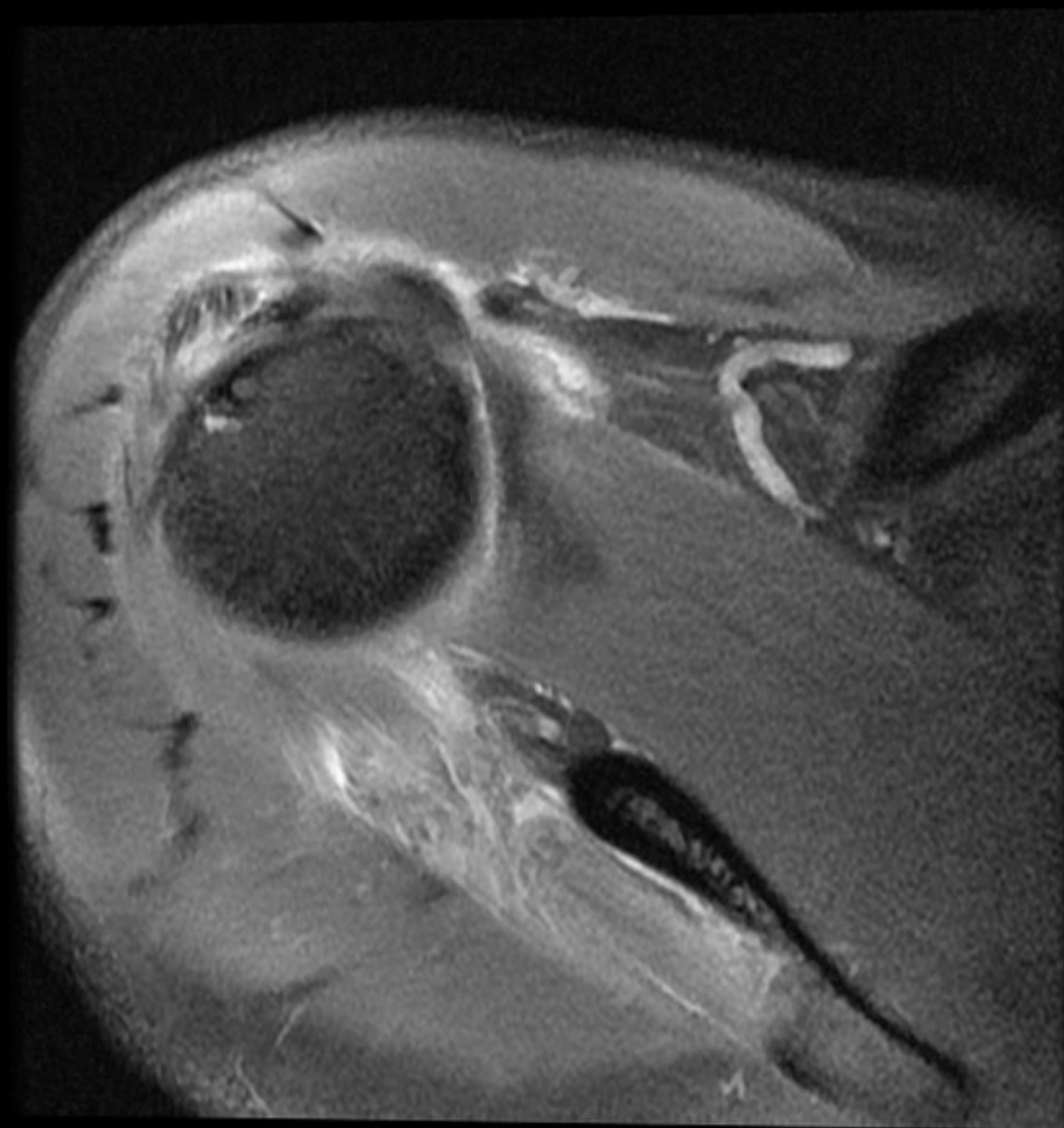


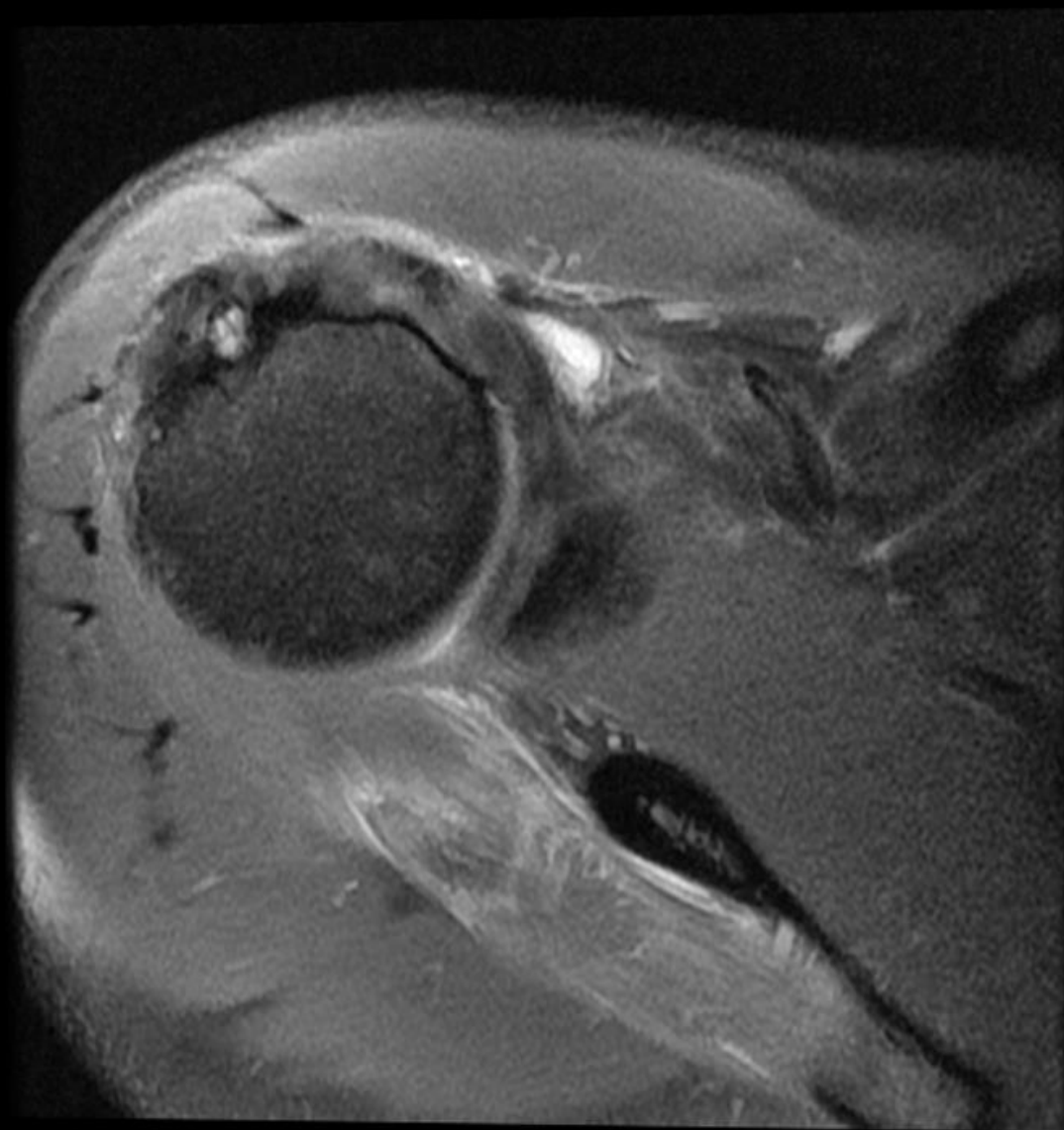






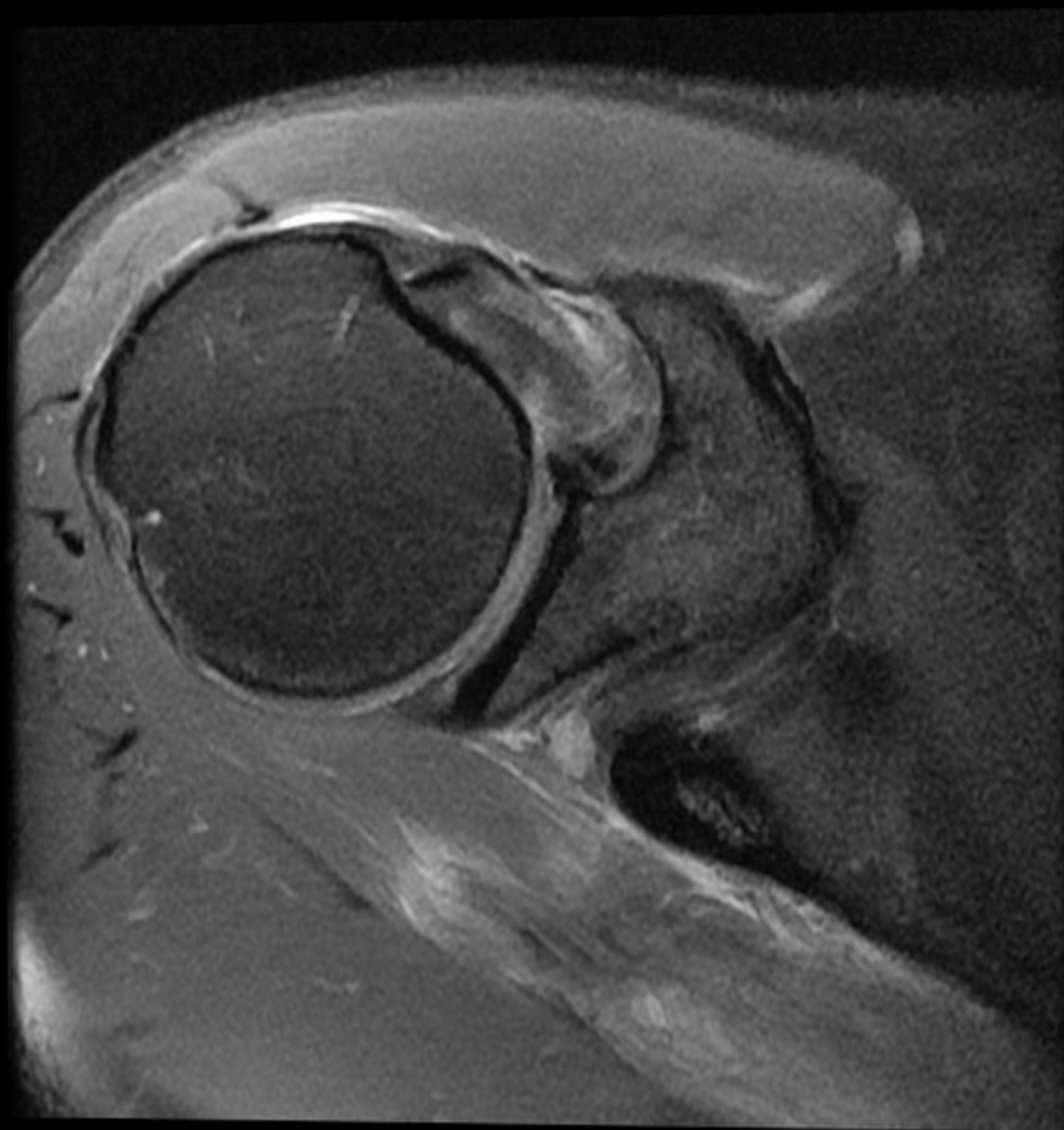


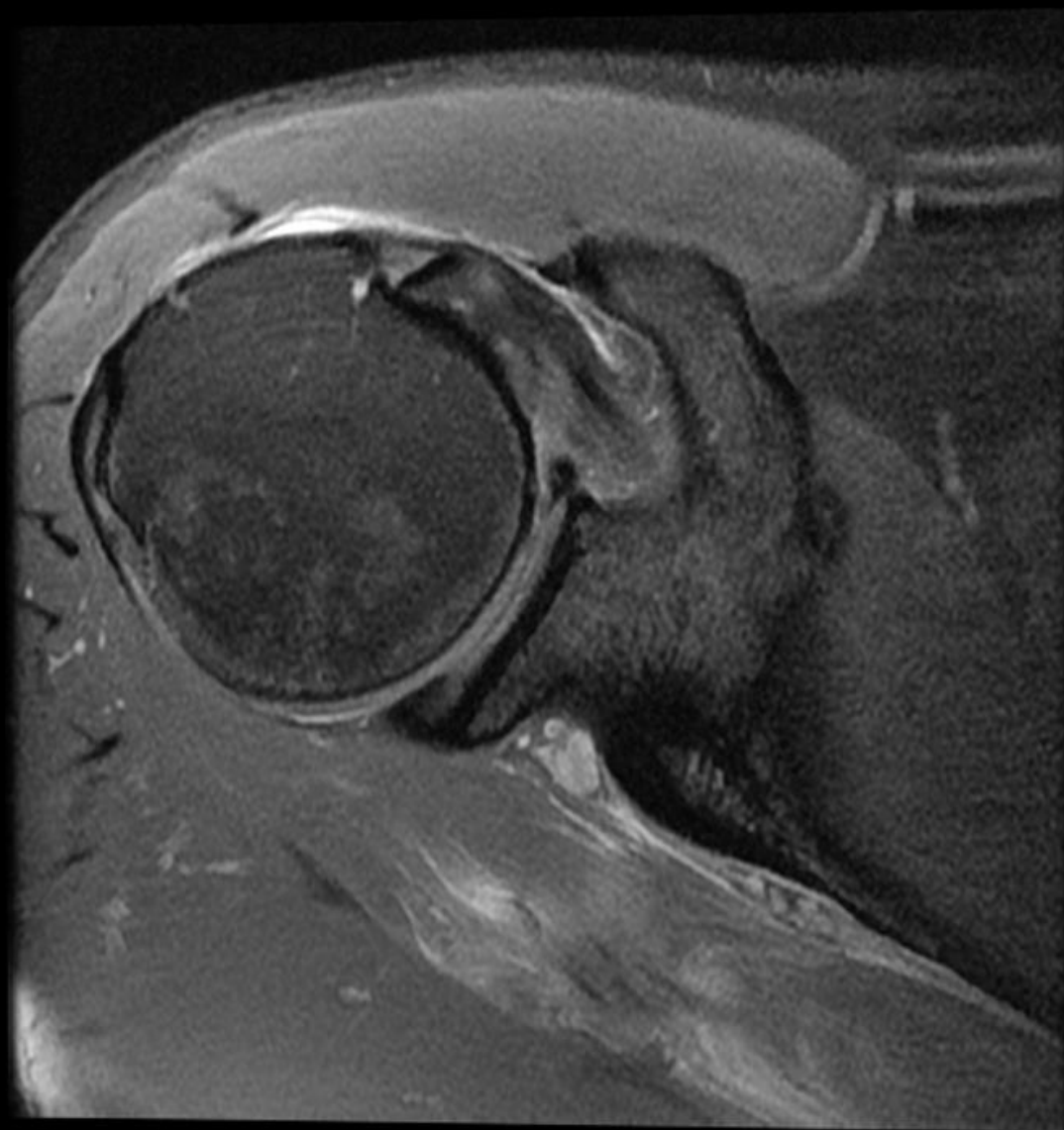


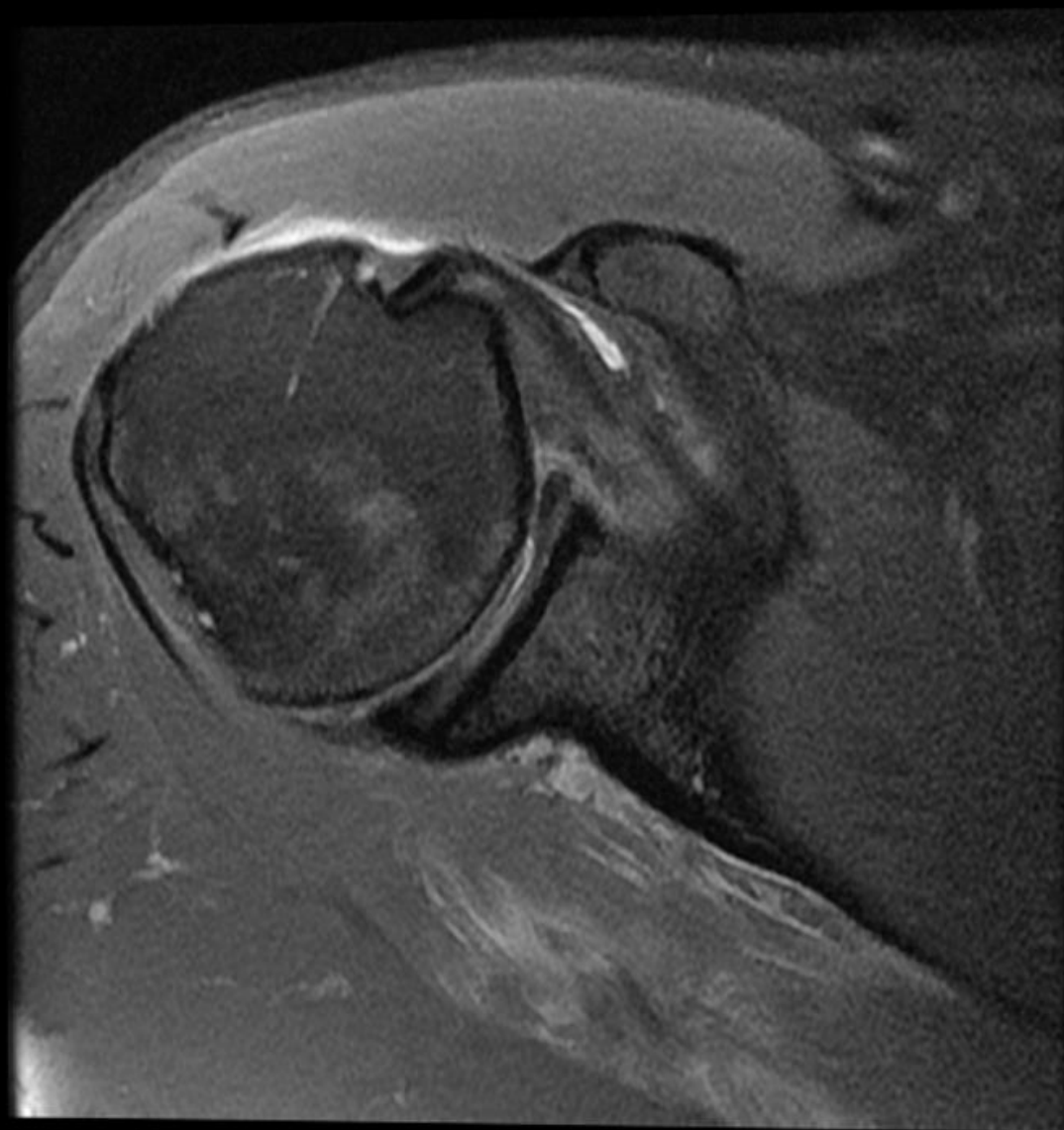


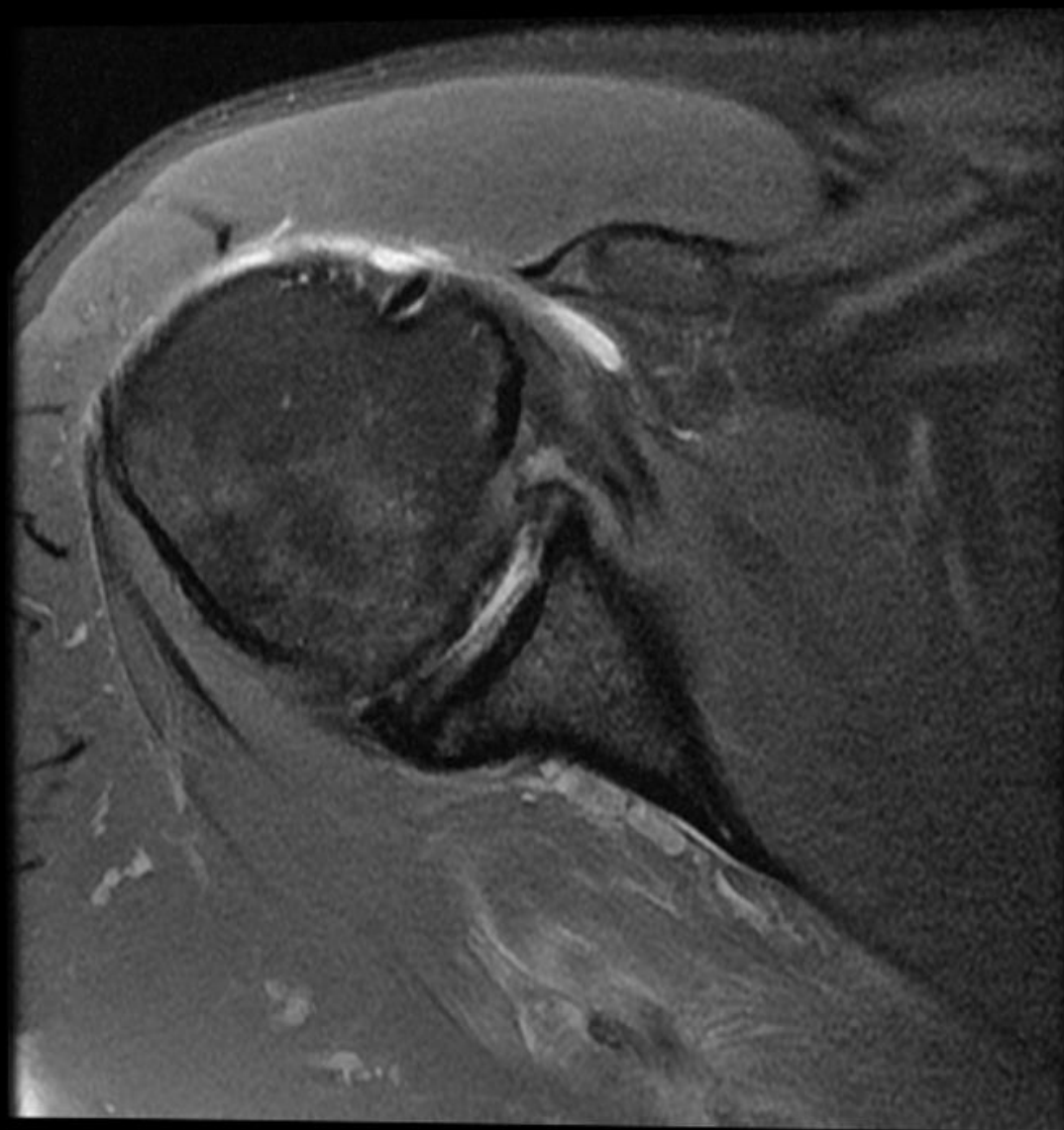


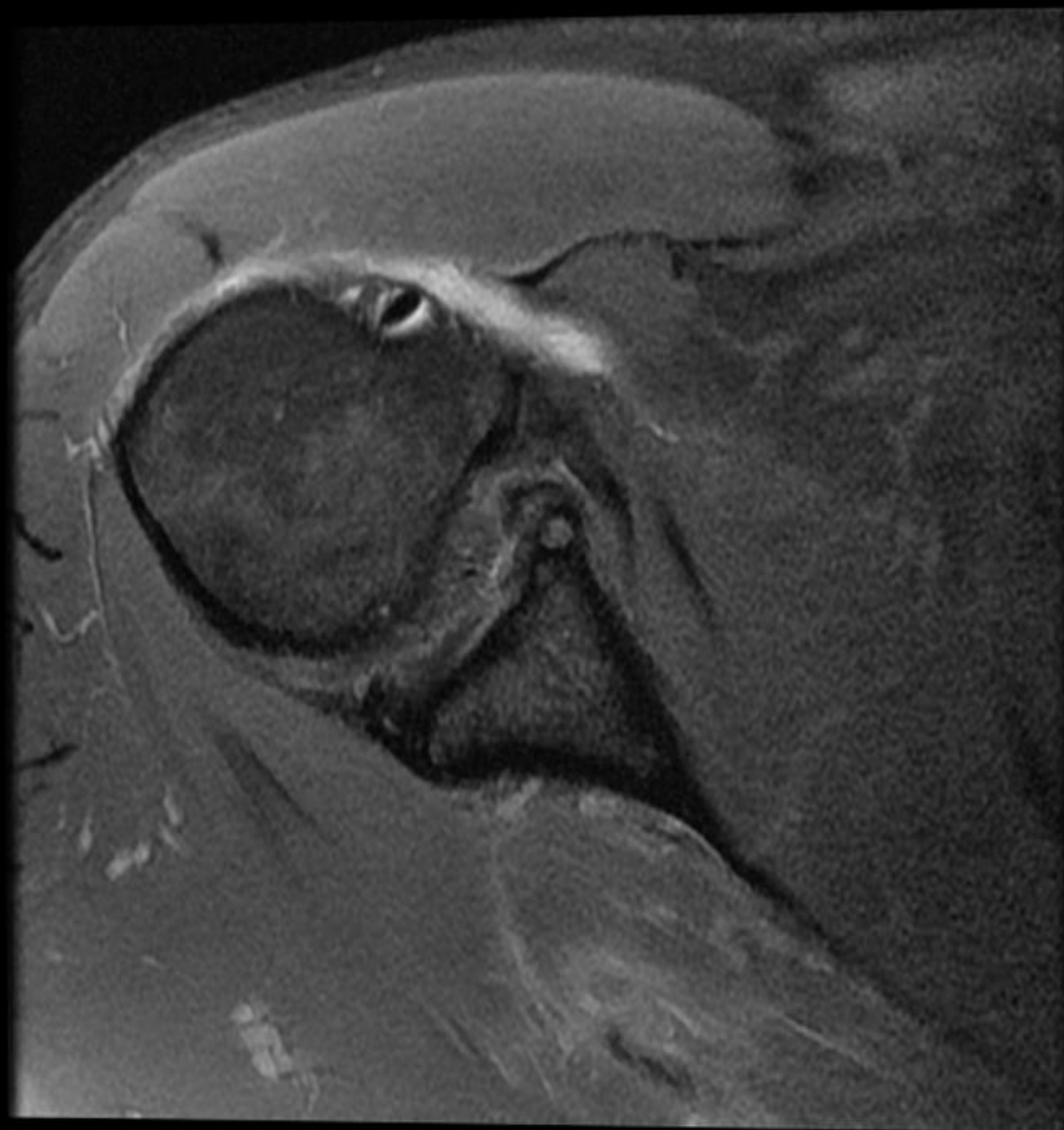


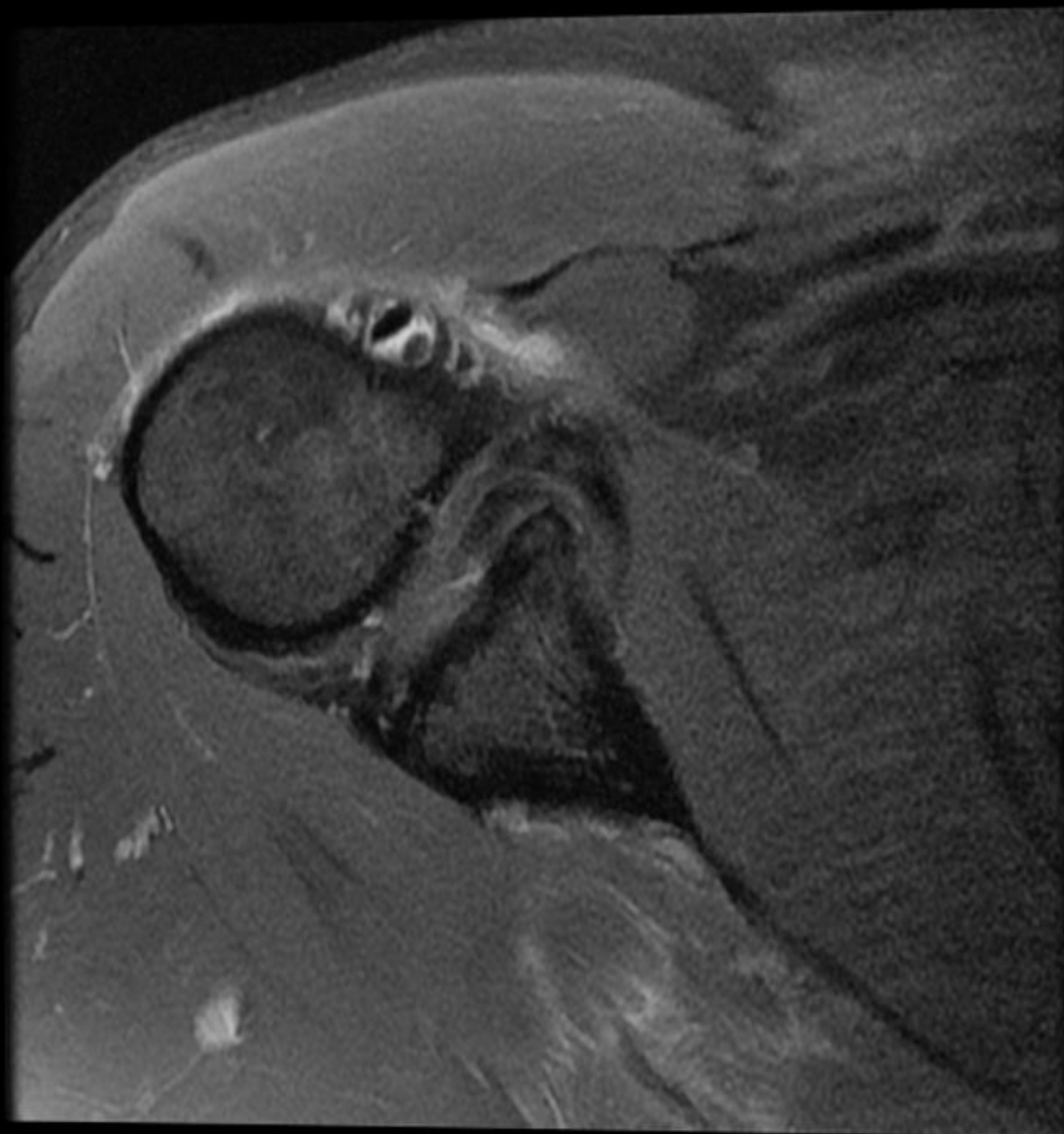


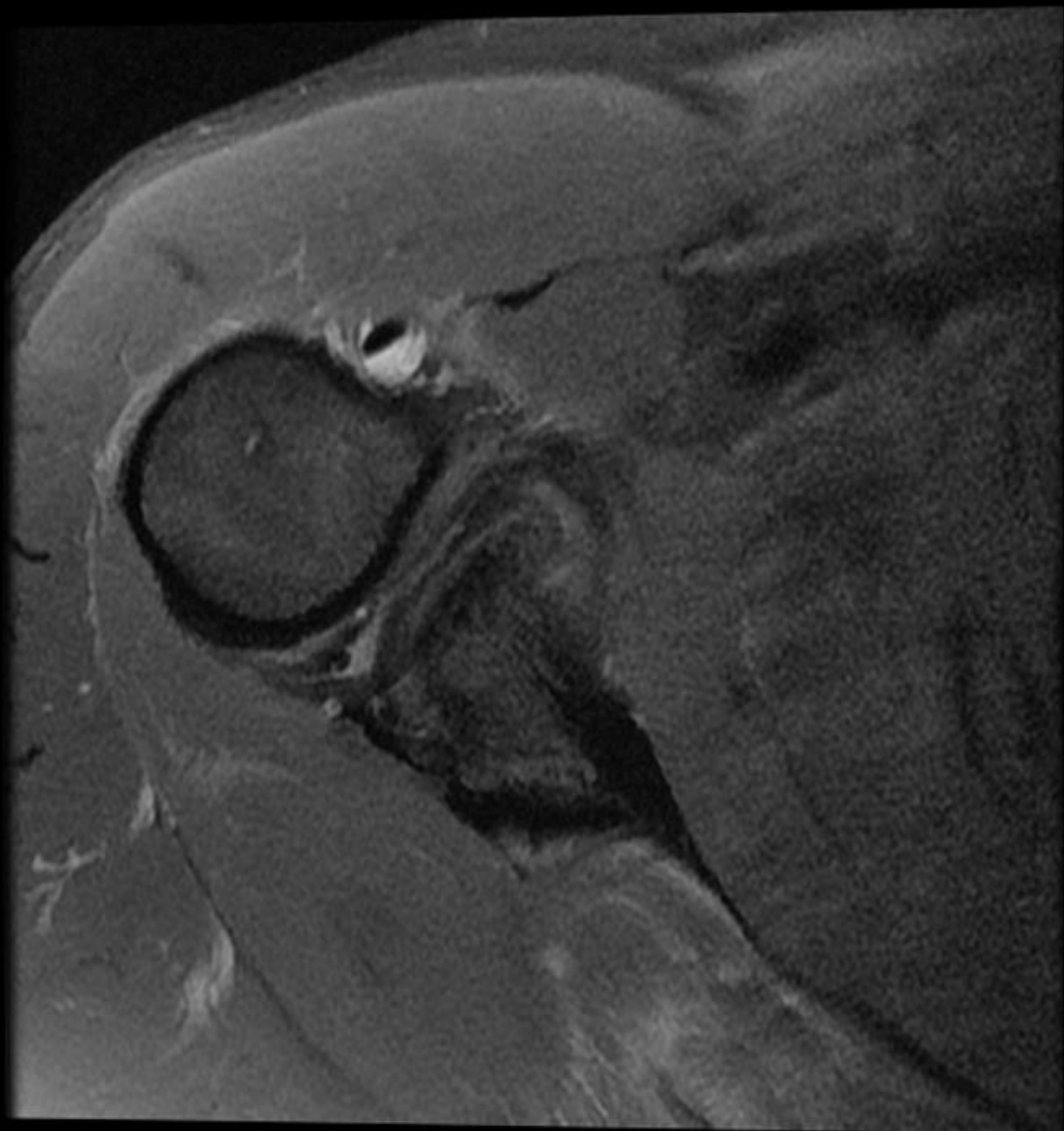






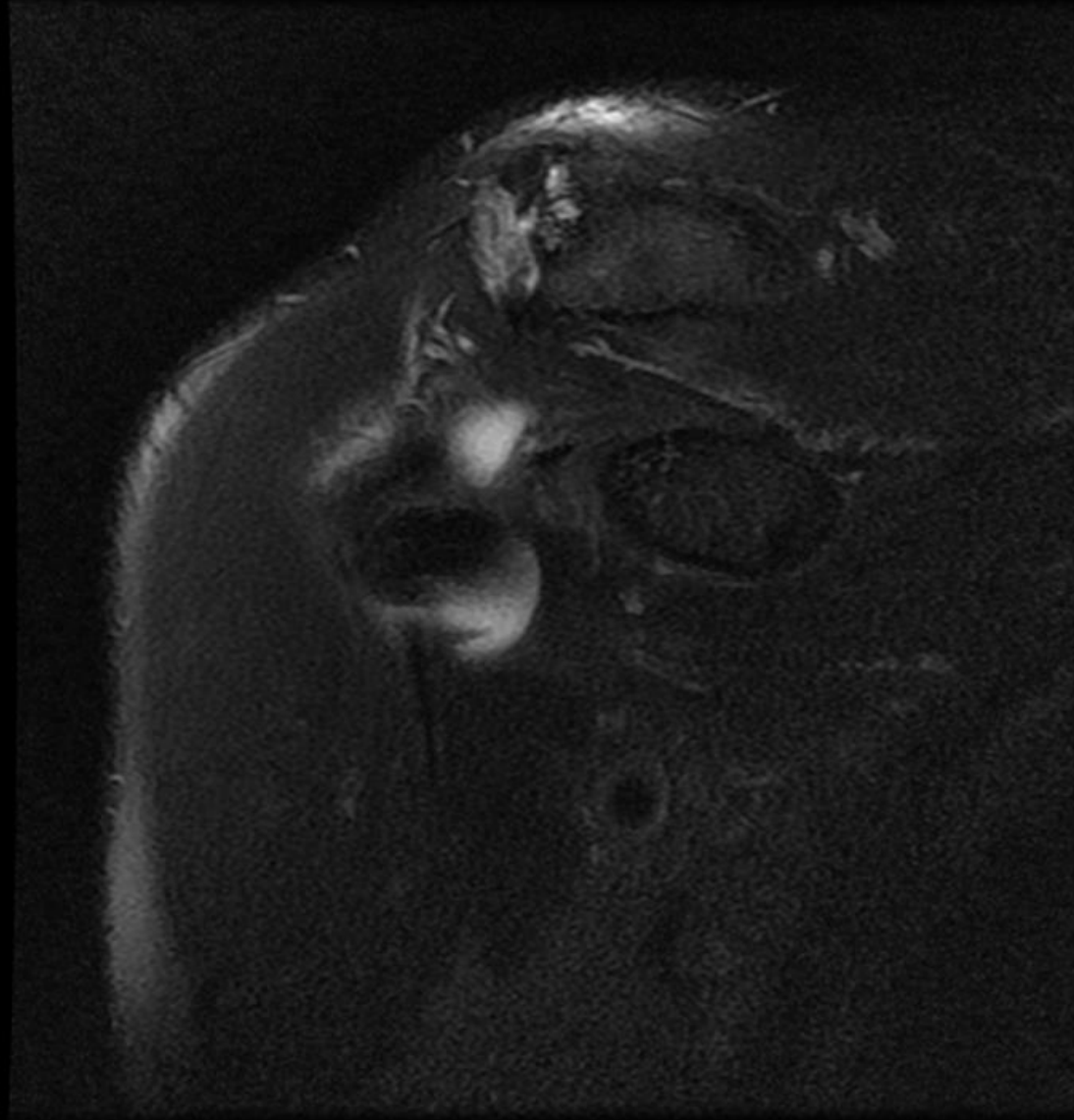


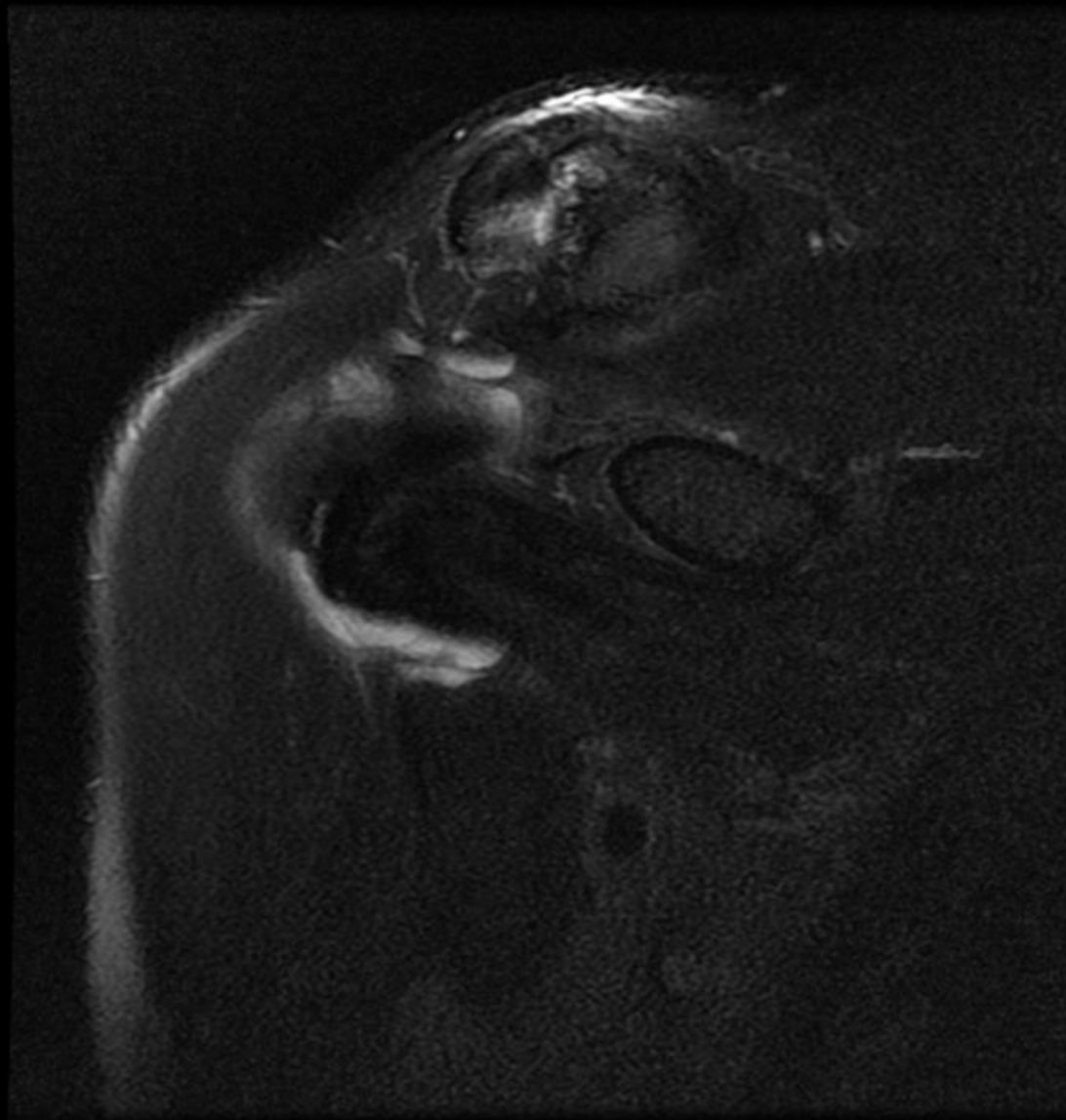


