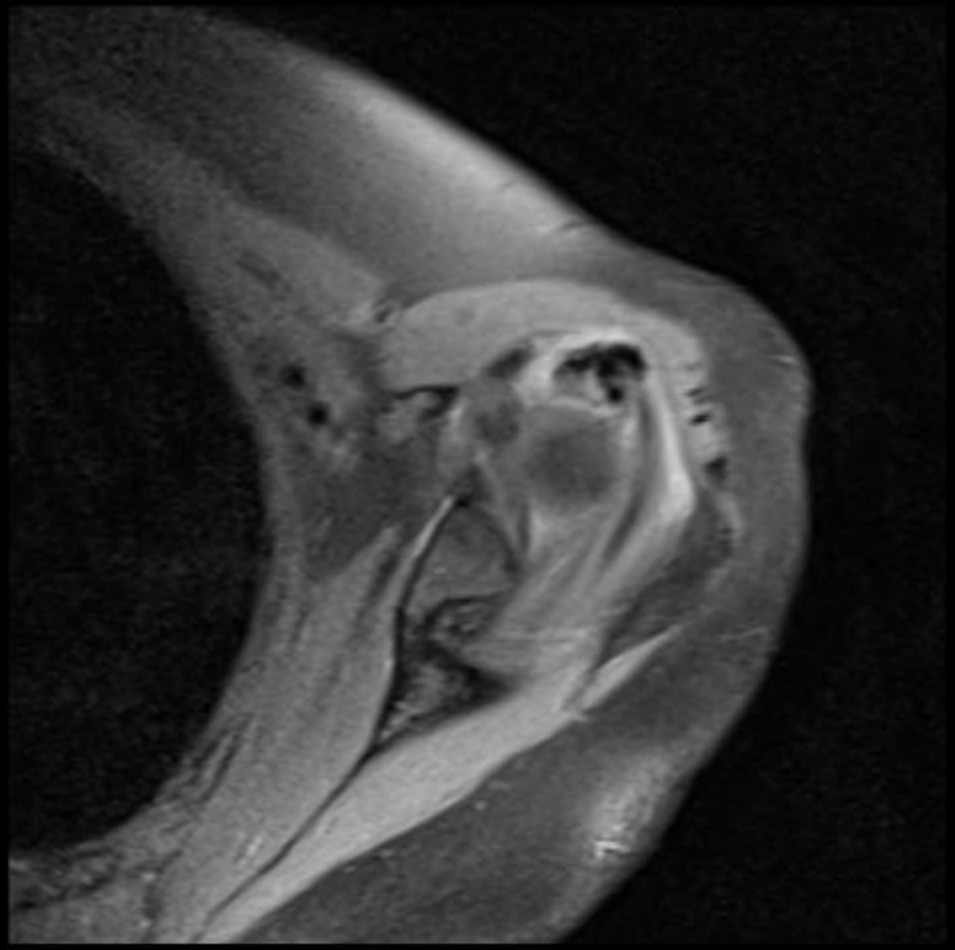
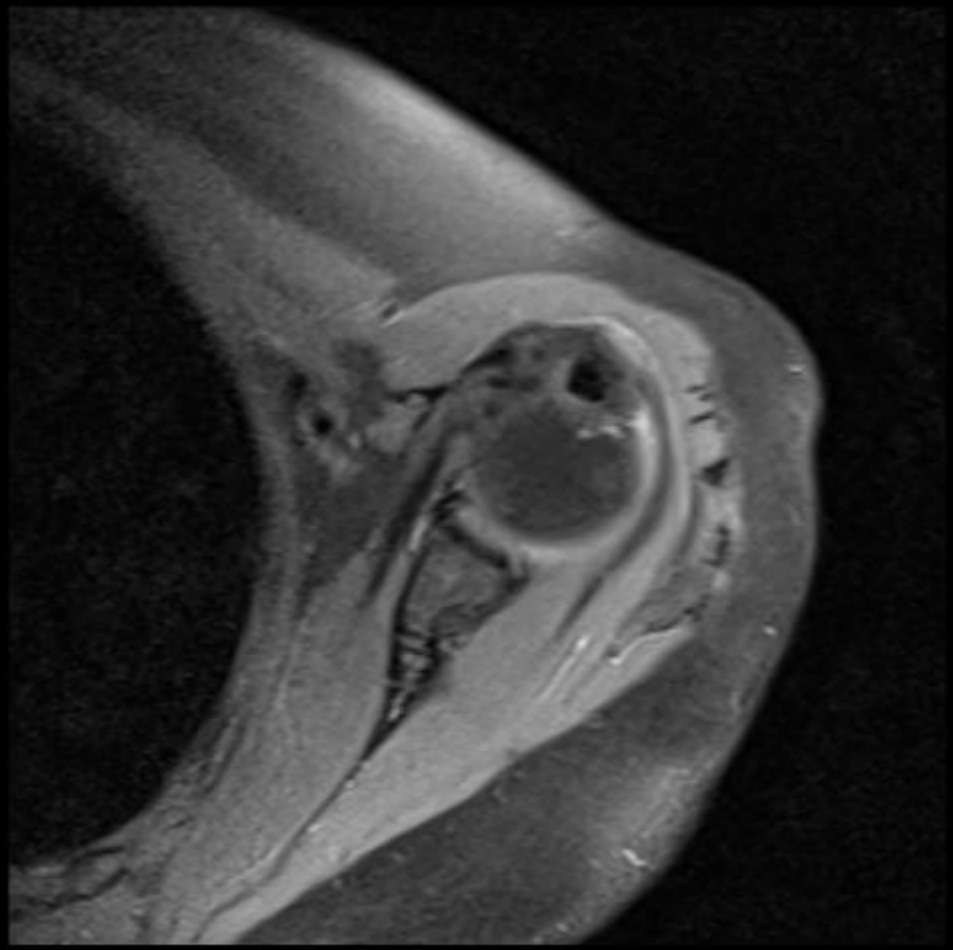
