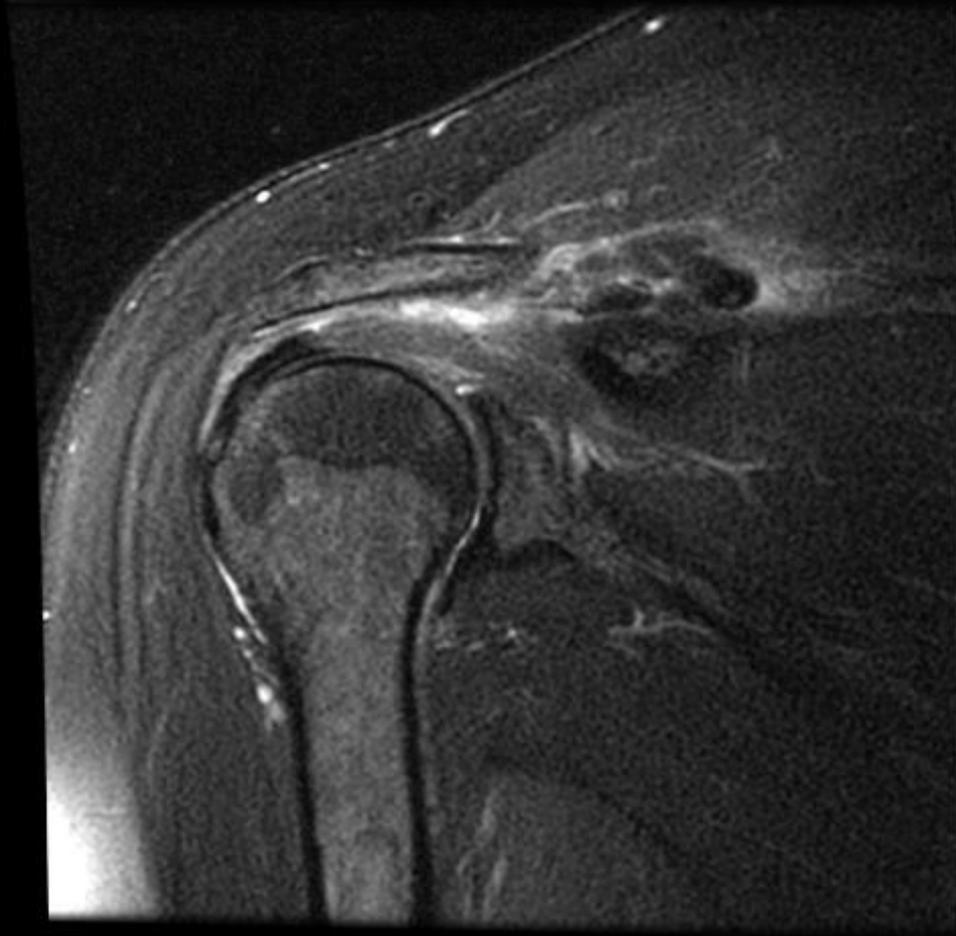