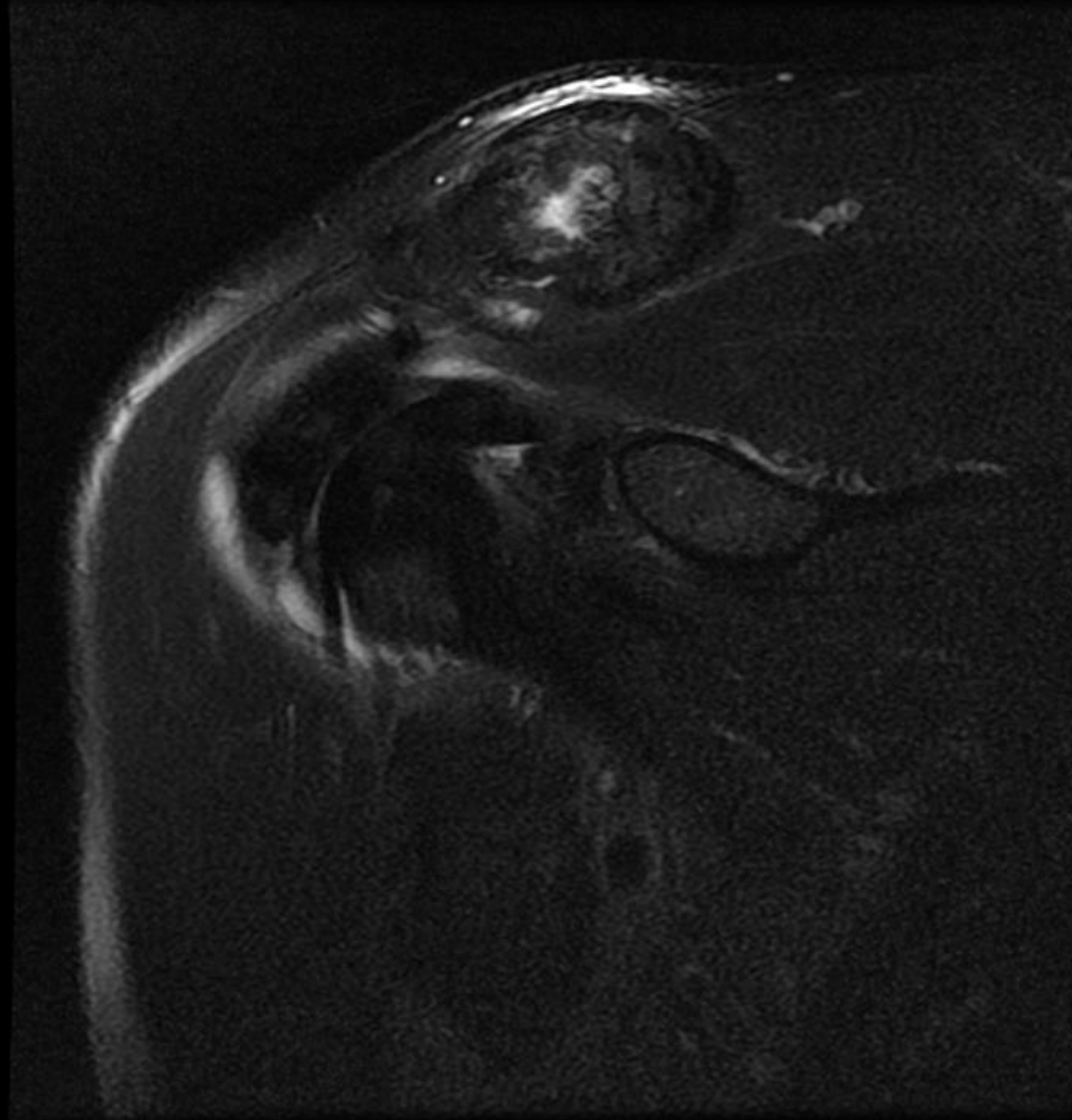


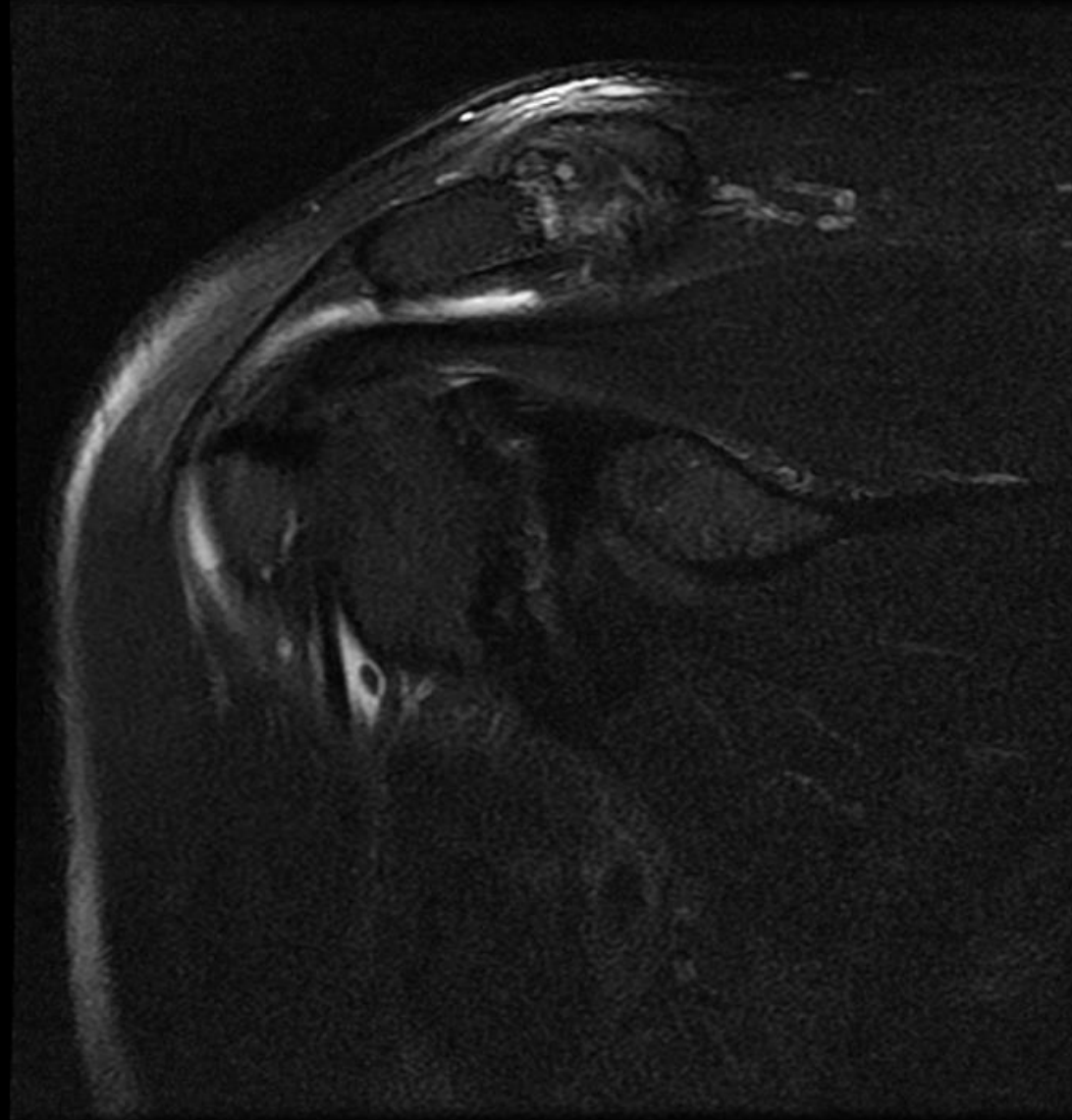


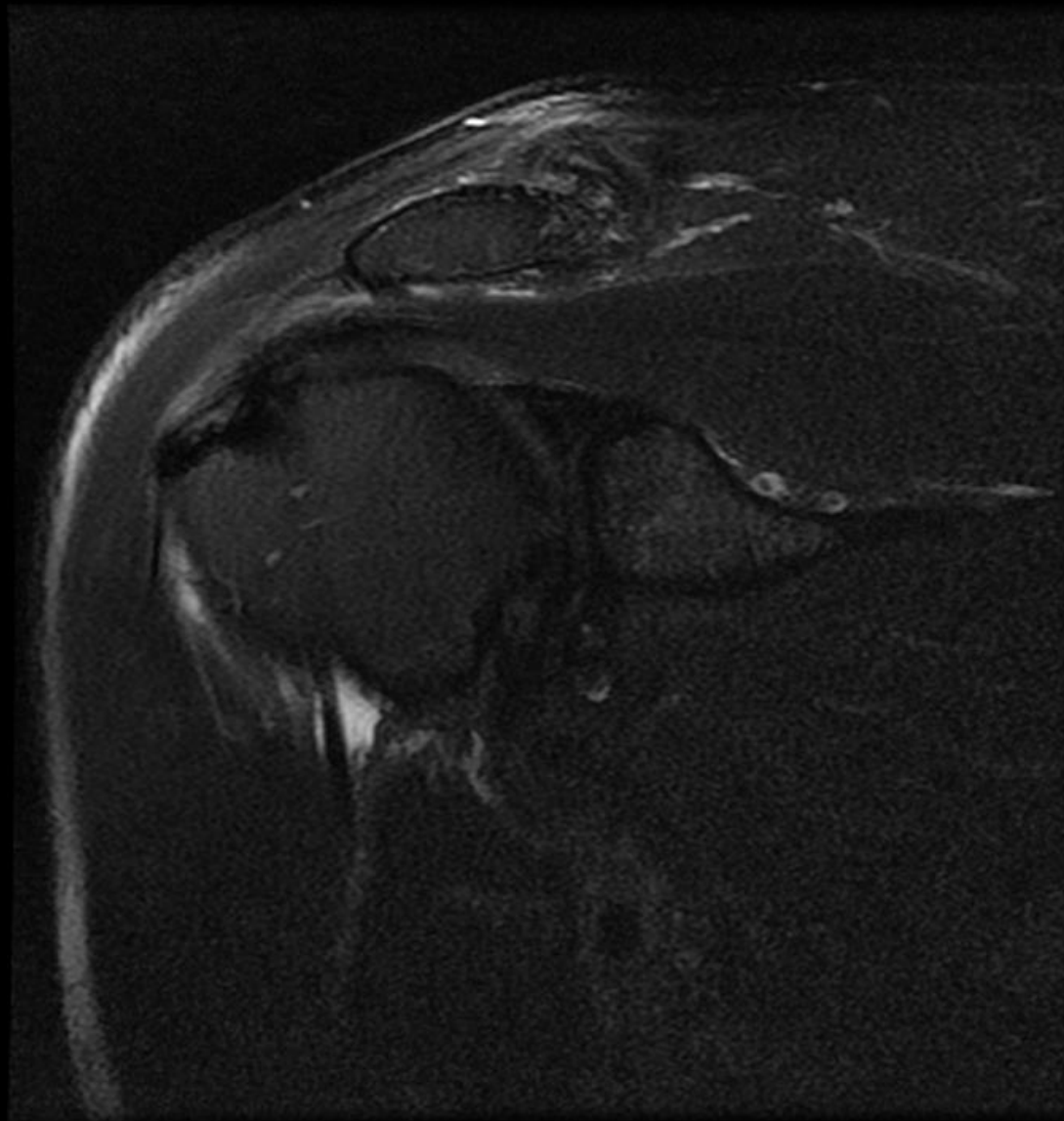


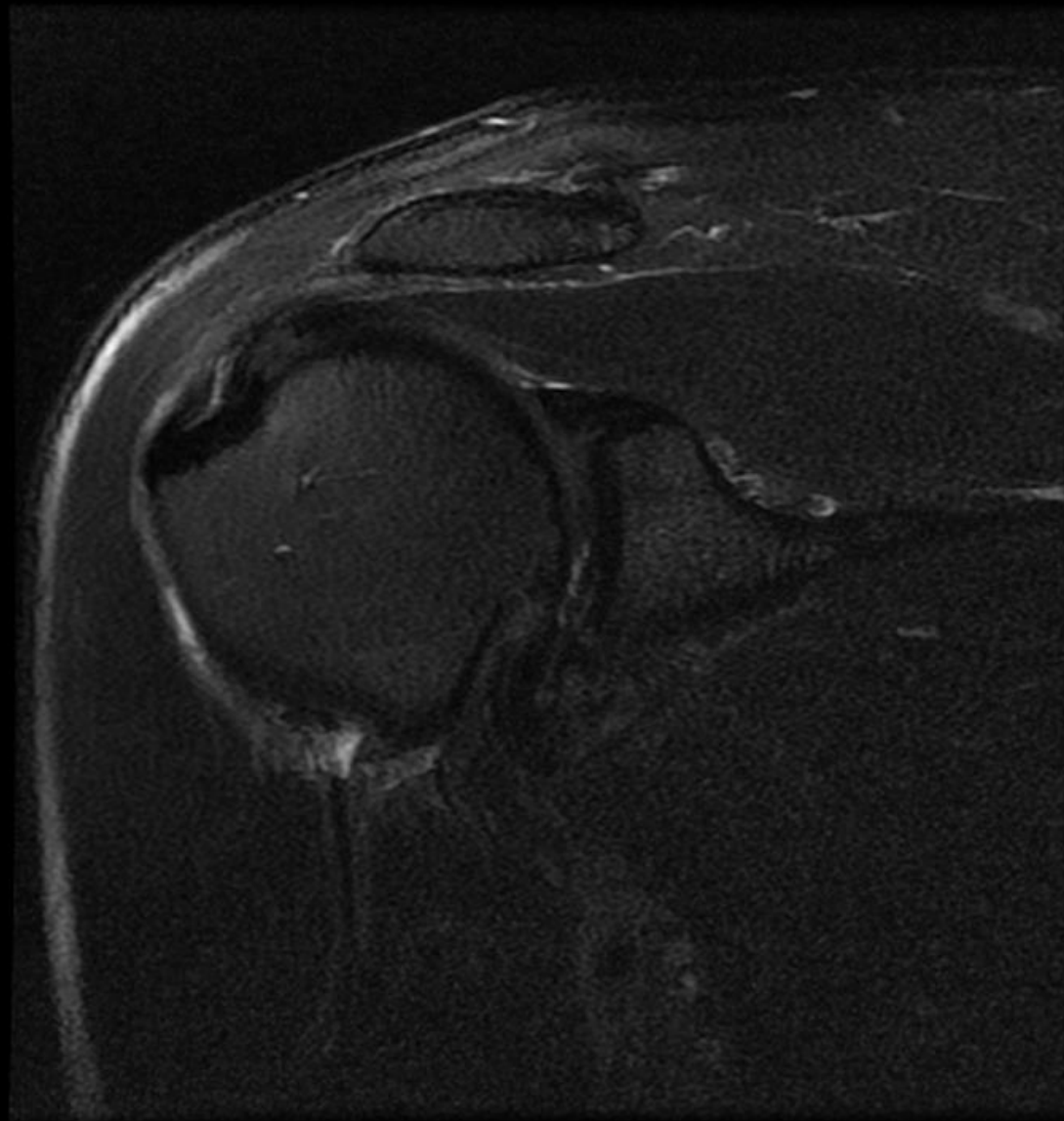


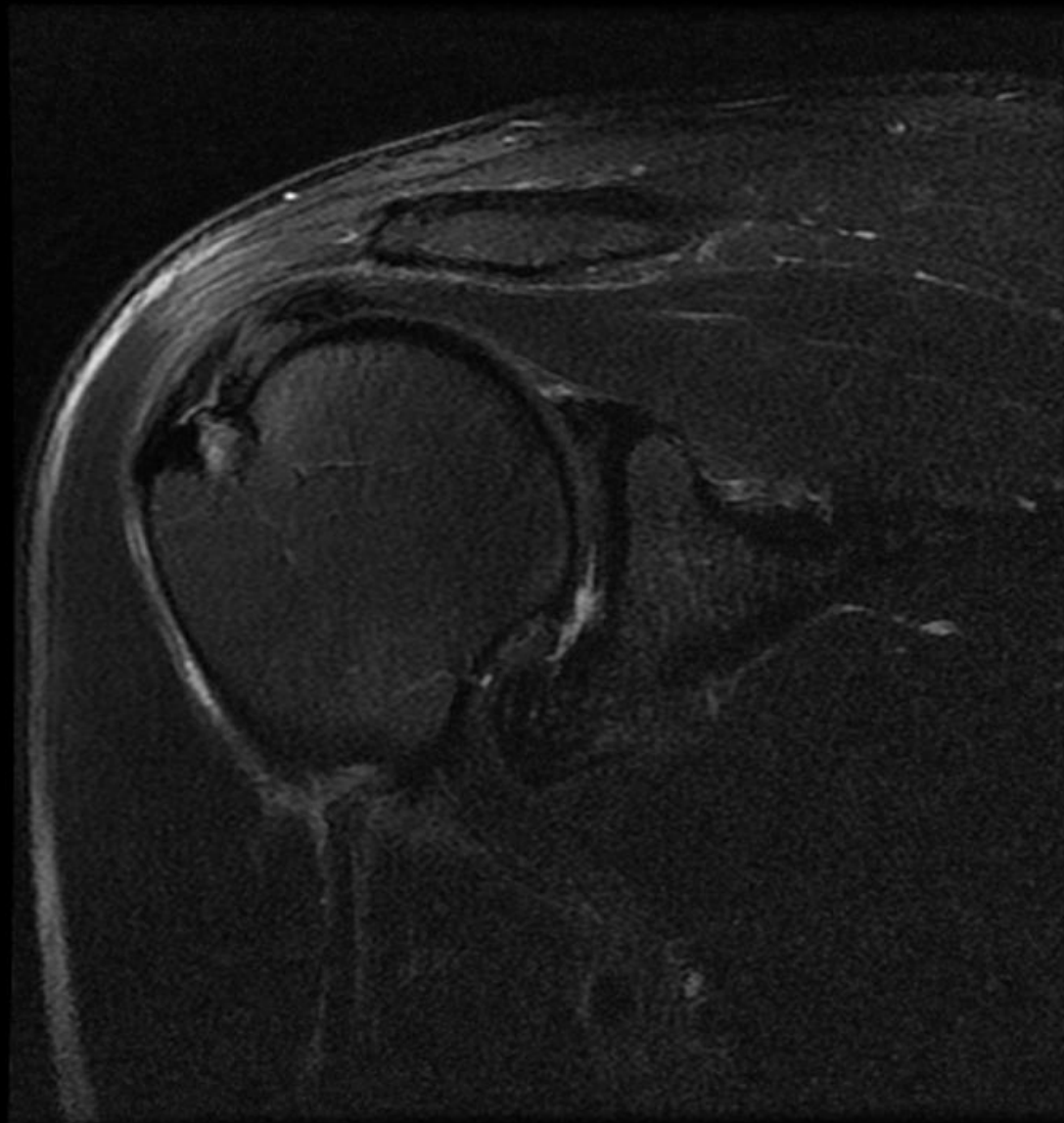




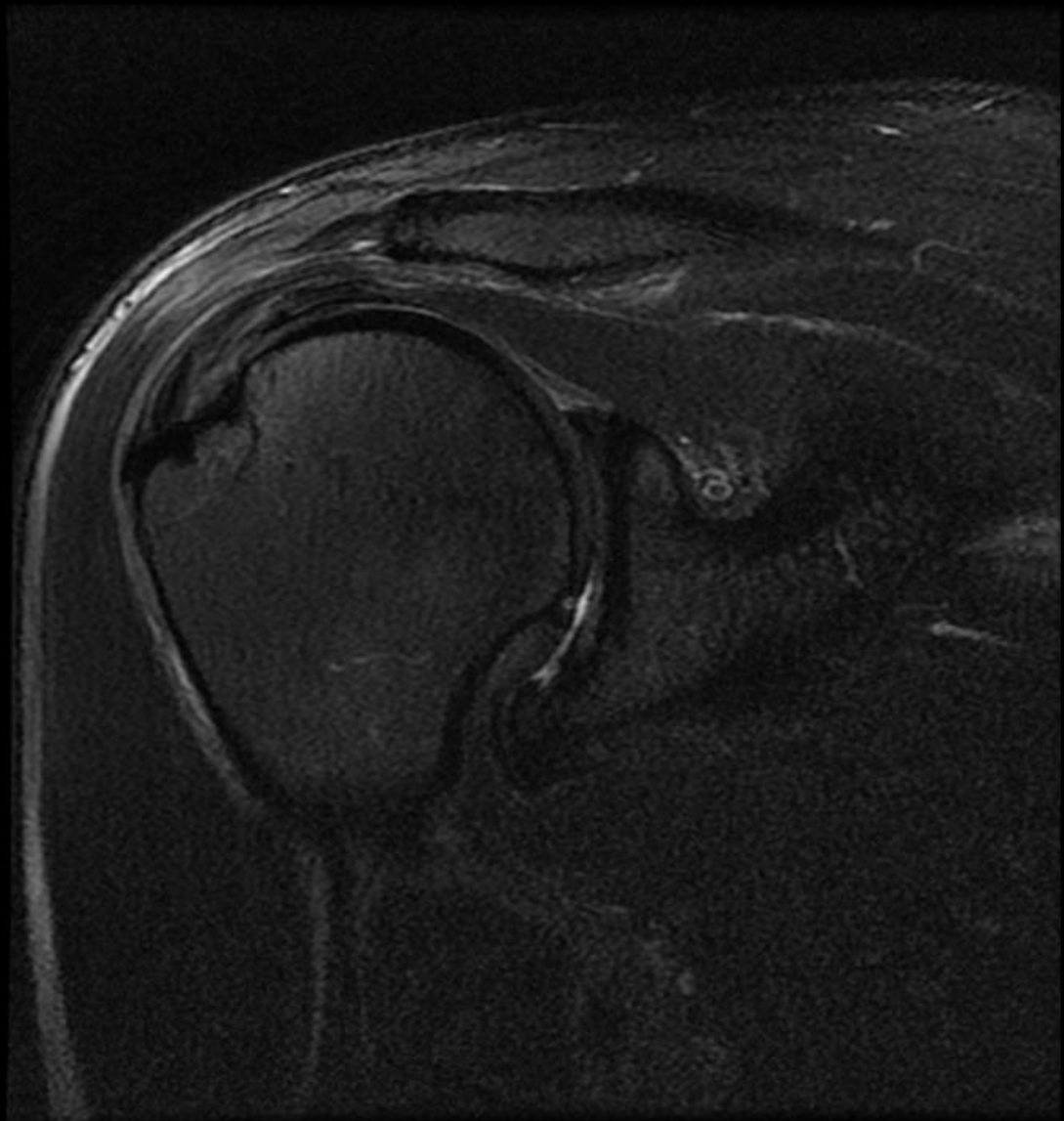


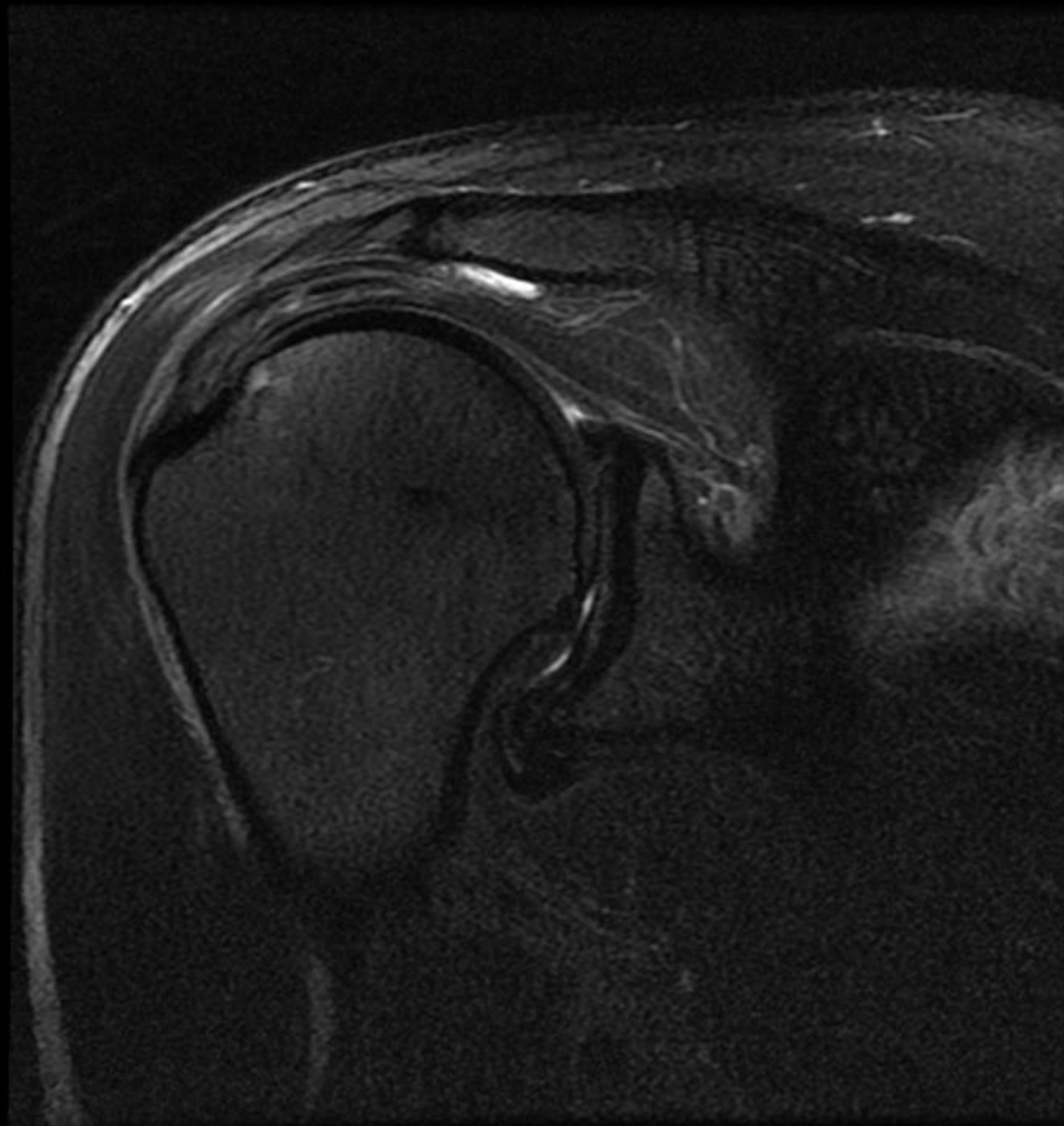


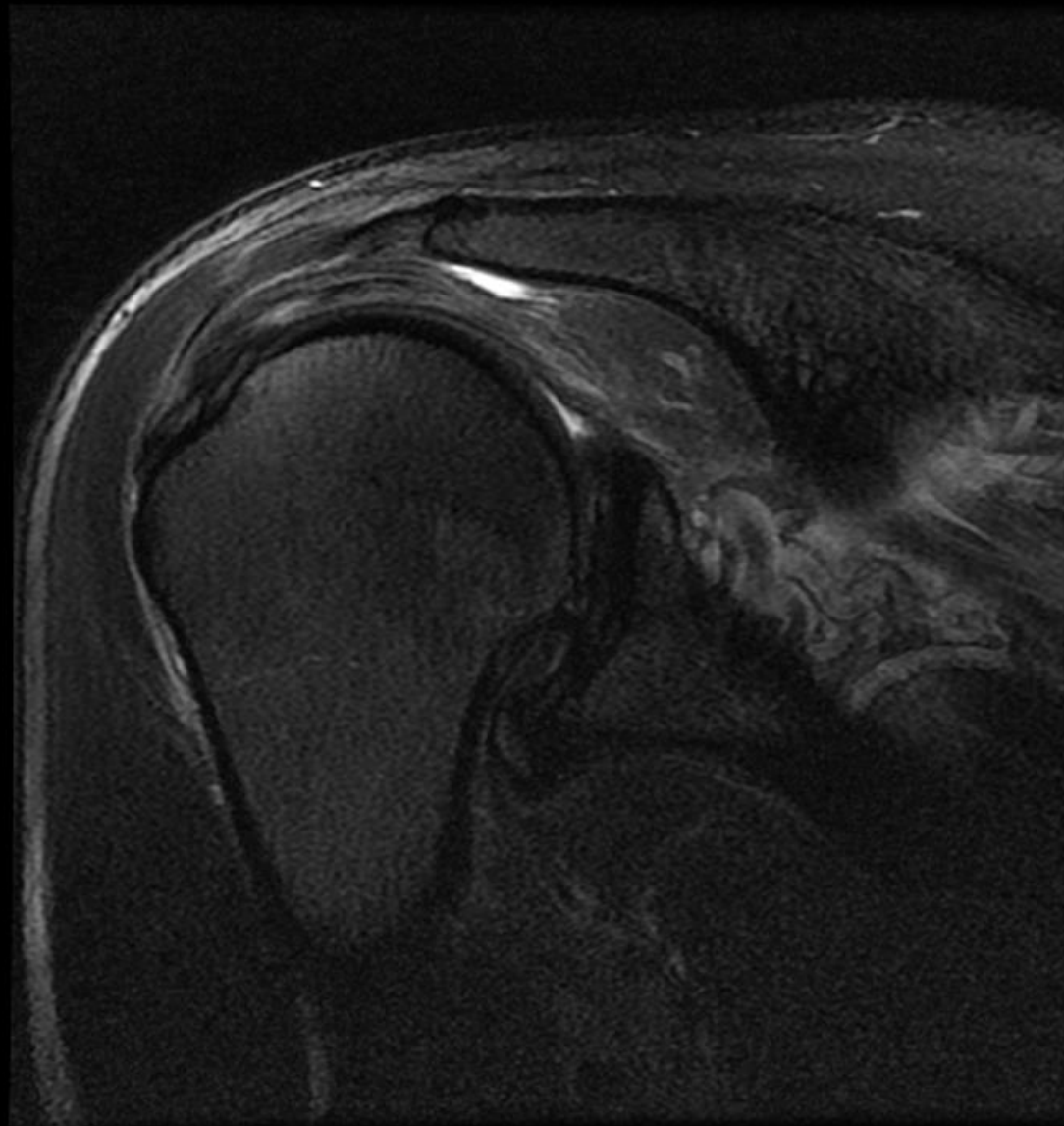


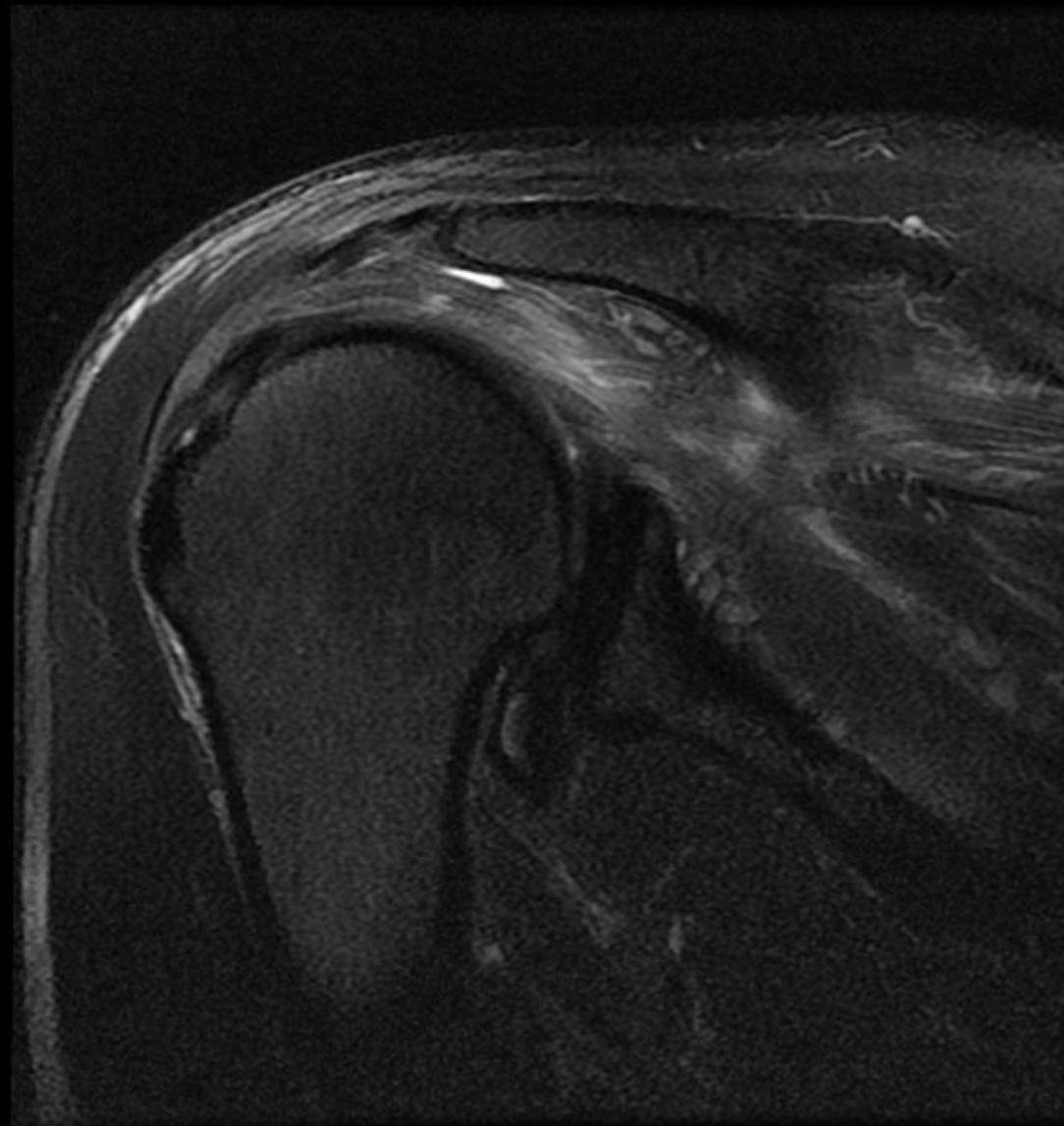


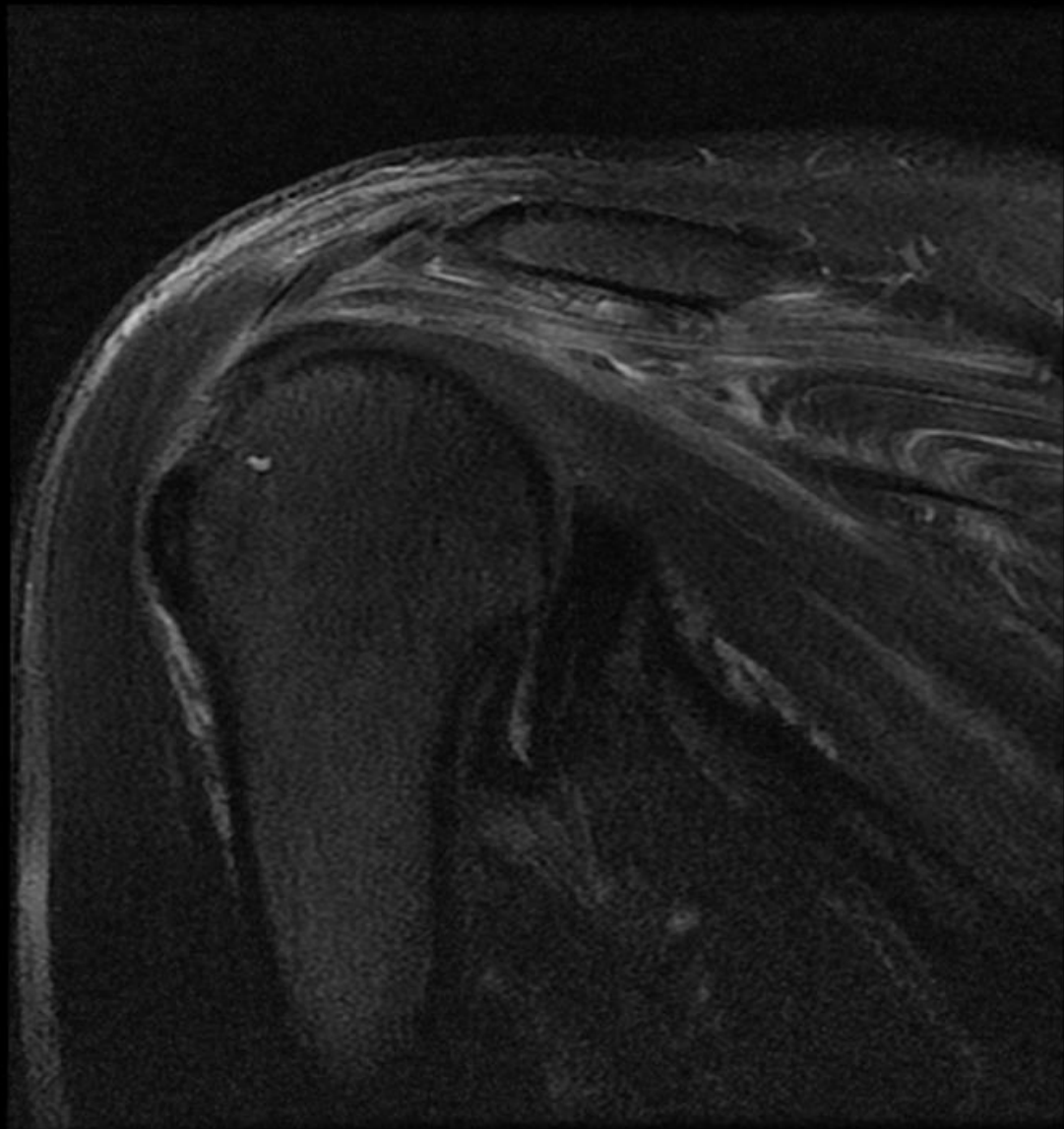


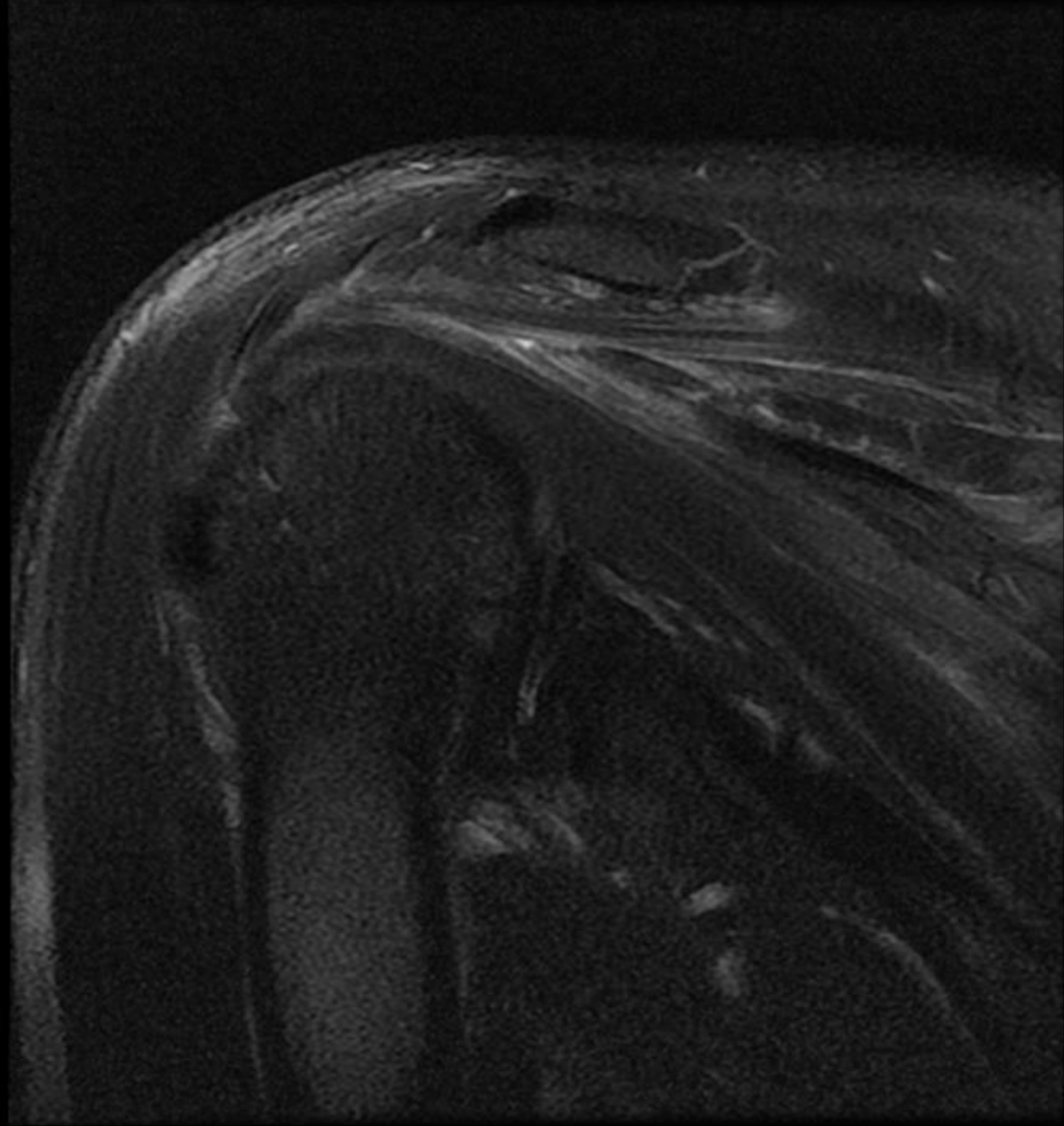