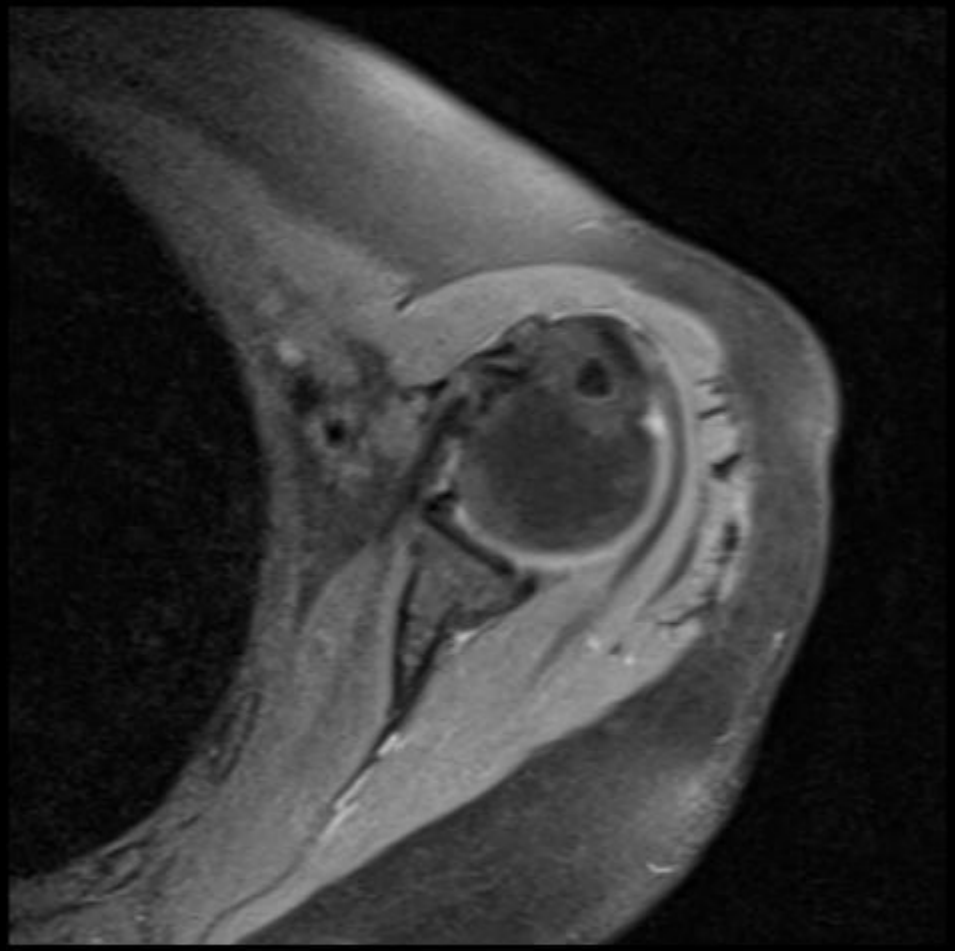
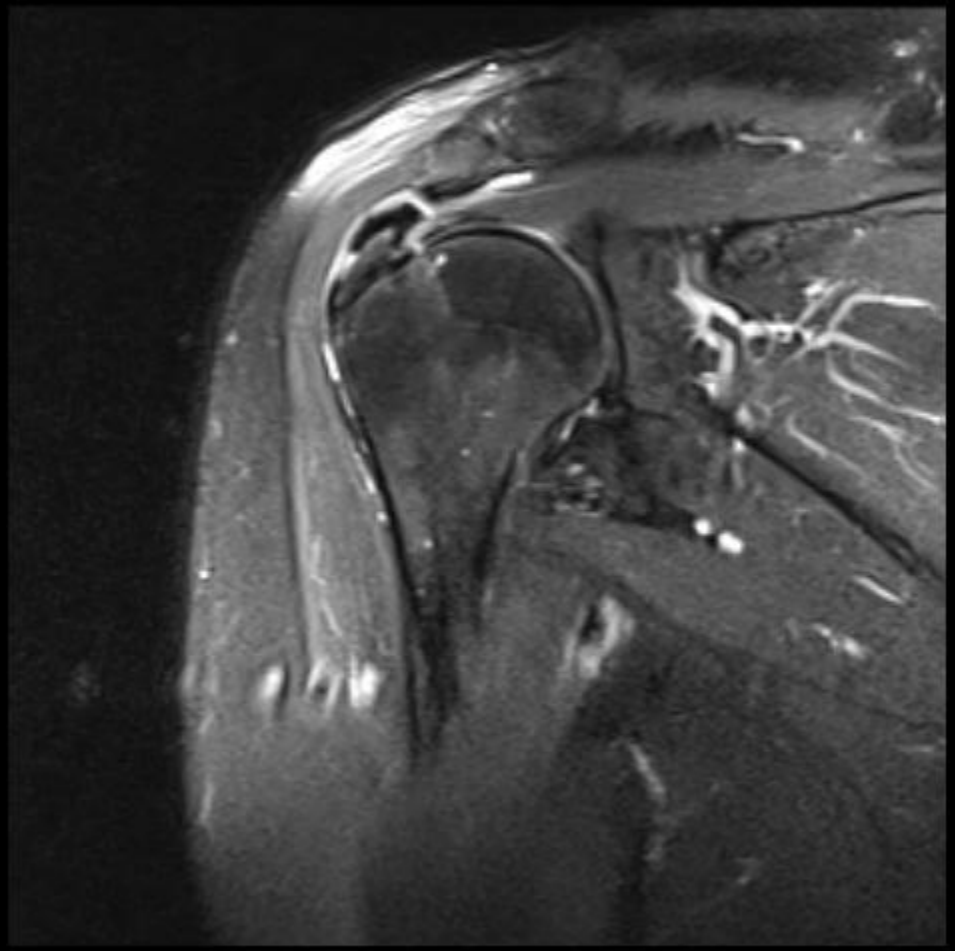