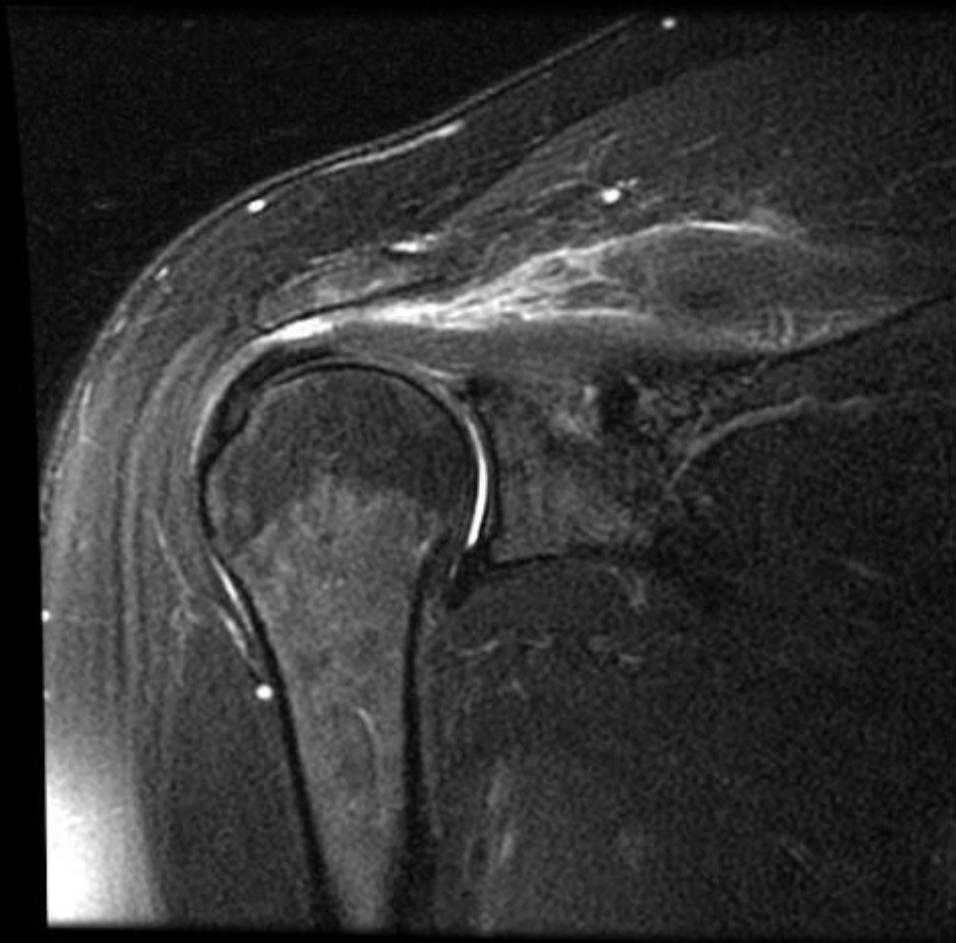
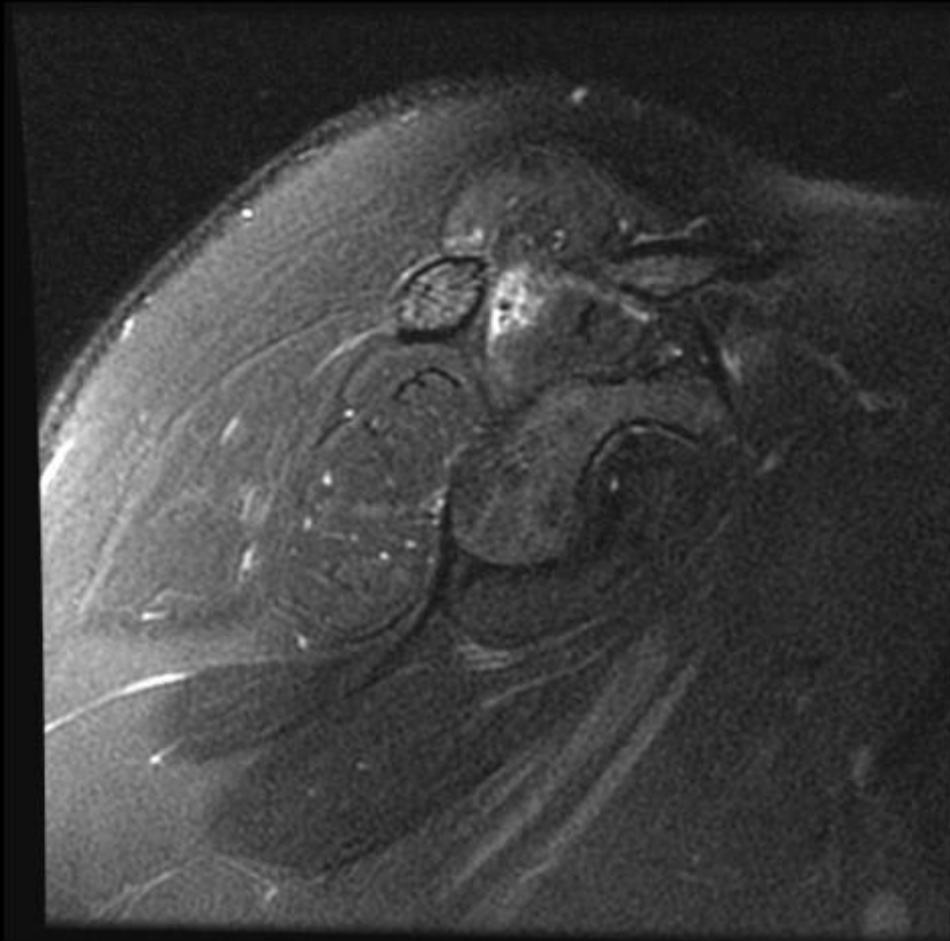
