

**Case Report**

Woke Up with Winging of Scapula: An Interesting Presentation of Parsonage Turner Syndrome

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History

A 26-year male, athletic built felt intense pain around right upper back which radiated to the right neck during night which woke him up from sleep six days back. Pain resolved spontaneously after 1 hour and patient went back to sleep, only to discover profound weakness in the movement of right upper limb along with protrusion of scapular bone in the morning. Ironically patient's pain had resolved precipitating only weakness as discussed. There was no significant history of trauma, fever, weight loss, recent immunization, contrast administration or connective tissue disorder. Patient had no addiction and his past history and family history was unremarkable.

Examination

Vitals and General examination was unremarkable. Systemic examination also revealed nothing significant except neurological examination which is discussed in the following text. Scapula was displaced and there was significant winging of scapulae. On Individually examining muscles an

interesting pattern was seen (muscle supplied by C5 were predominantly involved) →

Muscles	Power (right upper limb)
Sternocleidomastoid	5/5
Deltoid	4/5
Supraspinatus	3/5
Trapezius	4/5
Rhomboids	2/5
Serratus Anterior	5/5
Other muscles	5/5

Investigations

Thorough investigations were done, MRI shoulder joint, HRCT thorax, Vitamin B 12, Vitamin D and routine blood test in search of etiology which remained idiopathic. NCV – C5-C6 radiculopathy, EMG - widespread denervation of above involved muscles.

Diagnosis, Management and Follow up

Diagnosis of → Unilateral right Winging of scapula (Cause: Parsonage Turner Syndrome was Made). Patient was put on injectable steroids for first week, followed by tapering of steroids in next 5 weeks. After six weeks of therapy significant

improvement in the power of affected muscles were appreciated clinically →

Muscles	Power (right upper limb)
Sternocleidomastoid	5/5
Deltoid	4+/5
Supraspinatus	4/5
Trapezius	4+/5
Rhomboids	3+/5
Serratus Anterior	5/5
Other muscles	5/5



Conclusion

It is important to note that this patient developed unique presentation of transient acute onset severe pain which lasted for only an hour. It was followed by profound weakness. Such presentation is not common. Generally patient would complain of pain with weakness, or weakness without pain or vice versa.

It is worth to contemplate about relatively quick response to the treatment which had steroids as its mainstay which was tapered gradually. Patient had visible clinical improvement in six weeks.

Neurological disorders usually carry dismal prognosis, but some diseases which have better prognosis should be fish-netted early to avoid financial and psychological burden to the patient. This will help doctors to give heavier reassurance to the patient which means a lot to the patient.