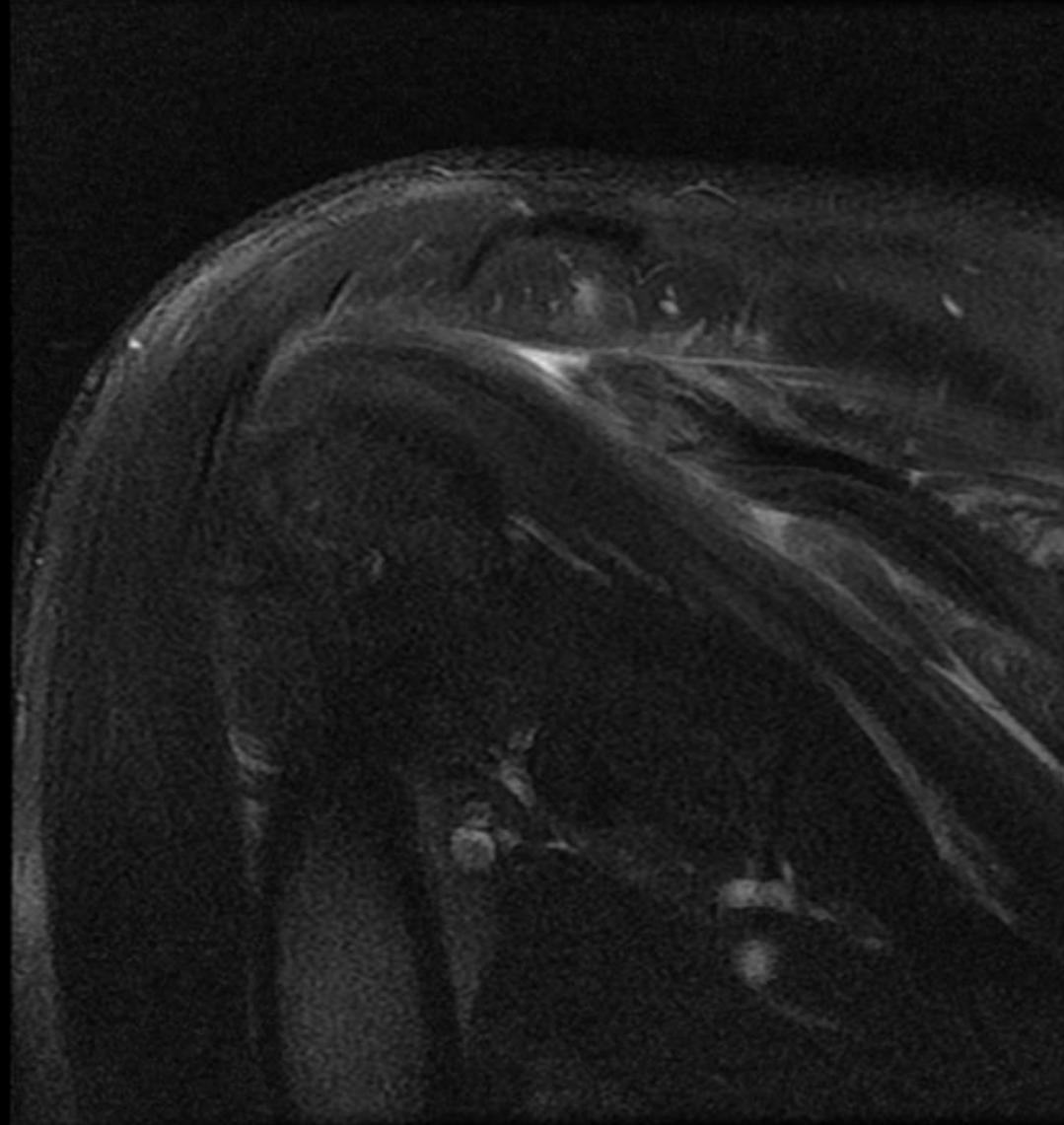


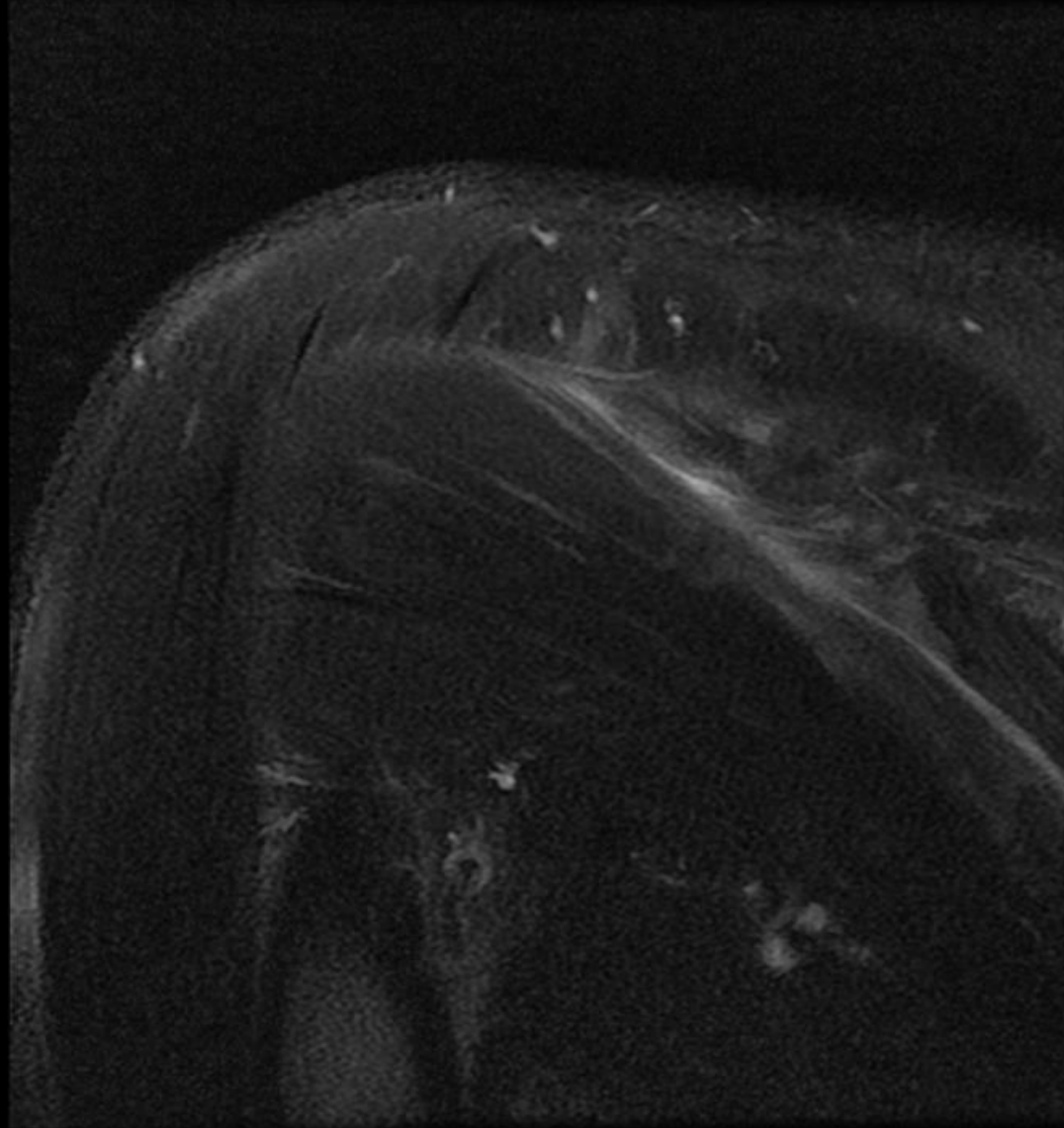






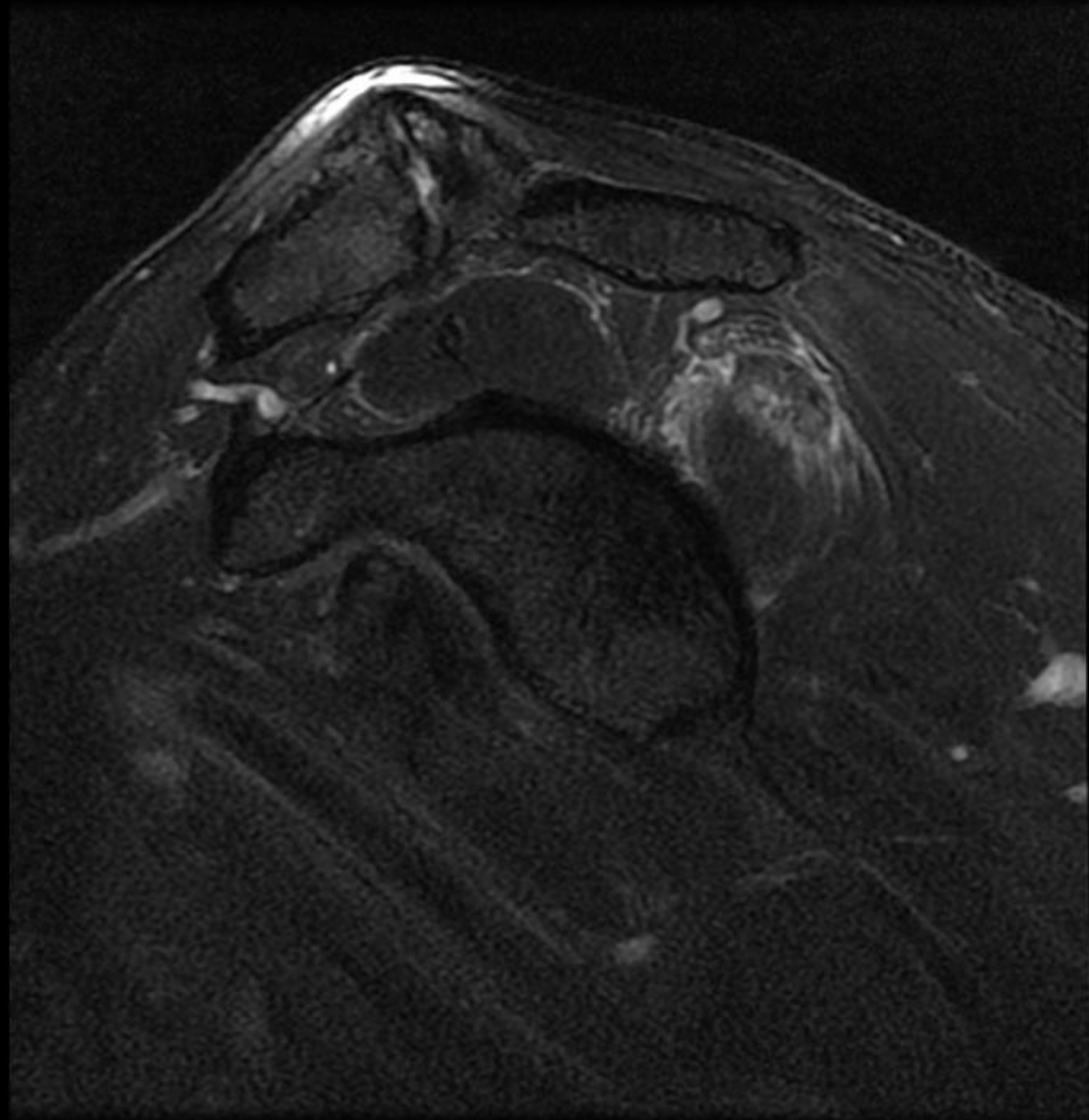


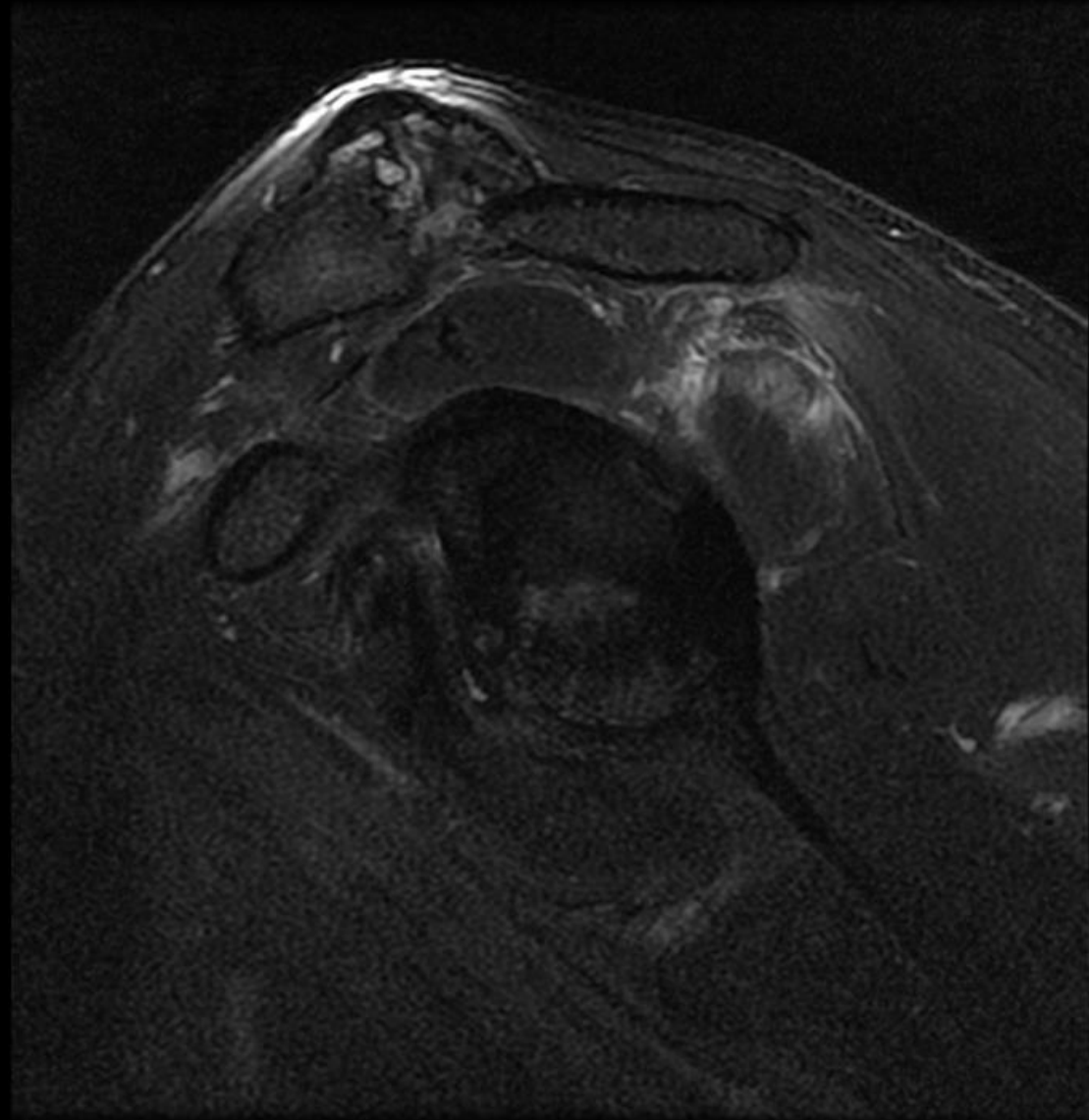


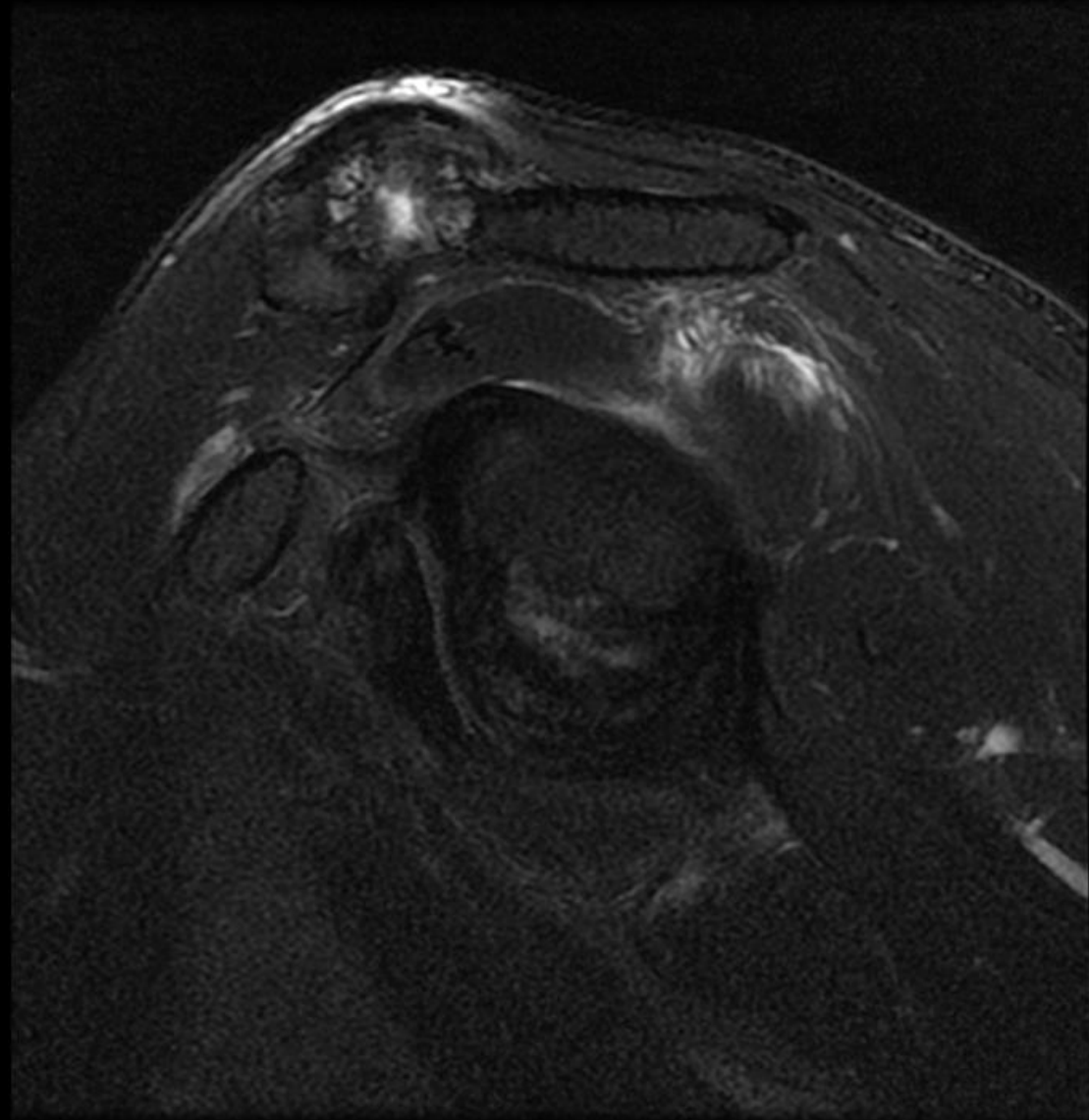


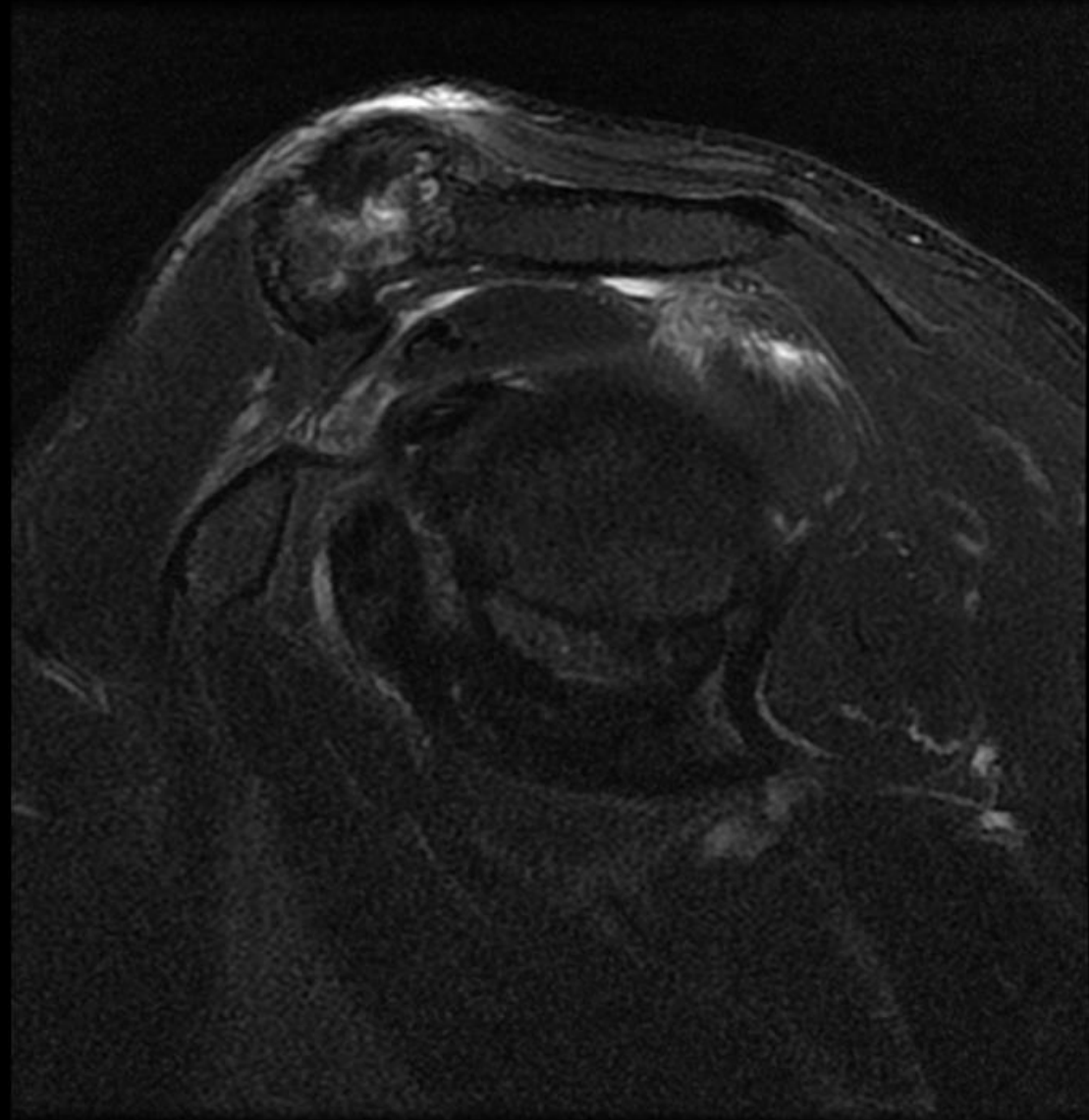


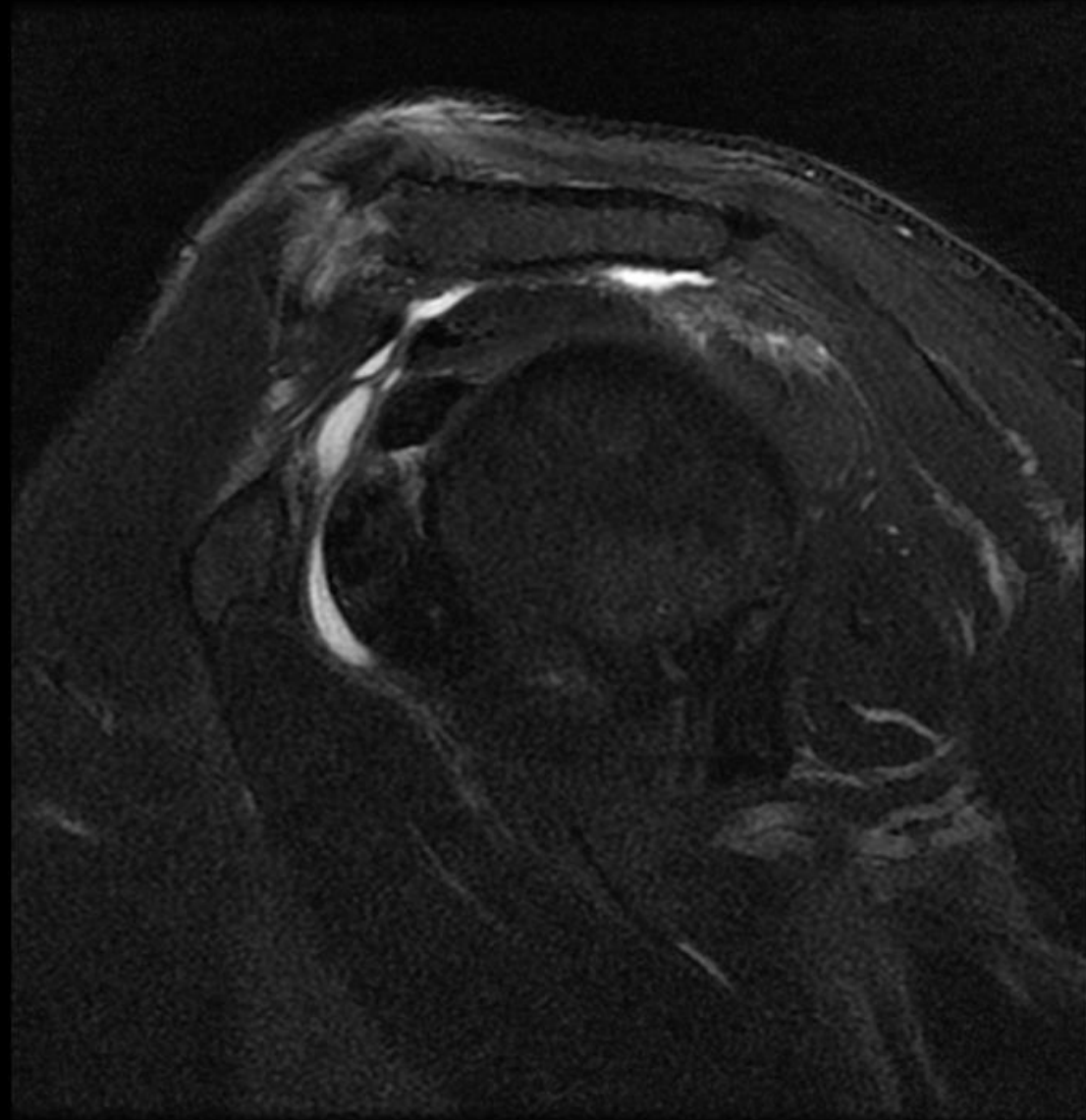


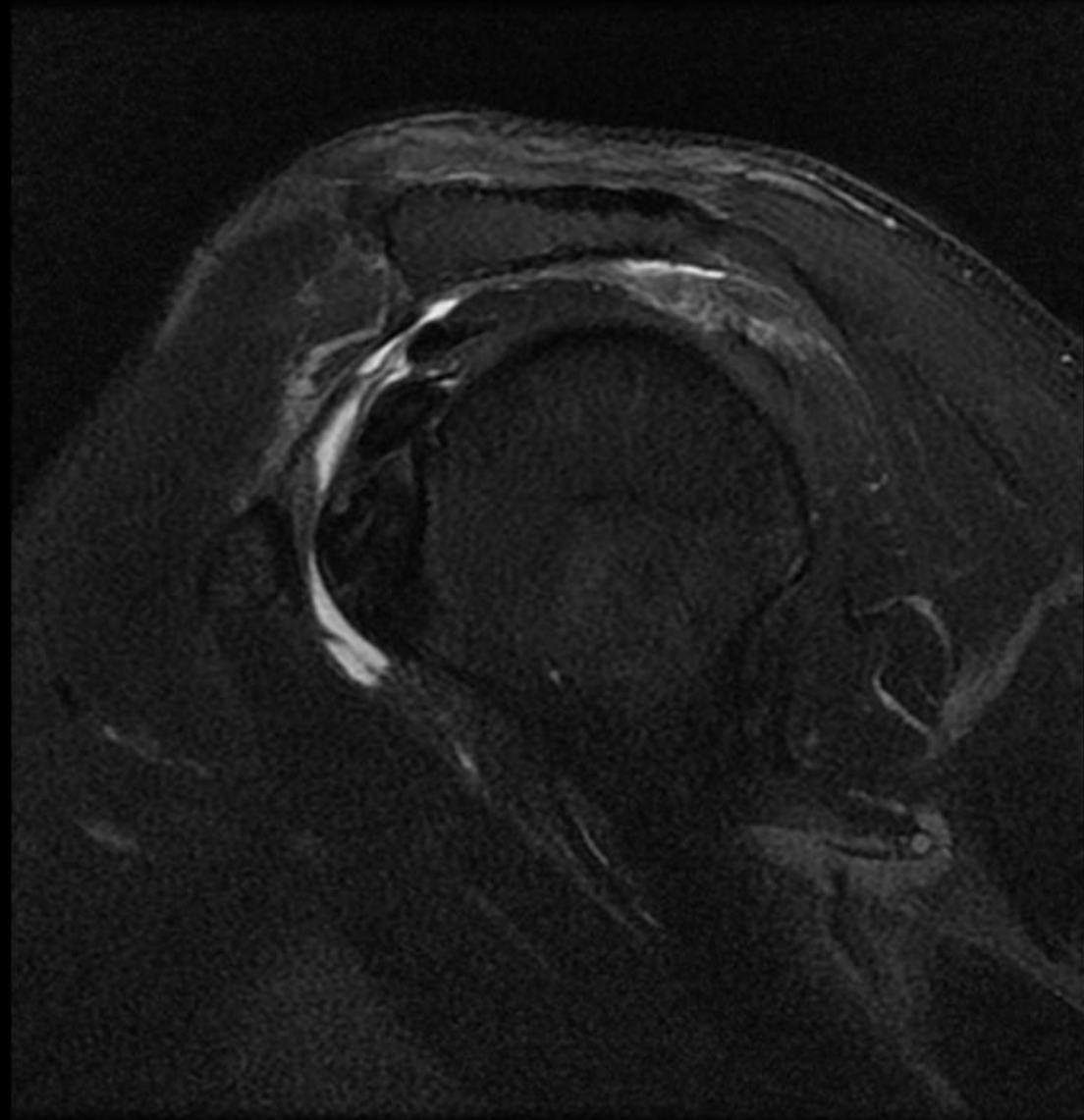


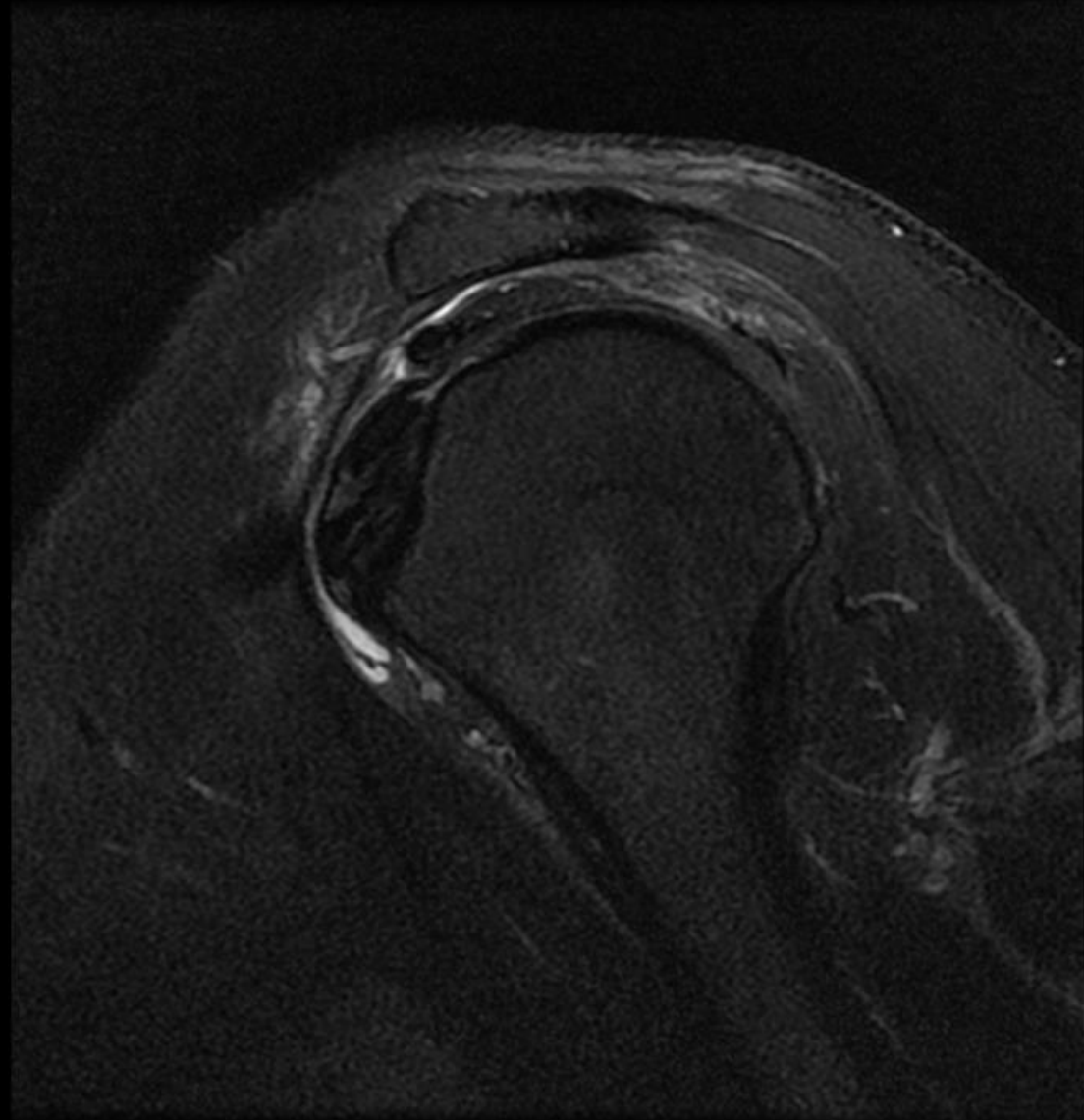




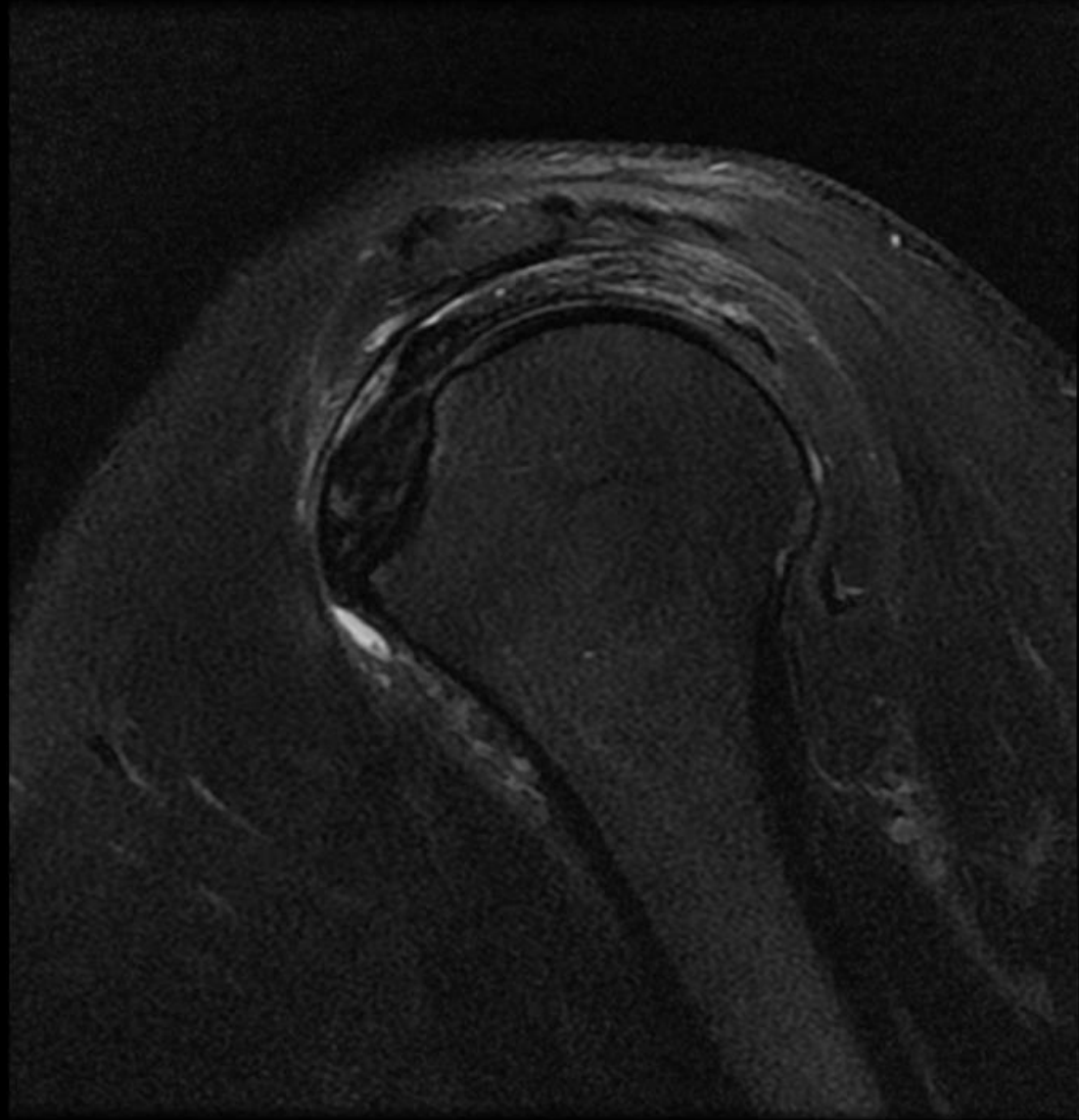