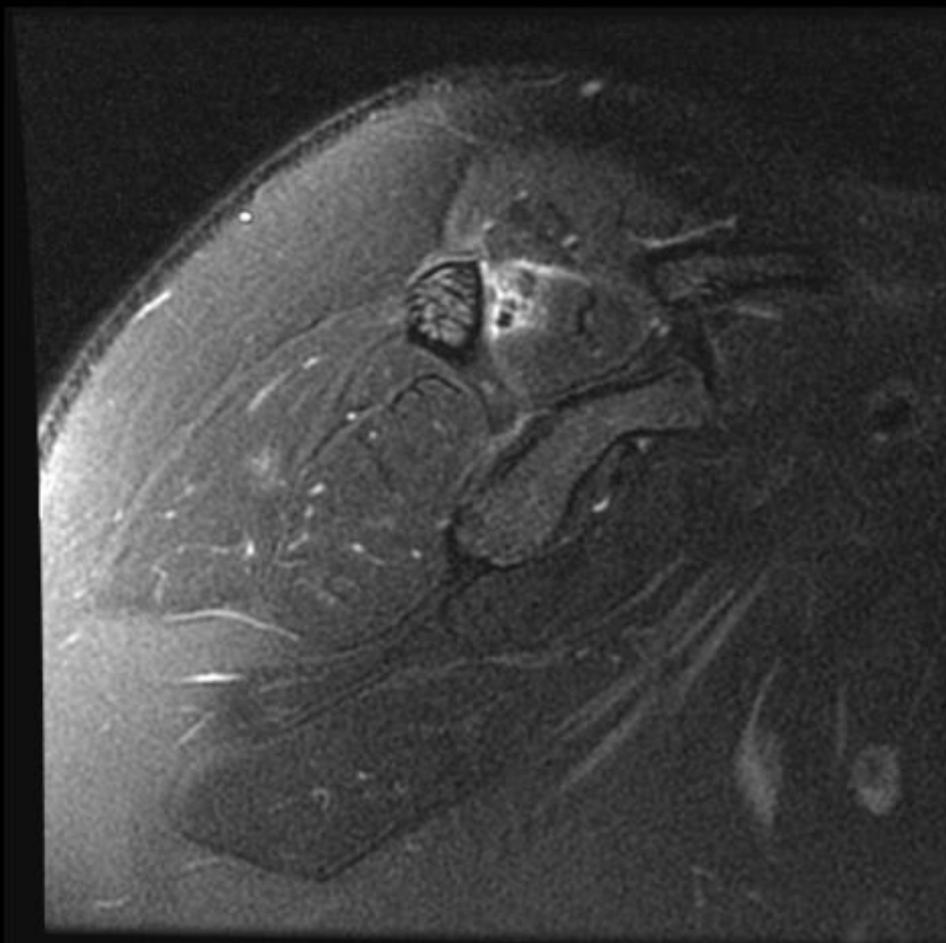