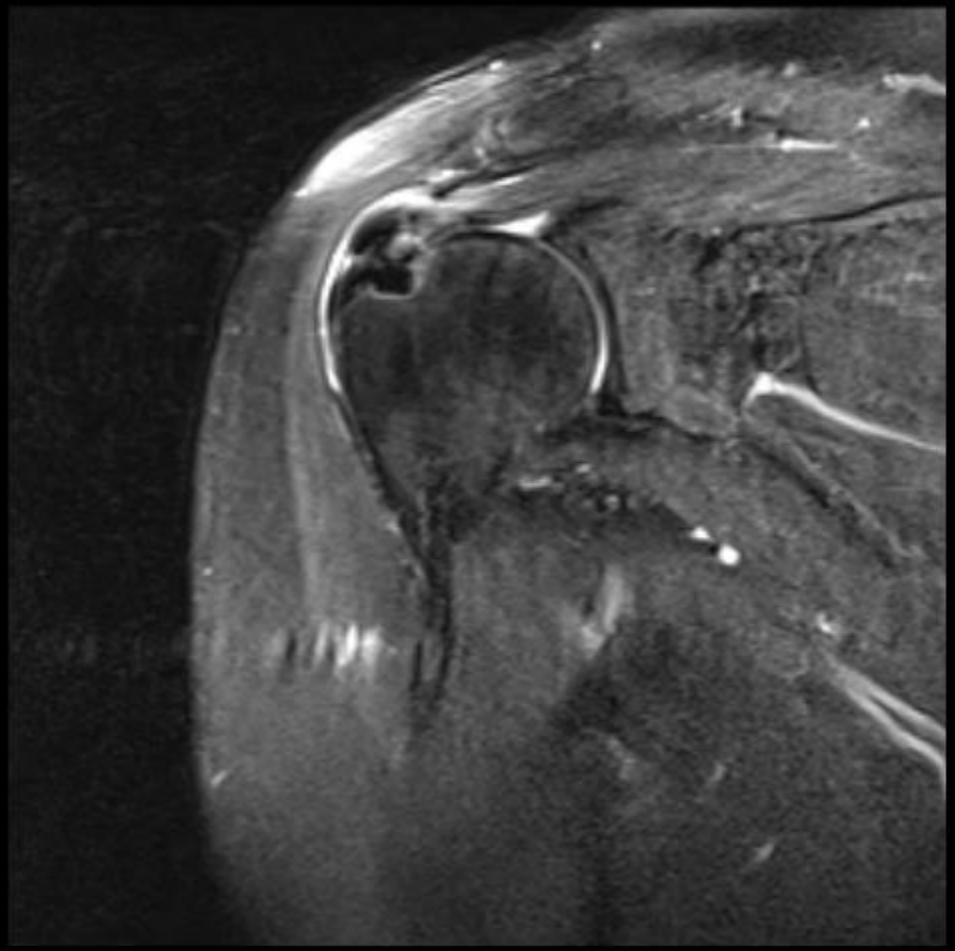
- 56F with shoulder pain

