Letter to the Editor / Editöre Mektup

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Incidental Intramuscular Supraspinatus Cyst in a Patient with Adhesive Capsulitis

Adhezif Kapsüliti Olan Bir Hastada Rastlantısal İntramüsküler Supraspinatus Kisti

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Dear Editor,

A 55-year-old woman presented with progressive left shoulder pain and stiffness that had developed over the preceding two months. She reported increasing difficulty with overhead activities and dressing because of restricted shoulder motion. The pain was aggravated by shoulder movement and had gradually become more prominent at night, frequently disturbing her sleep. She denied any history of trauma, previous shoulder surgery, inflammatory rheumatic disease, or cervical radicular symptoms.

Physical examination demonstrated a painful global restriction of both active and passive shoulder motion, with external rotation being the most severely affected movement, consistent with a capsular pattern of limitation. Mild pain was elicited during impingement testing; however, there was no focal weakness suggesting a rotator cuff tear. Neurological examination was unremarkable, with preserved muscle strength, intact sensation, and no muscle atrophy or clinical findings suggestive of suprascapular nerve involvement. Based on the patient's history and characteristic clinical findings, supported by magnetic resonance imaging (MRI) excluding major structural pathology; adhesive capsulitis was considered the most likely diagnosis.

Shoulder MRI demonstrated supraspinatus tendinosis, mild subacromial-subdeltoid bursitis, mild thickening of the inferior glenohumeral capsule at the axillary recess, and a well-defined intramuscular cyst measuring approximately 20×7 mm within the proximal supraspinatus muscle (Figure 1). No full-thickness rotator cuff tear, spinoglenoid notch cyst, muscle denervation, or MRI evidence of suprascapular nerve compression were identified.

The patient underwent a supervised rehabilitation program consisting of capsular stretching, progressive active and passive range-of-motion exercises, scapular stabilization exercises, postural training, home exercises, and short-term non-steroidal anti-inflammatory medication. At the six-week follow-up, shoulder pain had markedly improved (visual analogue scale score from 8 to 2), accompanied by substantial recovery of shoulder mobility and daily function. Because of the favorable clinical response, no additional intervention directed toward the intramuscular cyst was required.

Intramuscular cysts of the rotator cuff are uncommon MRI findings and are most frequently associated with partial- or full-thickness rotator cuff tears (1,2). Nevertheless, isolated intramuscular or intratendinous cysts without an accompanying

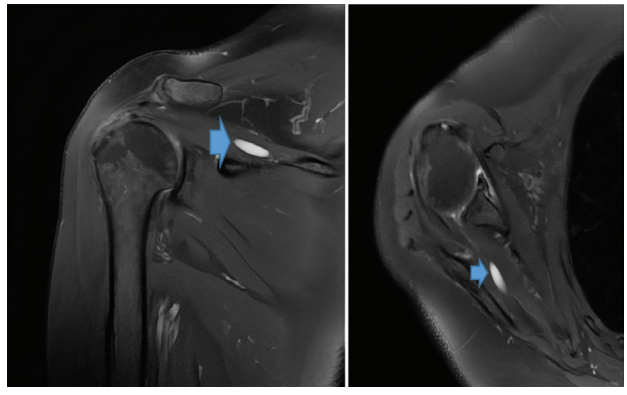


Figure 1. Coronal T2-weighted fat-suppressed magnetic resonance imaging demonstrating a well-defined intramuscular cyst within the supraspinatus muscle (arrow)

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tendon tear have also been reported, and their clinical significance remains uncertain (2,3). Therefore, the presence of such a lesion on MRI should not automatically be regarded as the cause of shoulder pain.

In our patient, neither the clinical examination nor MRI demonstrated findings supporting a symptomatic rotator cuff lesion or suprascapular nerve involvement. Instead, the characteristic clinical presentation and favorable response to a structured rehabilitation program supported the diagnosis of adhesive capsulitis. Because clinical improvement was achieved without any intervention directed toward the cyst, the imaging finding was considered unlikely to represent the principal pain generator.

Recently, Cheong et al. (4) reported an intratendinous supraspinatus cyst detected during the evaluation of shoulder pain and emphasized that such lesions should be interpreted cautiously within the overall clinical context. Similarly, although MRI in our patient revealed a conspicuous intramuscular cyst, the clinical presentation and response to rehabilitation program were consistent with adhesive capsulitis rather than a symptomatic cyst.

Our case reinforces the importance of clinicoradiological correlation, highlighting that unexpected MRI findings should not automatically alter clinical decision-making. Recognition of incidental MRI abnormalities may prevent unnecessary interventions and help ensure that management remains guided primarily by clinical assessment rather than isolated imaging findings.

Yours sincerely,

Footnotes

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