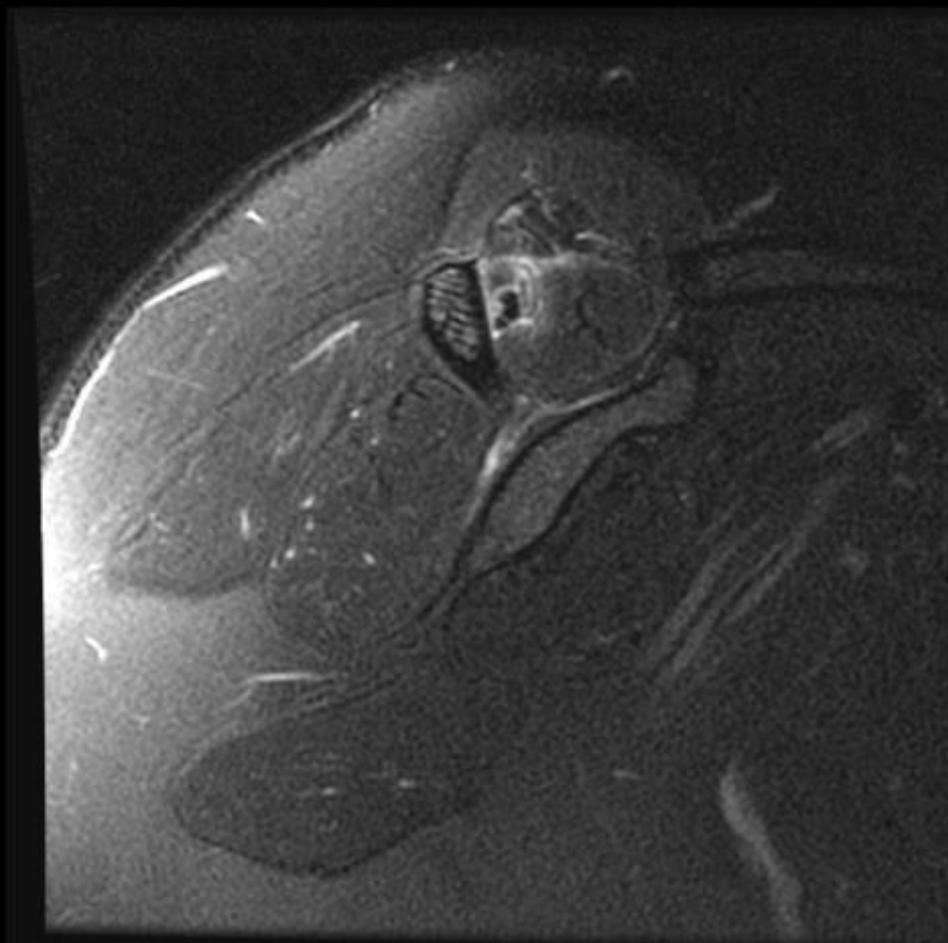
- 52F with shoulder pain, limited range of motion