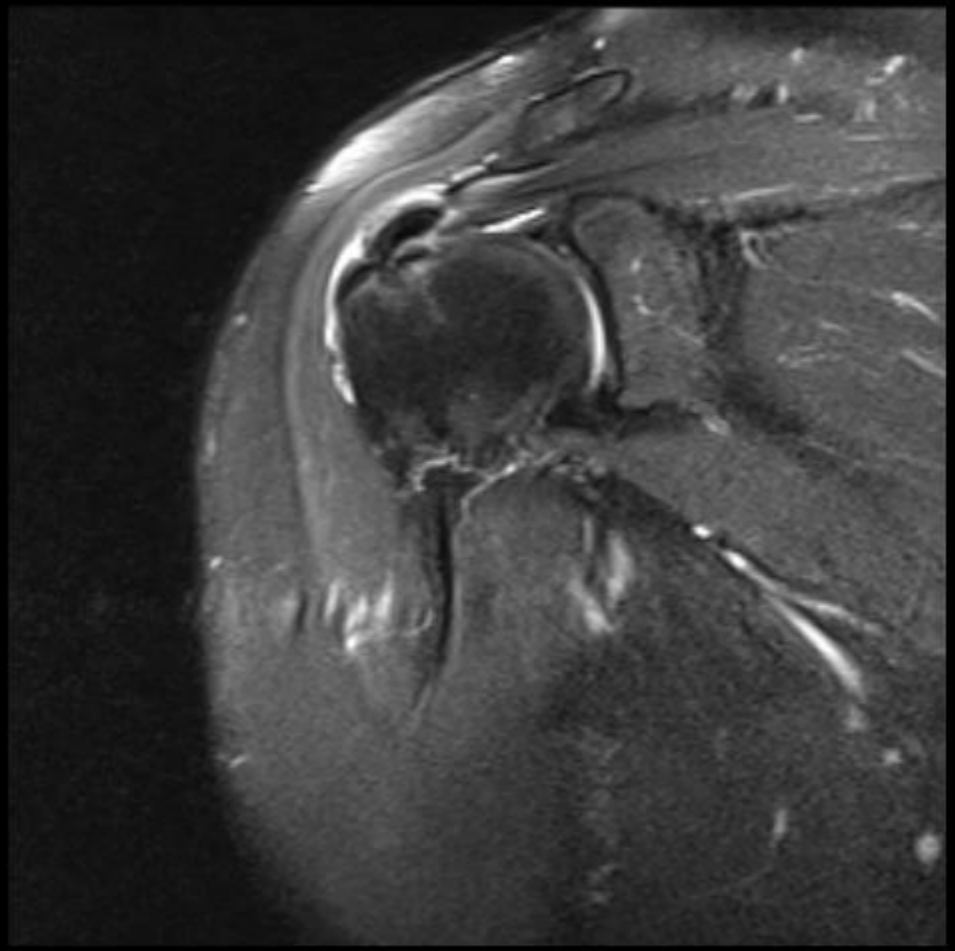


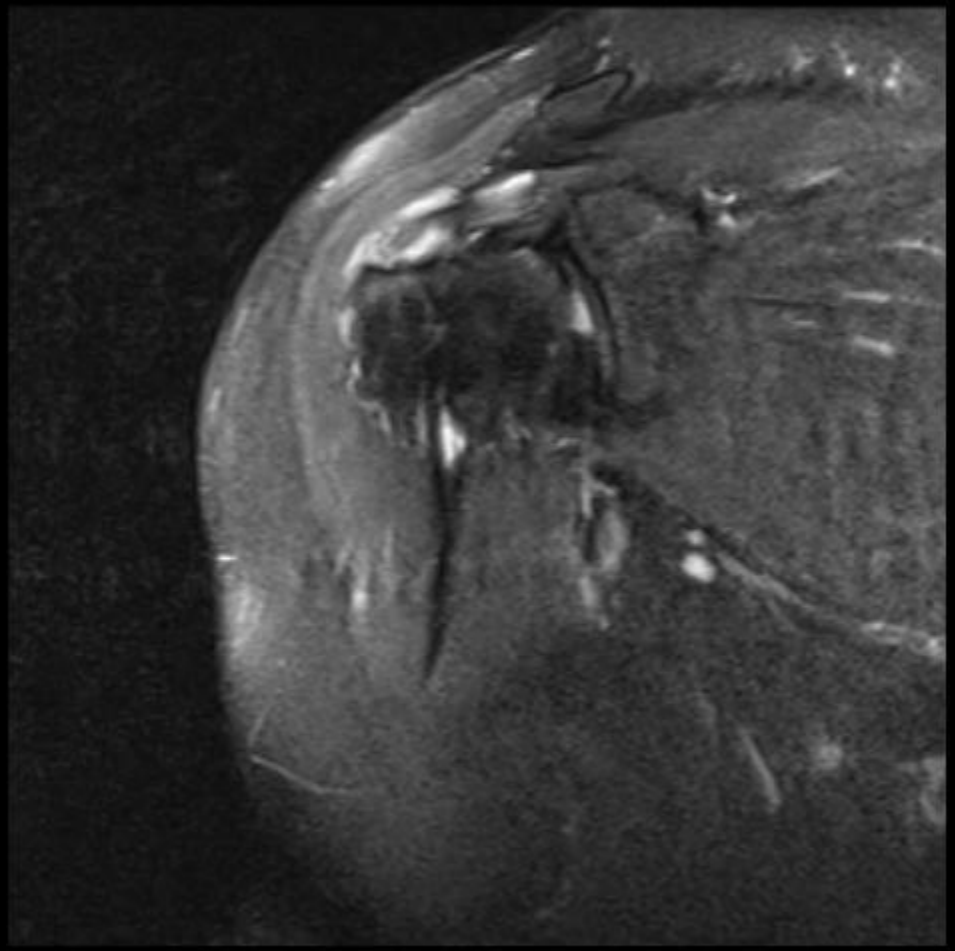


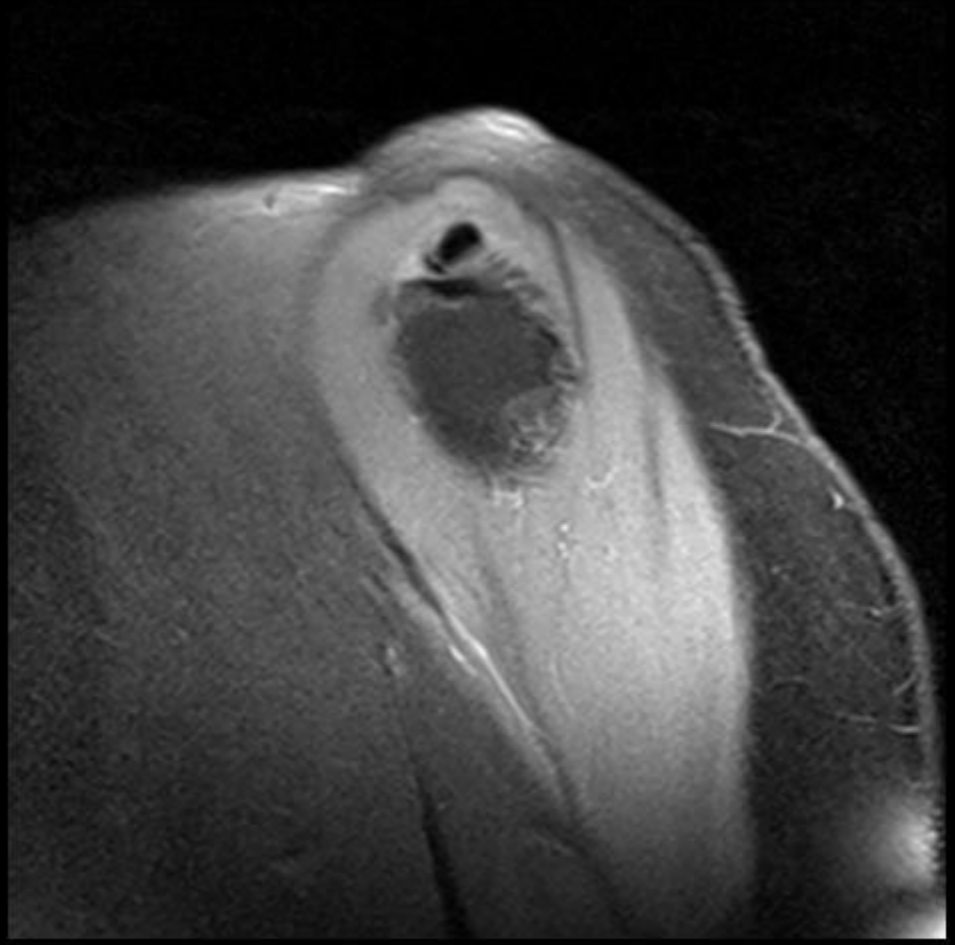


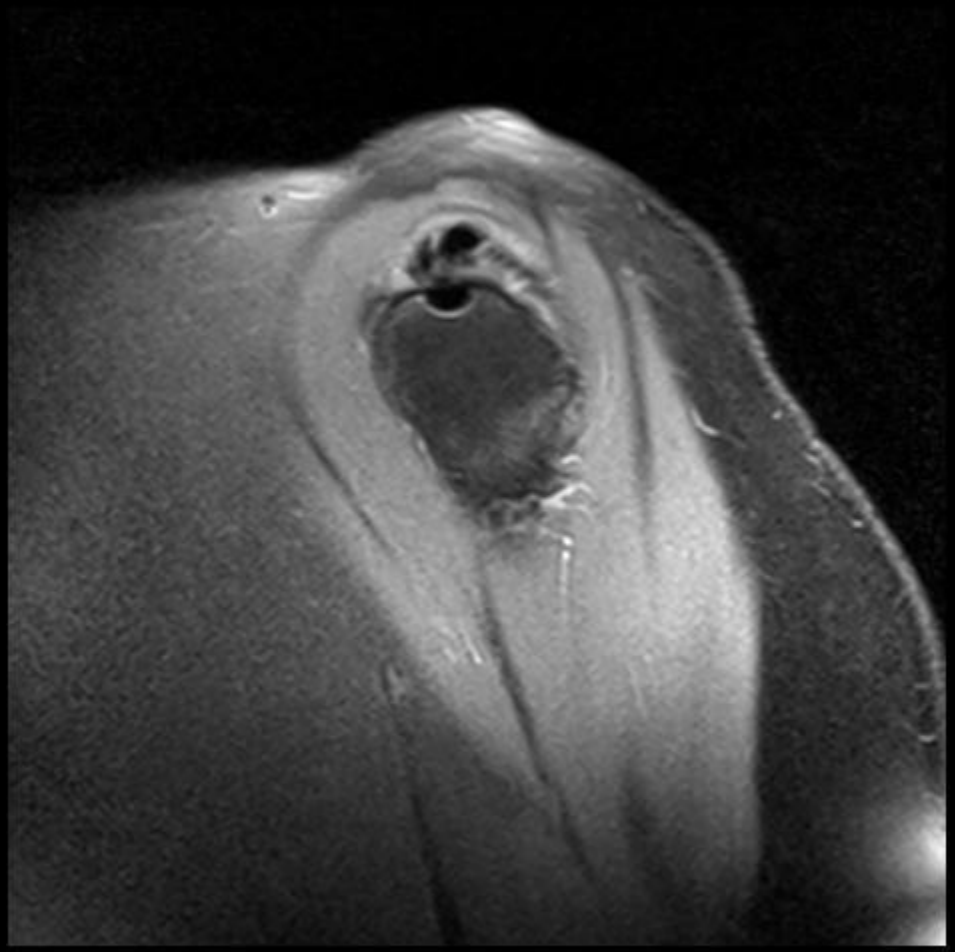


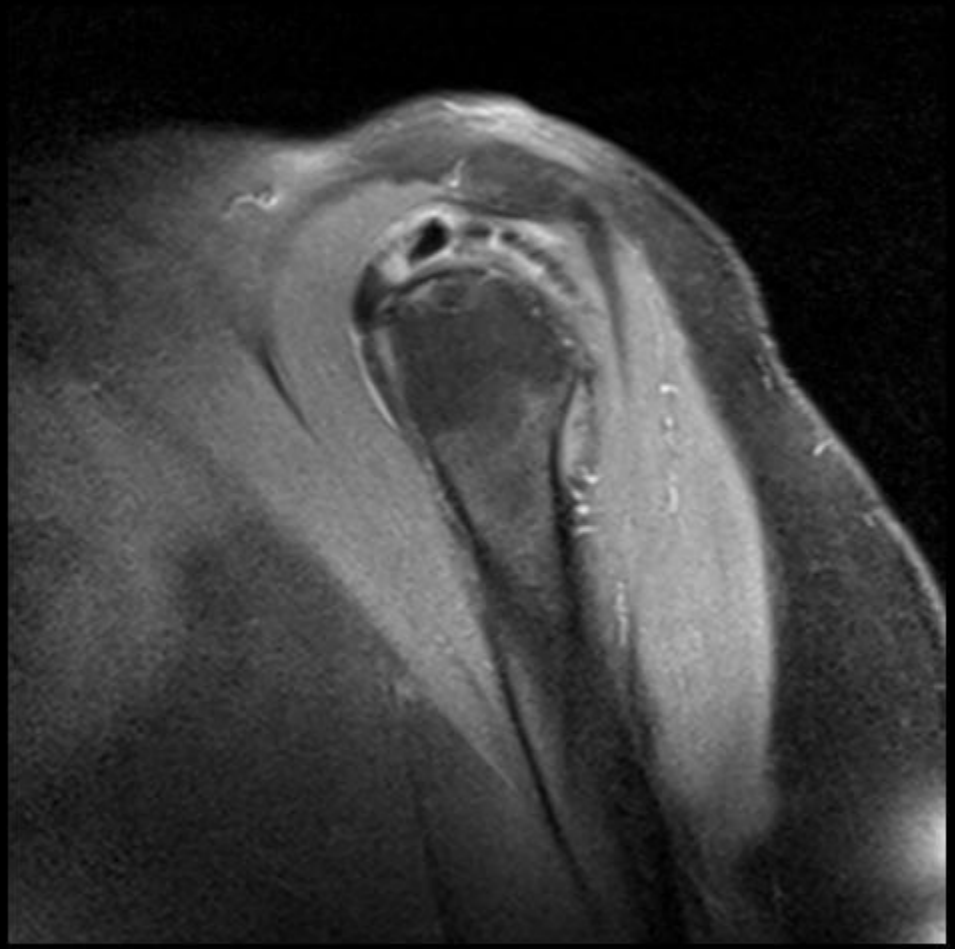


