Rotator Cuff Tear Mimicking Cerebral Infarction

Miki Tahara¹, Kazuya Nokura¹, Tetsuharu Kako¹ and Hiroko Yamamoto²

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Picture 1.

Picture 2.

We herein report the case of an 83-year-old man who developed difficulty in elevating and abducting his right arm and extending his elbow thoroughly. He noticed these symptoms when first waking up in the morning. We initially suspected him to have cerebral infarction because his symptoms occurred without pain mimicking pyramidal signs, such as pronator drift (1) (Picture 1). MRI showed no new sites of cerebral infarction; however, a shoulder scan revealed a full thickness tear in the supraspinatus tendon (Picture 2), and the patient was diagnosed with a rotator cuff tear. After four weeks of treatment with steroid and lidocaine injections into the peritendinous region in addition to physical therapy, his symptoms significantly improved. Physicians must consider the potential for rotator cuff tears when examining elderly patients with upper limb weakness, even if the symptoms occur without pain (2).

The authors state that they have no Conflict of Interest (COI).

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¹Department of Neurology, Banbuntane Hotokukai Hospital, Fujita Health University, Japan and ²Department of Neurology, Namiki Hospital, Japan

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Correspondence to Dr. Kazuya Nokura, knokura@fujita-hu.ac.jp

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