Bony projection from lateral border of scapula
R Singh*

Abstract

Introduction
Scapula is a triangular bone with two surfaces and three borders. The three borders of the scapula are – Superior, medial and lateral. The lateral border extends from the infraglenoid tubercle and inferior angle. Normally all borders including the lateral border are straight. But in the present case a bony growth was found to be projecting from lateral border. The case is reported for its virgin occurrence.

Case report
During osteology demonstration, three scapulae were detected to have bony growth projecting from the lateral border of the scapula. The bony growth is triangular in shape. This is a new feature which may compress neurovasucular structures. Average distance of this bony growth from the inferior tubercle is 7.8 cm, that from inferior angle is 1.9 cm. The lengths of superior margin and that of inferior margin are 1.4 and 1.7 cm respectively. These may be probably due to over strain/stress during biomechanical movements of the scapula, calcium metabolism disorder and defects of endochondral ossification or may be manifestation of osteochondroma. The bony outgrowths may impinge on the surrounding structures causing bundle of complications. The knowledge will be of utmost use to anatomists, clinicians and radiologists.

Conclusion
The bony outgrowths may impinge on the surrounding structures causing bundles of complications. The knowledge will be of utmost use to anatomists, clinicians and radiologists.

*Corresponding author
Email: nani_sahayal@rediffmail.com

1 AllMS, Rishikesh, India

Figure 1: Bony growth from lateral border of scapula. GC- Glenoid cavity, CP- Coracoid process, LT- Lateral border, BP- Bony projection, MB- Medial border, SA- Superior angle, IA- Inferior angle.

FOR CITATION PURPOSES: Rajani S. Bony projection from lateral border of scapula. OA Case Reports 2014 Apr 19;3(4):36.
formed at individual entheses in response to a seronegative spondarthriti
The individual might have seronegative spondarthriti. More commonly, they are seen in several sites as part of the condition first described in the spine by Forrestier and Rotes-Quero and now known as diffuse idiopathic skeletal hyperostosis (DISH). It may be part of the tumour of the scapula like oesteochondroma of bone. If such types of bony growth are encountered then the individual should be examined for signs and symptoms of seronegative spondarthriti and DISH syndrome or complaints of osteochondroma.

Bony projections have been reported projecting from Foramen magnum, Obturator foramen, External occipital protuberance, Iliac crest and olecranon process of ulna. But bony growths from the lateral border of the scapula are not described in standard textbooks. Since the lateral border is related to the lower subscapular nerve, thoracodorsal nerve, the subscapular artery lies near the vicinity of the bony projection which may be damaged leading to neurovascular complications.

Not only this teres major muscle may be impinged by this growth leading to spasm and pain during biomechanical movements of scapula. Moreover, the bony growth may mislead the radiologist for abnormal structure.

Thus knowledge of this type of bony projection may be of paramount importance to anatomists, clinicians and radiologists.

Conclusion
The bony outgrowths may impinge on the surrounding structures causing bundles of complications. The knowledge will be of utmost use to anatomists, clinicians and radiologists.

References