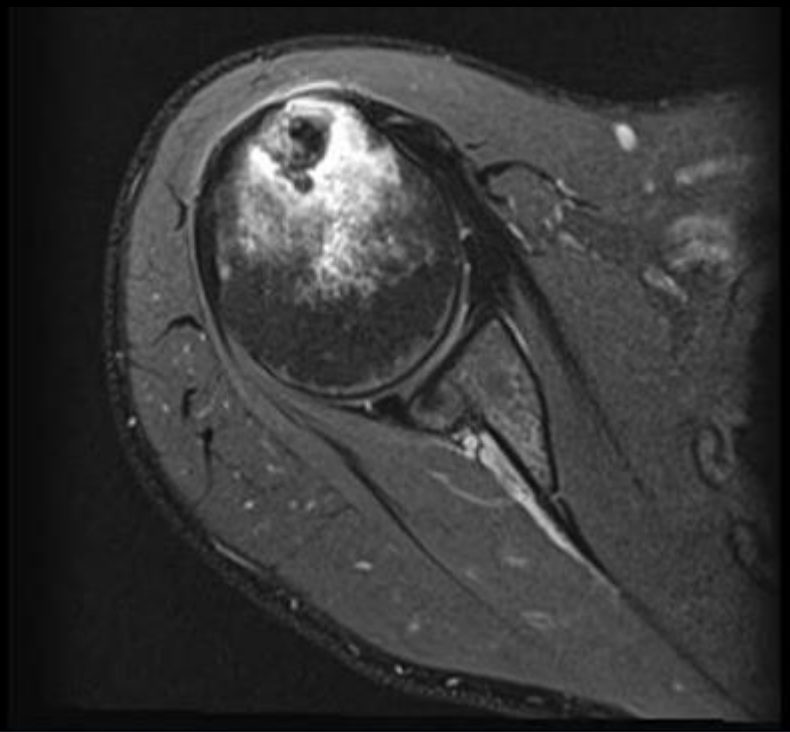


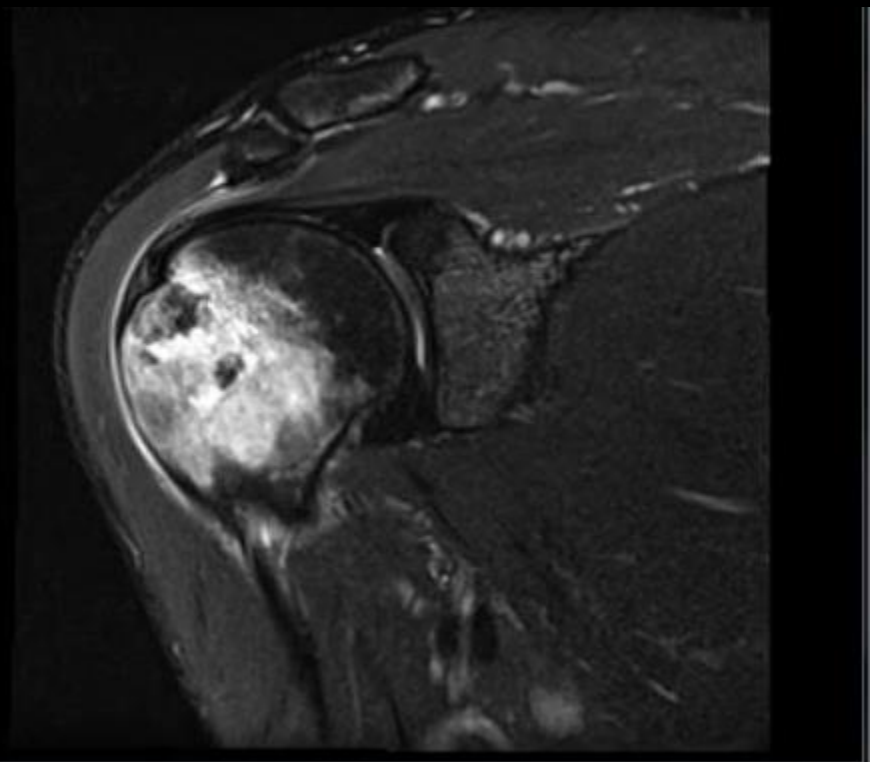


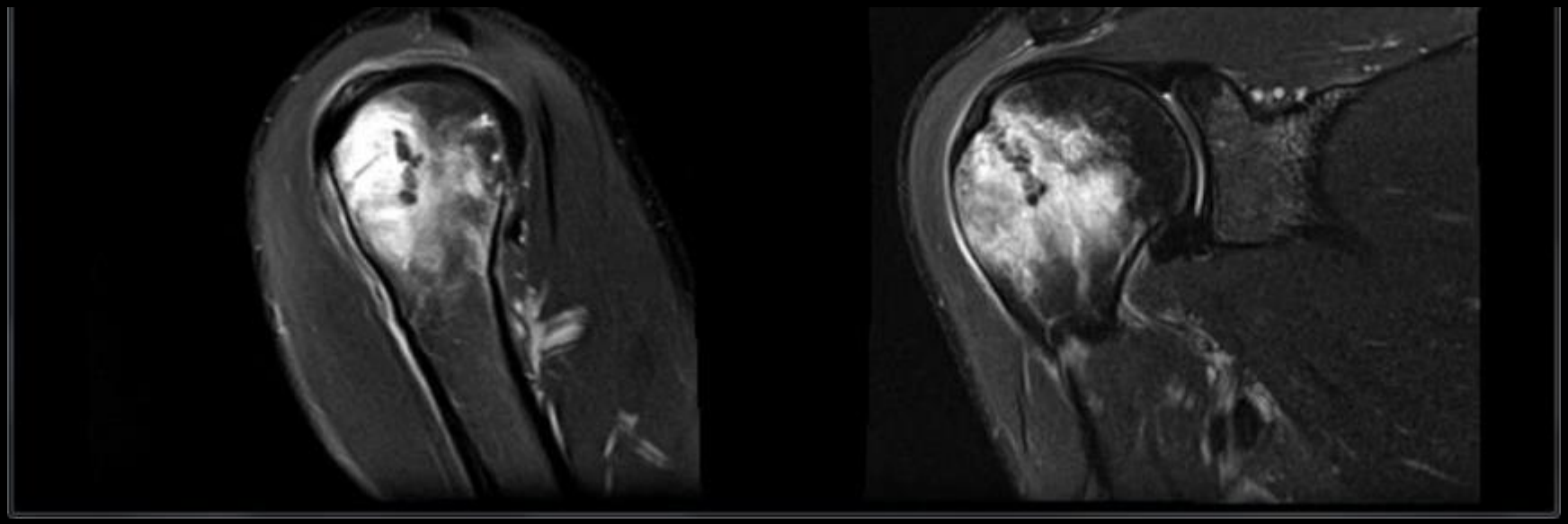


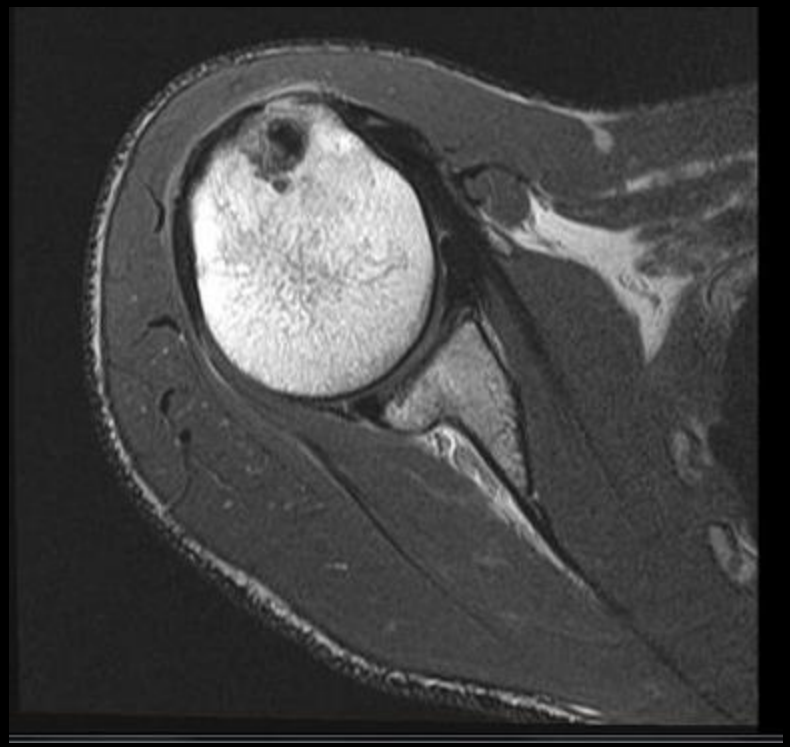












Calcific Tendinitis

- Common, 3% of adults
- Shoulder > hip > elbow > wrist > knee
- Calcific periarthritis
- 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

Flemming, et al. Osseous Involvement in Calcific Tendinitis: A Retrospective Review of 50 cases. AJR: 181: 965-972

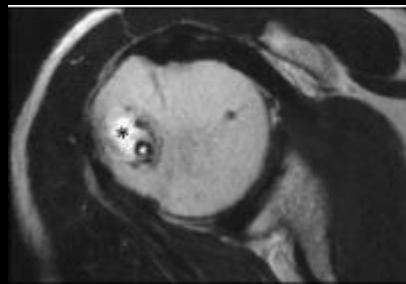
Calcific Tendinitis

- Ca hydroxyapatite deposition → inflammatory response→focal hypervascularity→local bone resorption at osseous junction