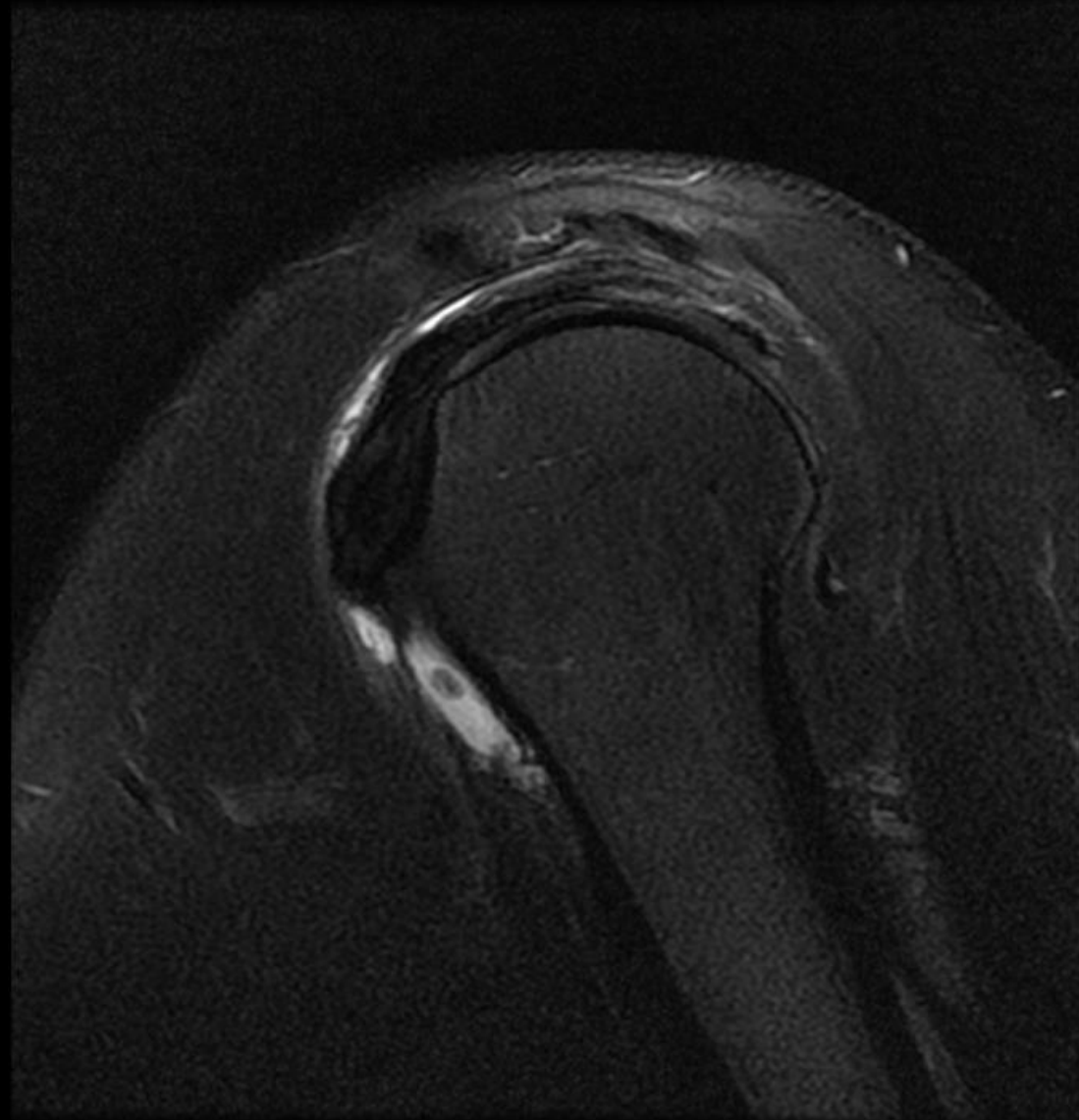


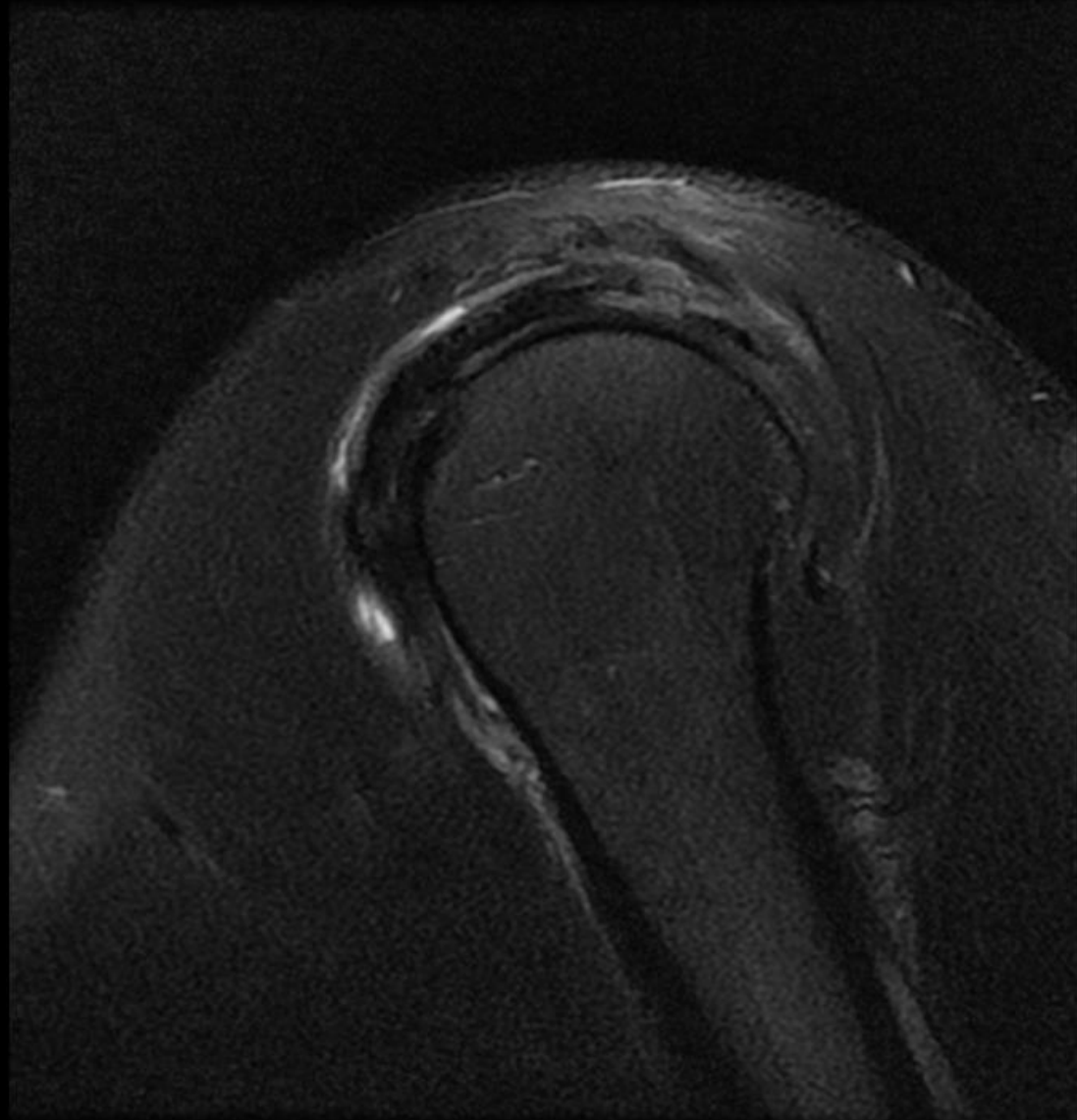


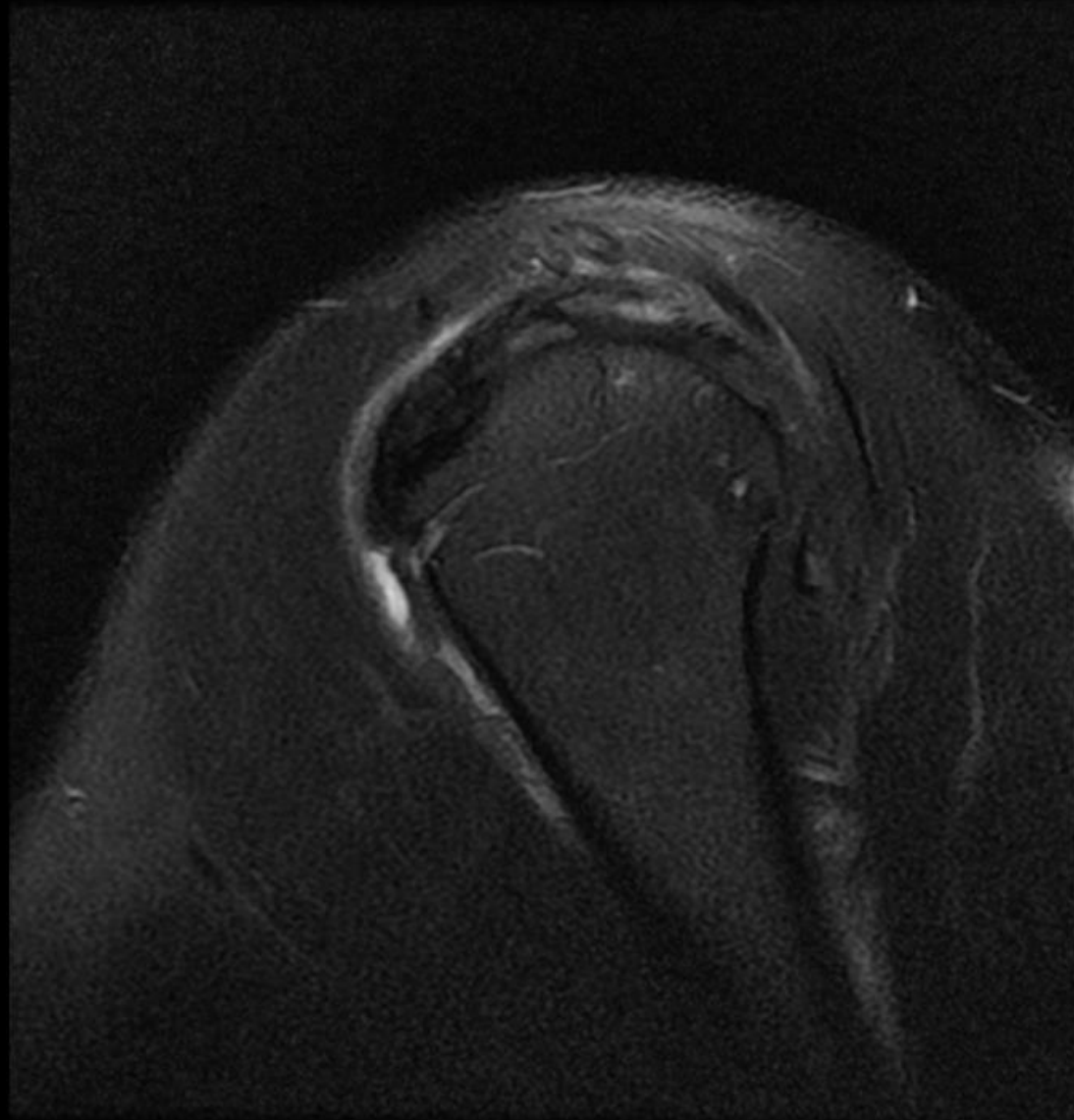


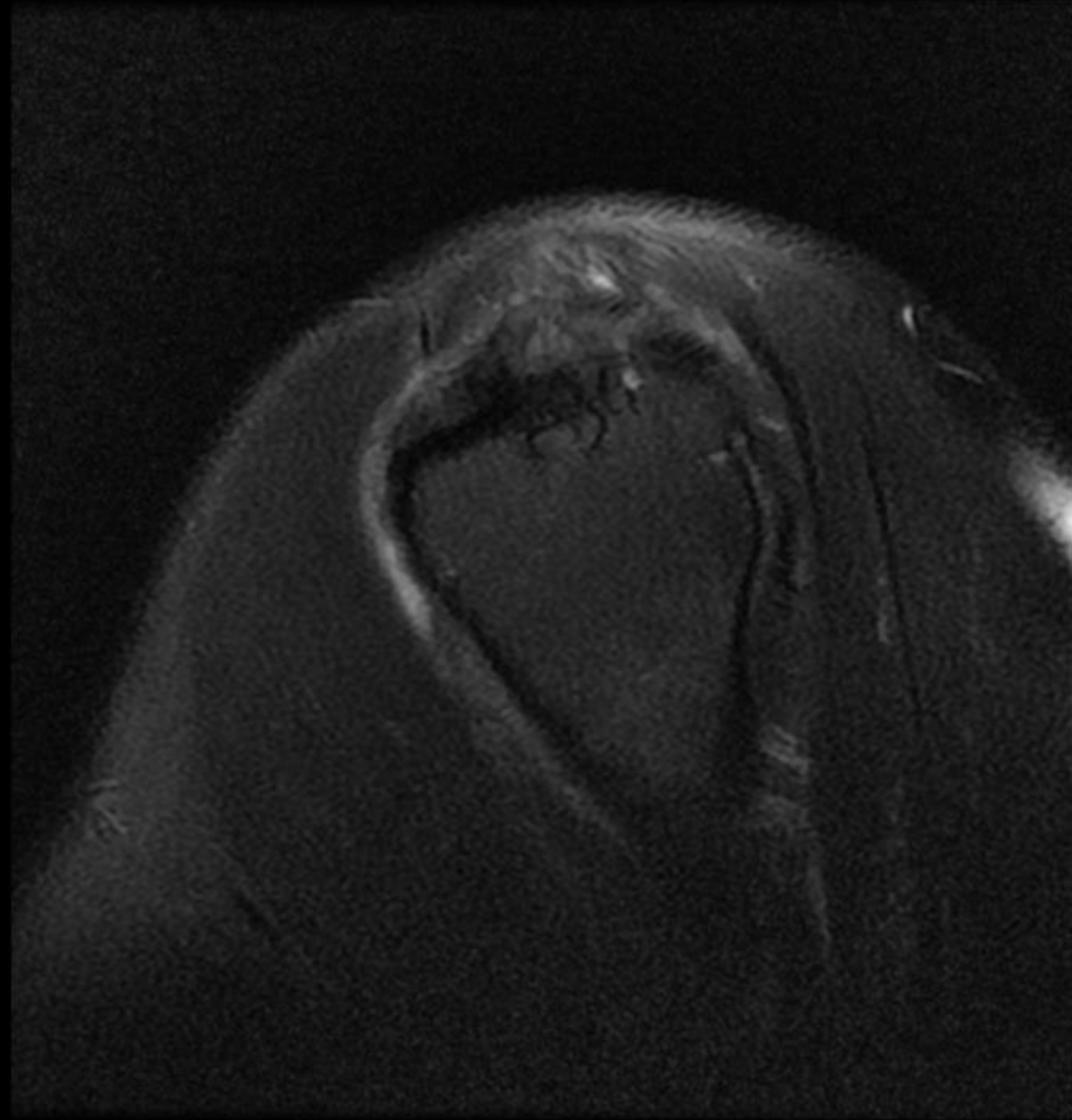


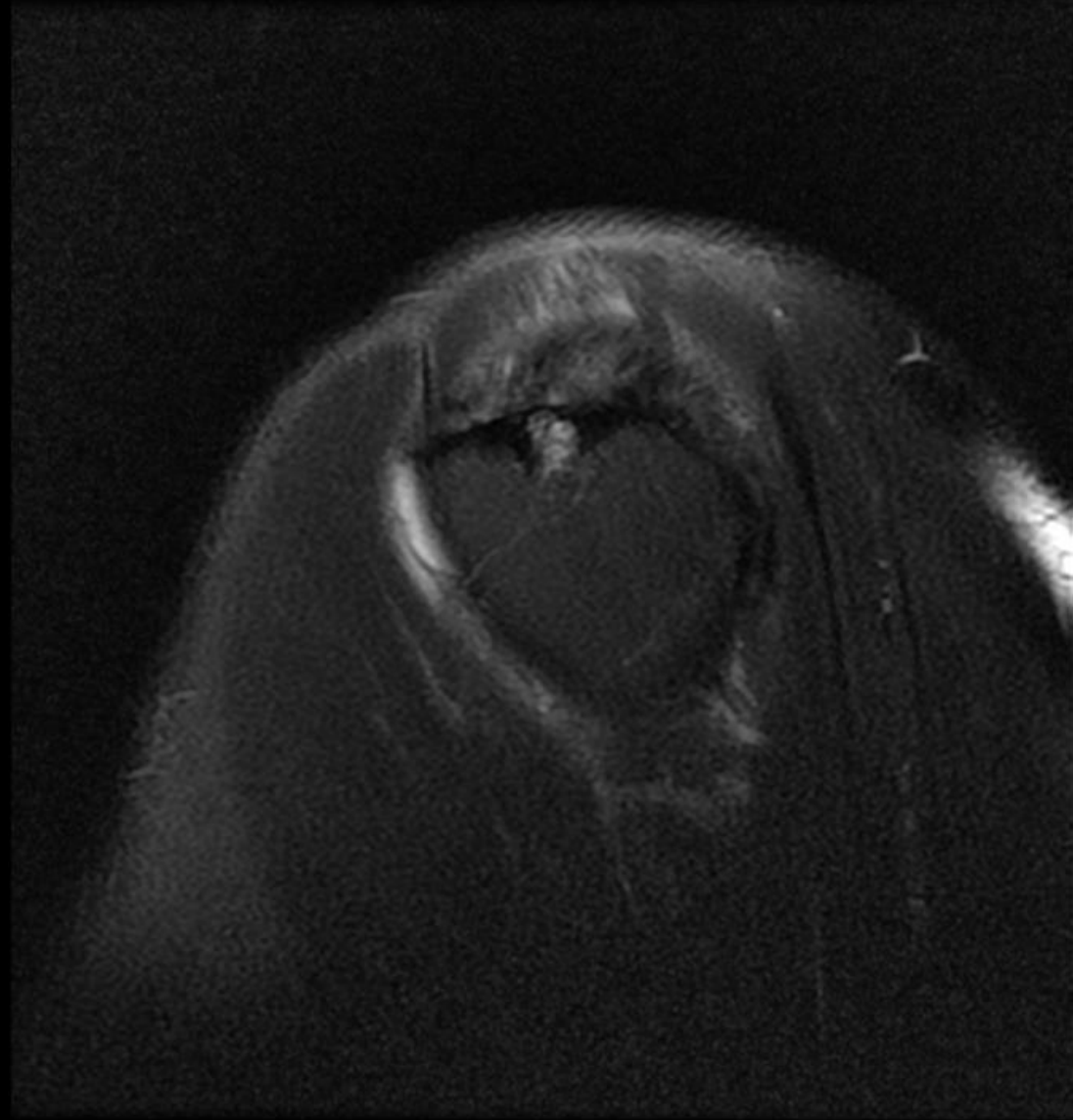


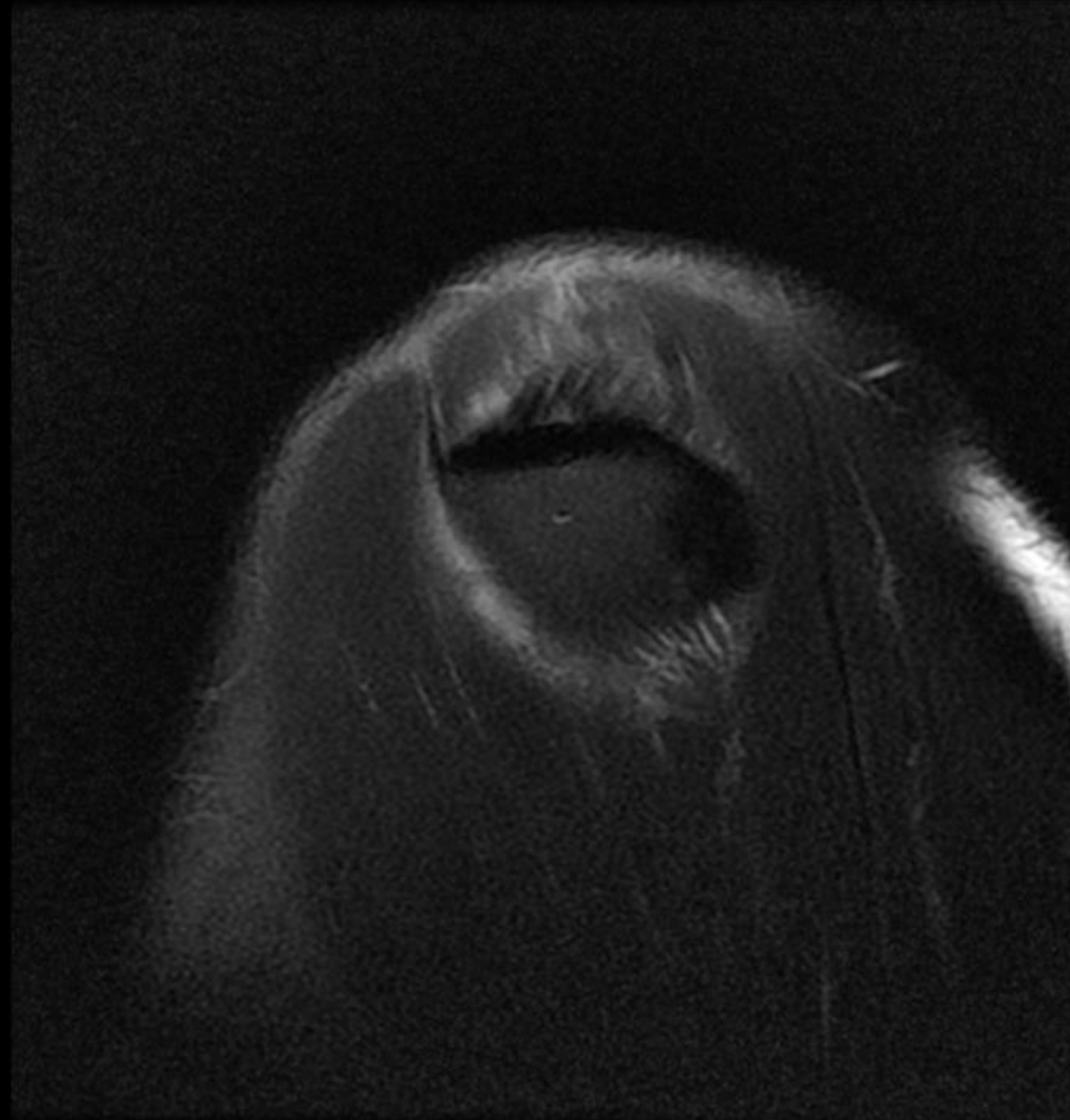


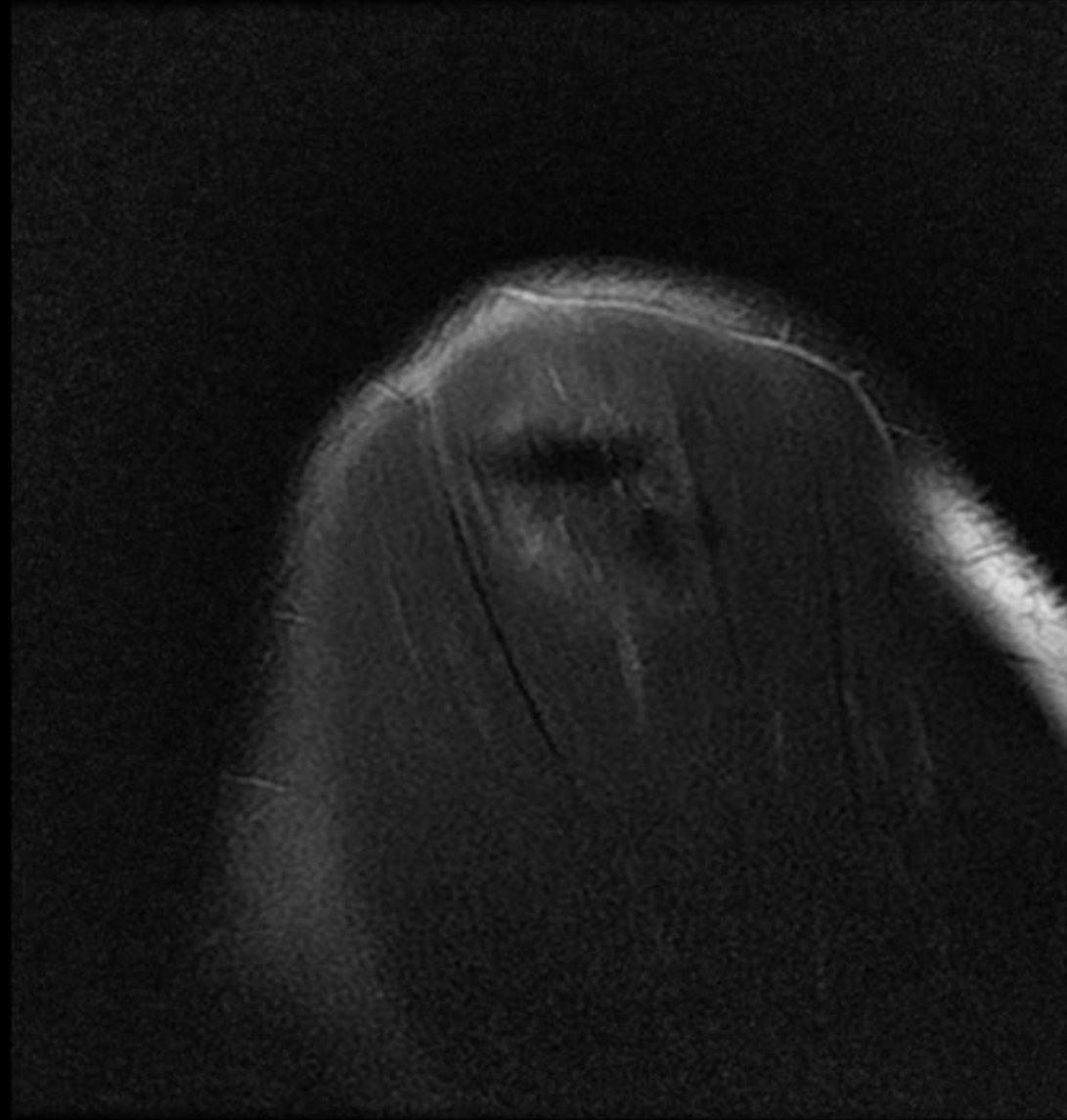




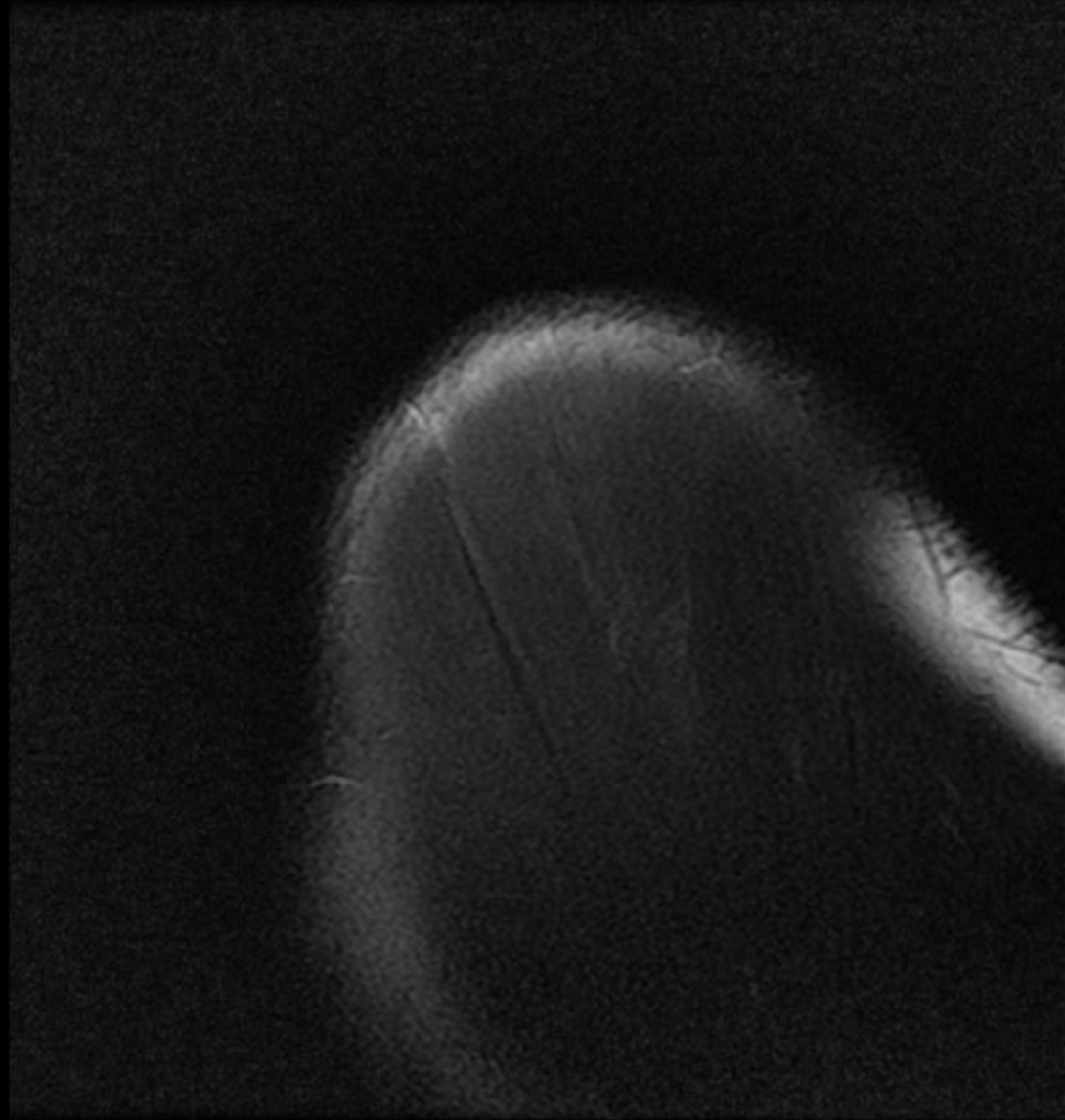






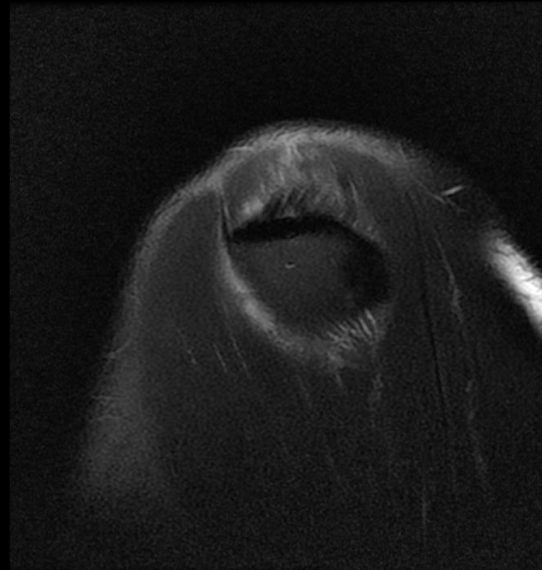
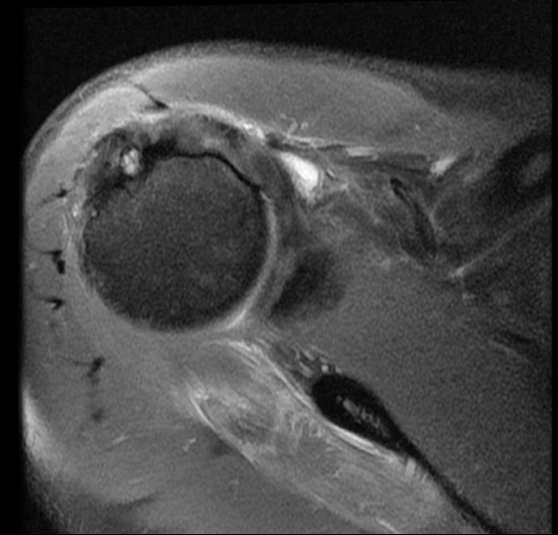
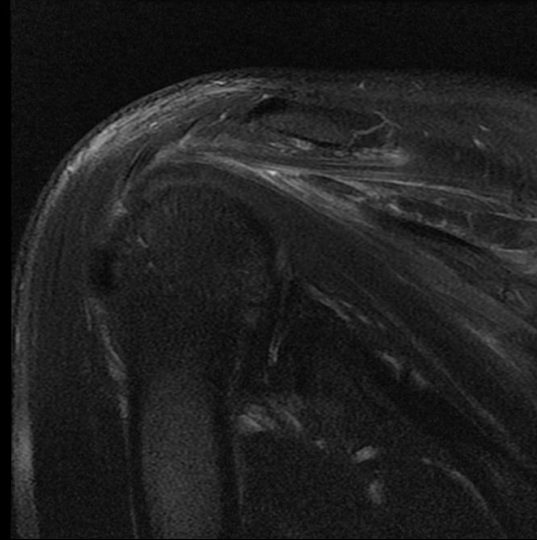