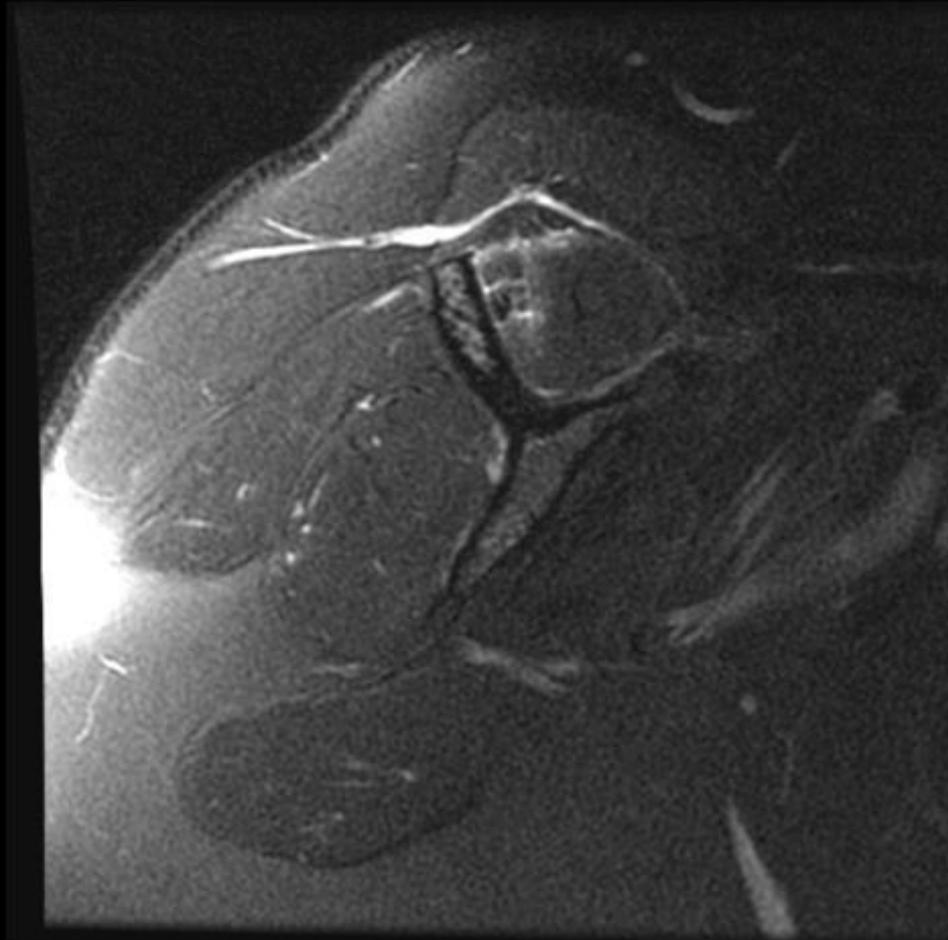


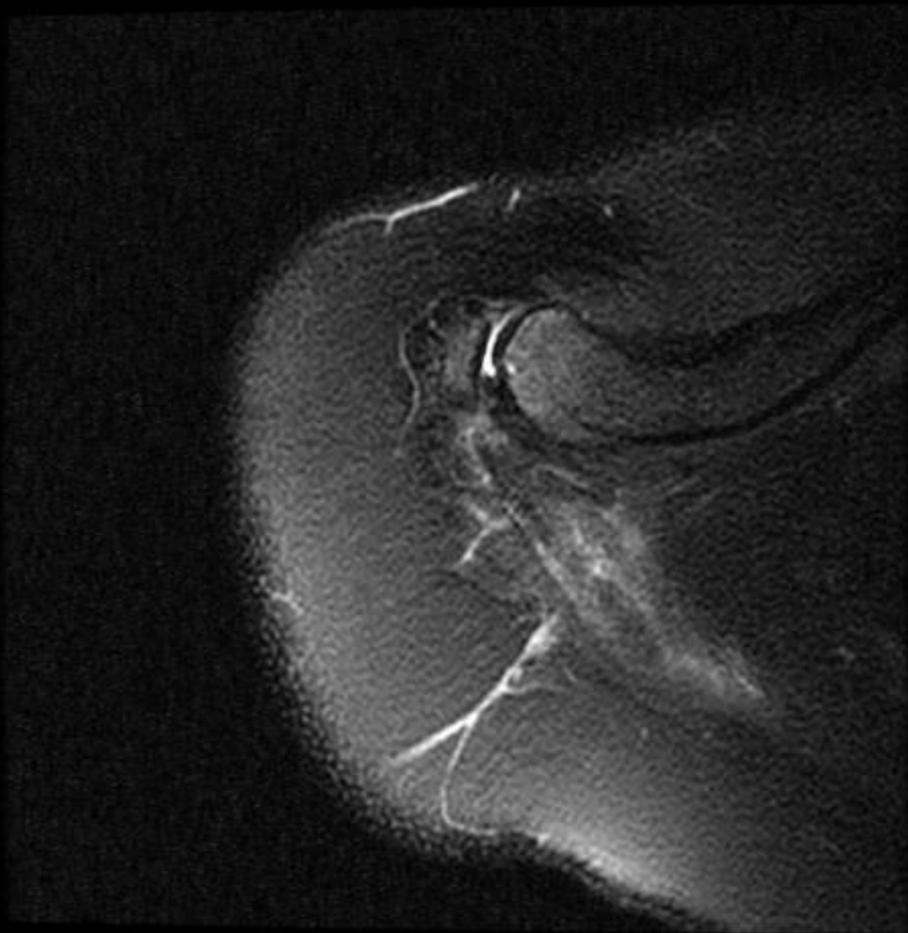


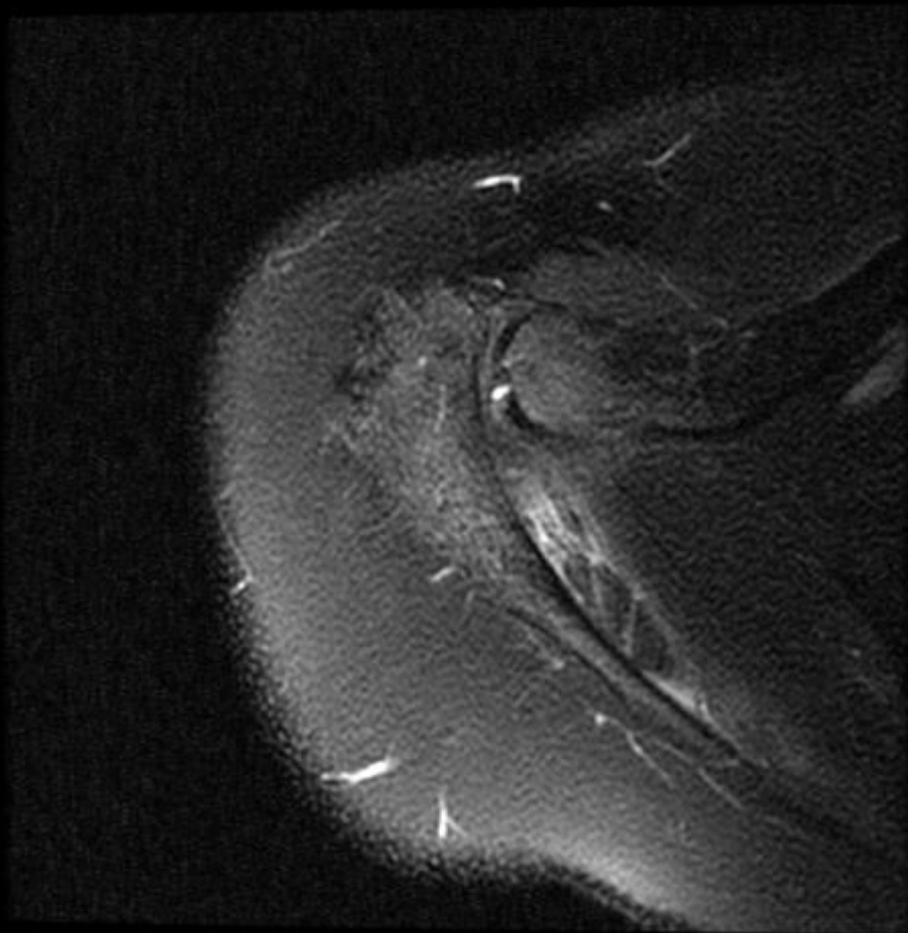


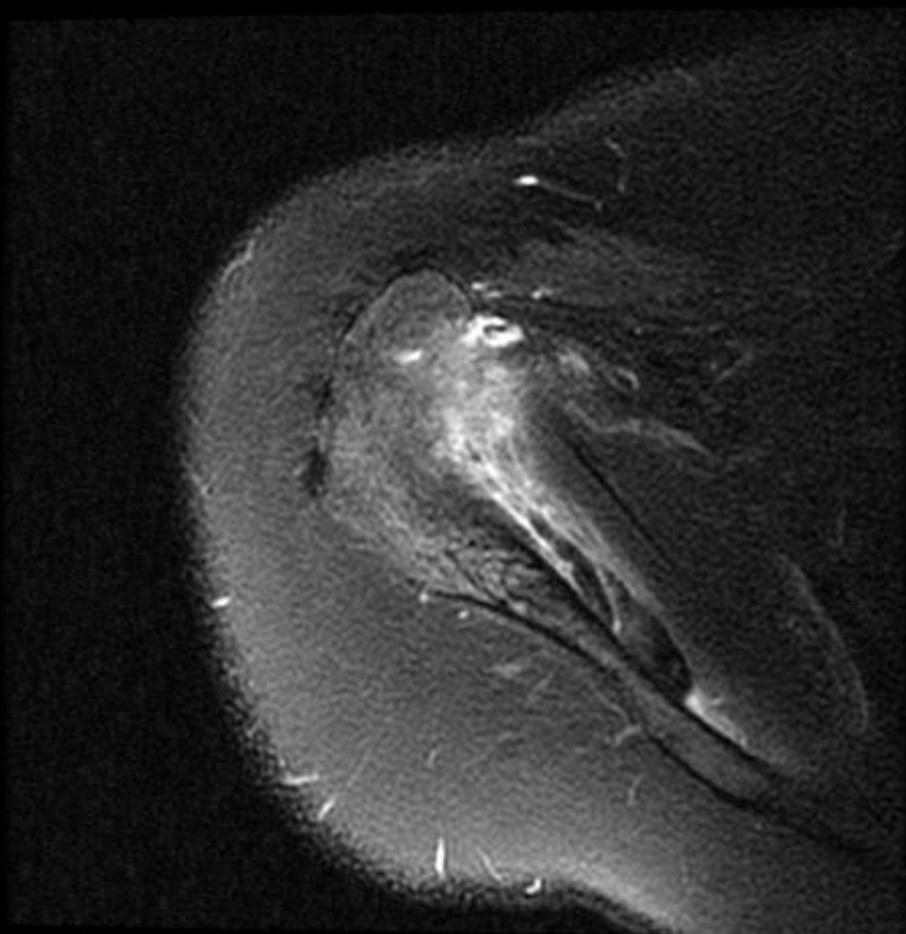












Calcific Tendinitis

- Common, 3% of adults
- Shoulder > hip > elbow > wrist > knee
- Calcific periarthrititis
- Osseous involvement is rare