- Cortical resorption + large mechanical forces → osseous changes

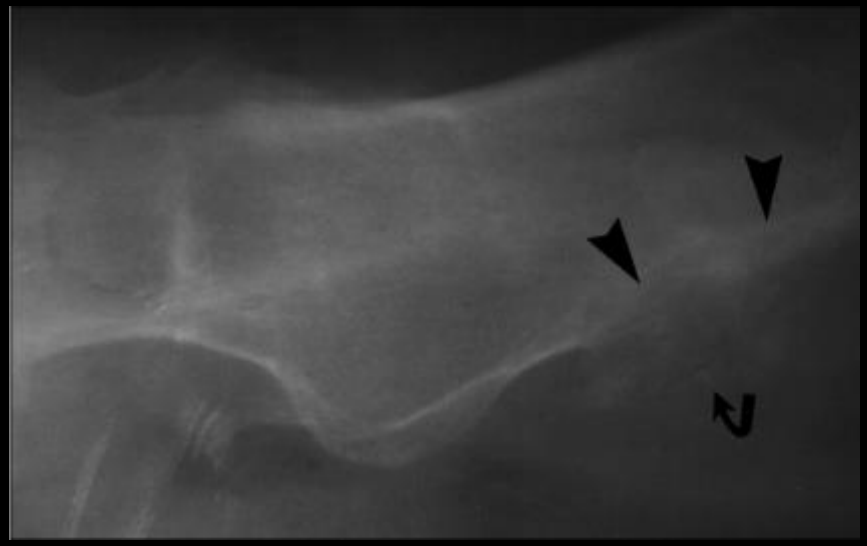
Calcific Tendinitis

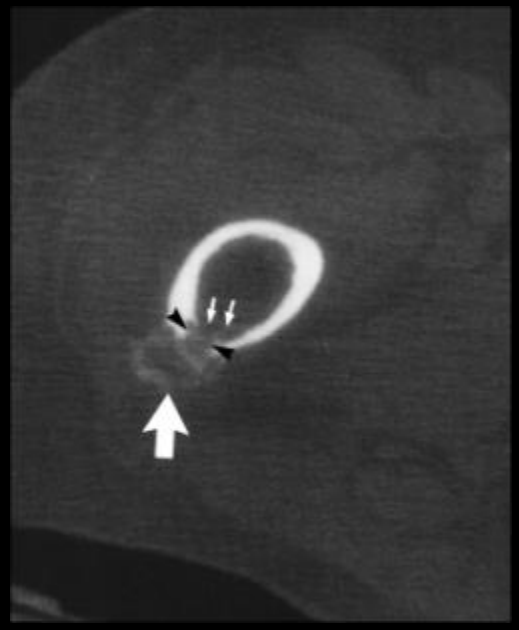
- Relationship of humeral tuberosity cysts and calcific deposits unclear
- Calcium may deposit into pre-existing cysts
  - Supported by large cysts with small focus of calcification
- Cyst formation is result of intramedullary deposition of calcium



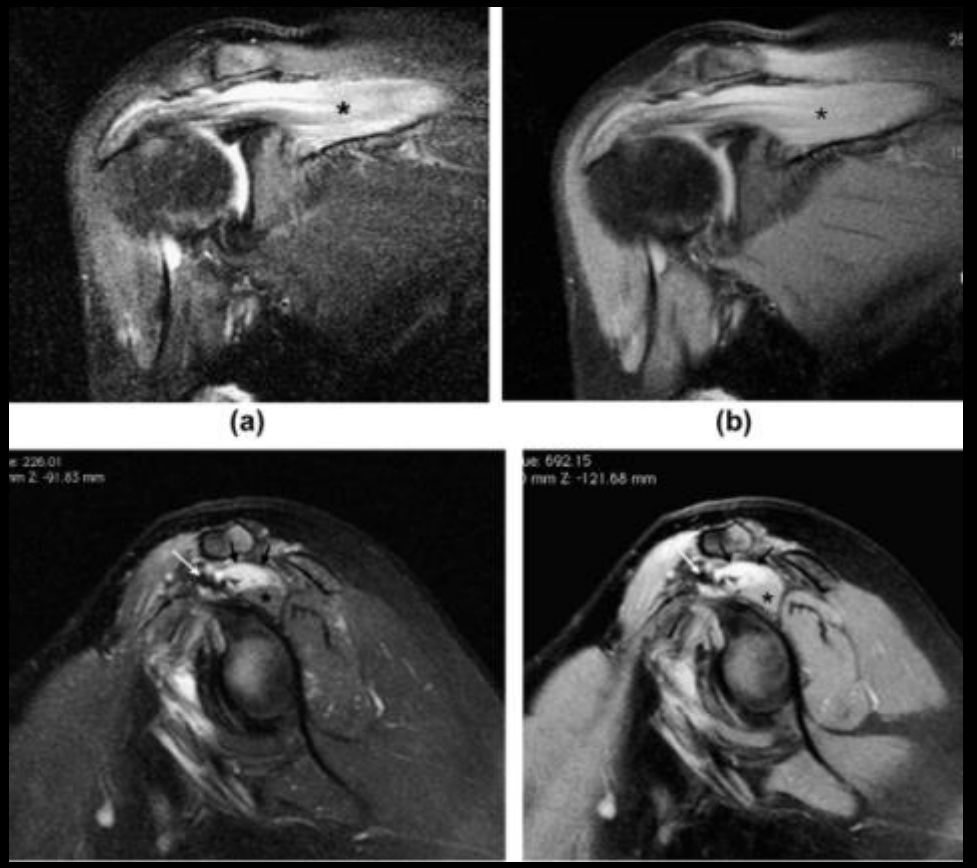
Calcific Tendinitis

- 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”



Mileto, et al. Calcific tendonitis of supraspinatus simulating acute brachial neuritis. Clinical Radiology 66 (2011) 578-581