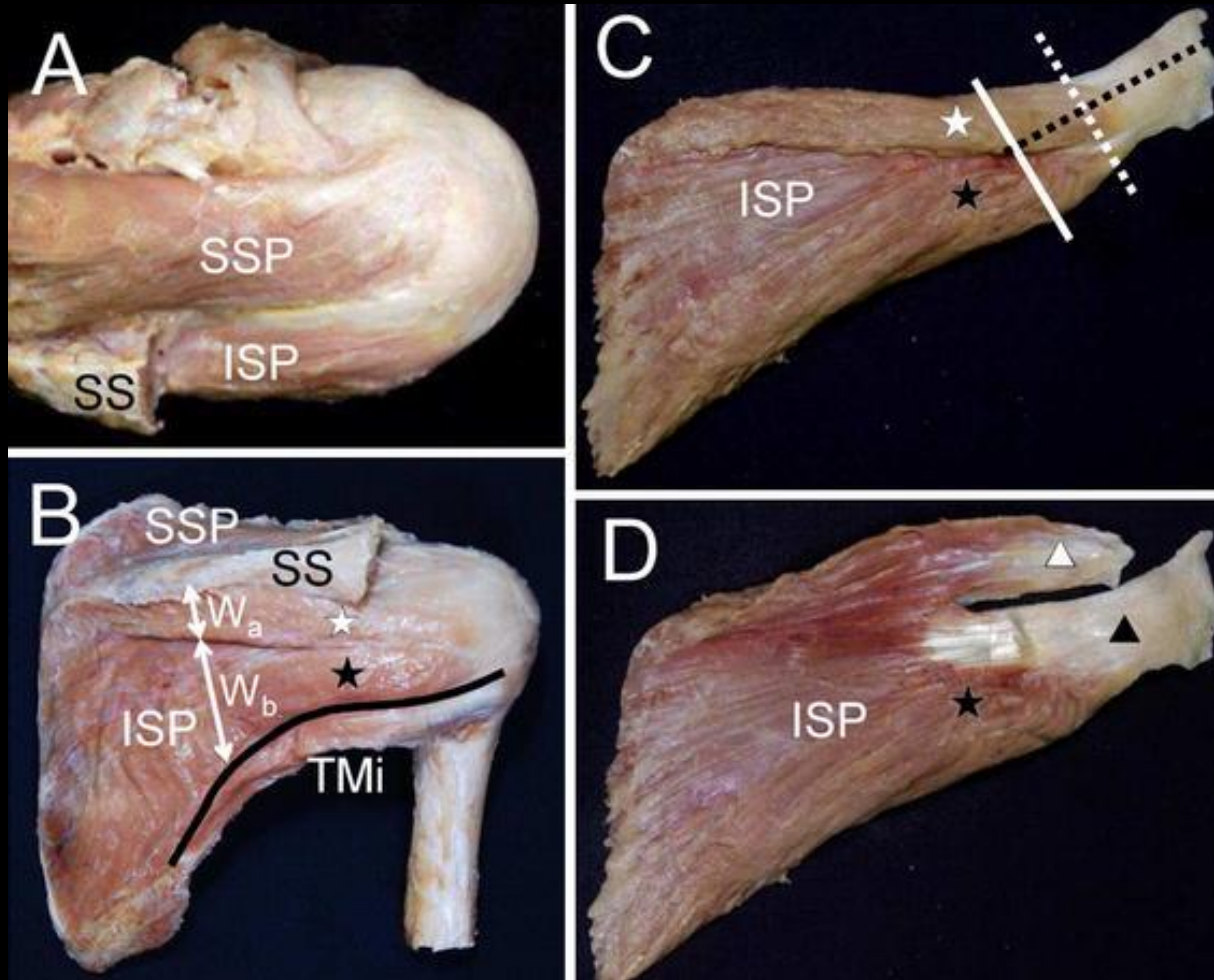
# Pertinent observations

- Interstitial tear of infraspinatus at myotendinous junction with medial retraction of torn fibers.
- Extensive adjacent muscle edema.
- Intact infraspinatus footprint.
- Intact bursal and articular fibers.



Novel lesion of the infraspinatus

# Anatomy of the infraspinatus

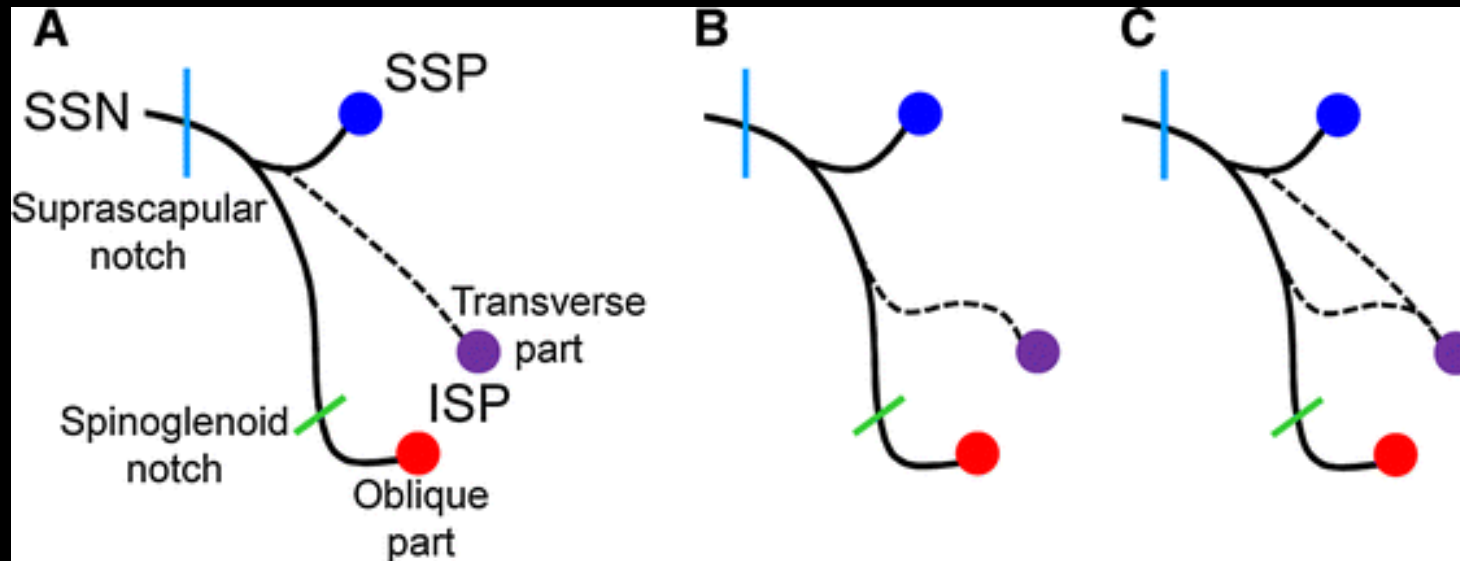


The infraspinatus is composed of the transverse part (white star) and the oblique part (black star).