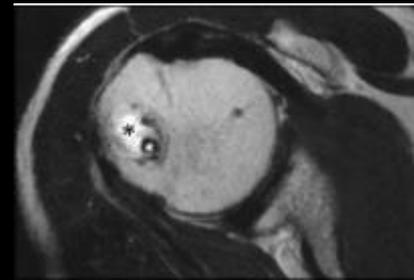
- Retrospective review of 50 cases
- Humerus and femur most commonly involved (each 40%)
 - Also hand/wrist, foot, c-spine, clavicle
- Femur: posterior and subtrochanteric along linea aspera at the level of or within 6 cm of lesser trochanter
- Humerus: proximal – lesser/greater tuberosity; distal – anterior, pec major insertion

Calcific Tendinitis

- Ca hydroxyapatite deposition → inflammatory response → focal hypervascularity → local bone resorption at osseous junction
- Cortical resorption + large mechanical forces → osseous changes

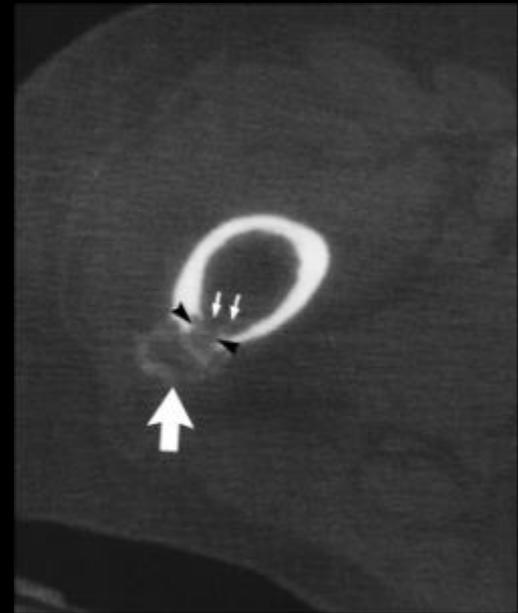
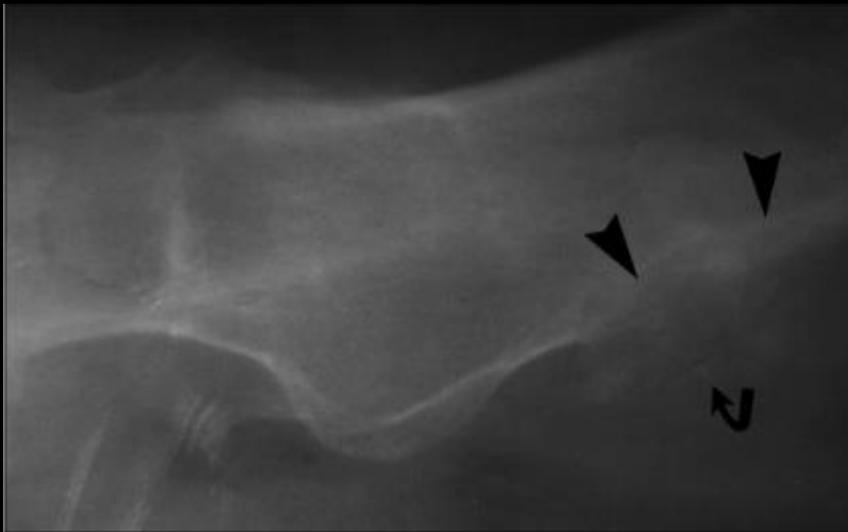
Calcific Tendinitis

- Relationship of humeral tuberosity cysts and calcific deposits unclear
- Calcium may deposit into pre-existing cysts
 - Supported by large cysts with small focus of calcification
- Cyst formation is result of intramedullary deposition of calcium



Calcific Tendinitis

- Periosteal reaction from calcium deposition may have aggressive appearance
 - Seen only in diaphyseal involvement



40 y/o woman with abrupt onset shoulder pain, initially diagnosed as brachial neuritis but partial sparing of supraspinatus suggests alternate dx, “intramuscular release of calcification”