The oblique part is made up of a thick and long tendinous portion (black triangle), which inserts on the greater tuberosity

The transverse part has only a thin and short tendinous membrane (white triangle), which attaches to the tendinous portion of the oblique part.

# Innervation of the infraspinatus

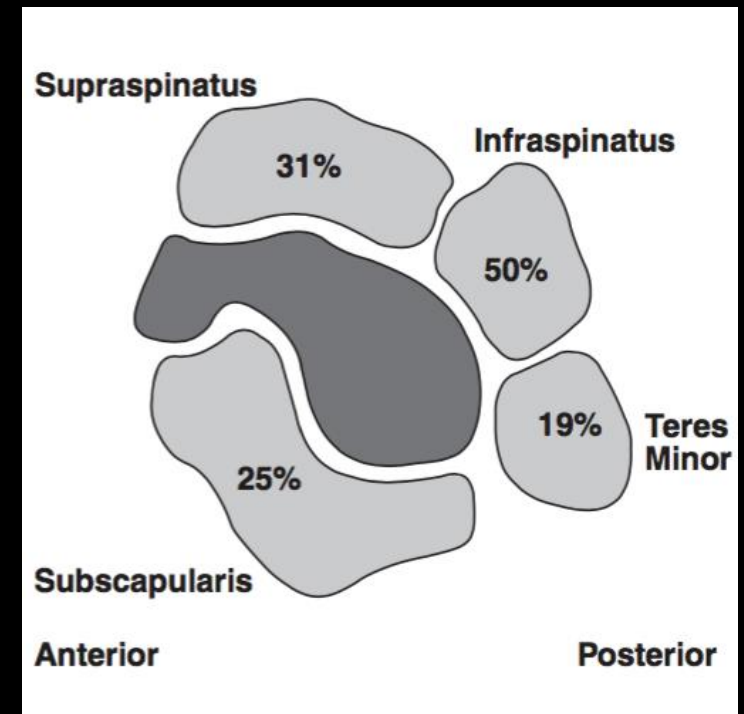


Innervation by branches of the suprascapular nerve

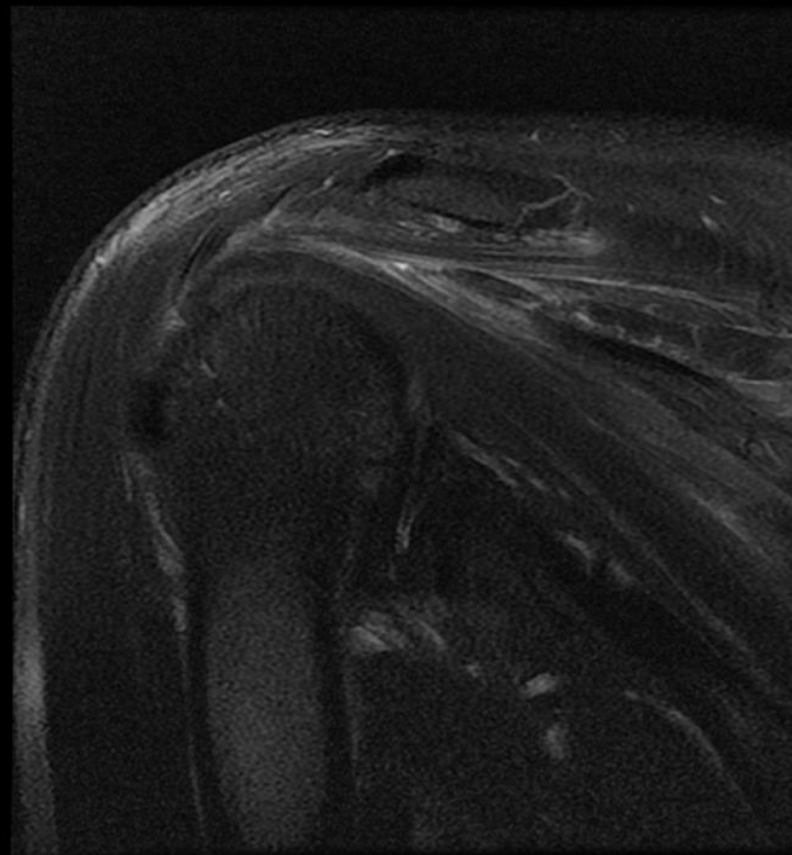
- A. Branches arose from branches to the supraspinatus muscle (type 1).
- B. Branches arose from branches to the infraspinatus muscle (type 2).
- C. Branches arose from branches to the supraspinatus muscle and infraspinatus muscle (type 3).

# Novel lesion of the infraspinatus

- Myotendinous junction tears frequently occur in the setting of pre-existing structural abnormality as a result of an indirect mechanism such as sudden muscular contraction against resistance, rather than being the consequence of direct trauma.
- Infraspinatus is more prone to delaminating-type tears due to bipennate anatomy.
- Majority of cases will progress to atrophy of the infraspinatus.
- Surgical repair not shown to prevent progression to fatty atrophy, but early diagnosis and tendon repair may restore muscle tension and prevent complete functional muscle loss.



# Novel lesion of the infraspinatus



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