

# Suprascapular Neuropathy: An Overview

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## Editorial

## Abstract

**Objective** To present an overview on suprascapular neuropathy (SSN), a compressive neuropathy which leads to a significant upper extremity impairment. **Methods** A narrative review of international medical literature was conducted in order to depict current concepts of diagnosis and treatment.

## Conclusion

is reported that when performing abduction or external rotation the shoulder joint can remain only with 20-25% of its initial strength [224].

Describing the pain is not a difficult procedure, as there is no

coracoclavicular ligaments, respectively. Surgical manipulations such as notchplasty are contraindicated as they trigger uncontrolled growth of scar tissue which further irritates the nerve [48].

The posterior surgical approach is an appropriate technique for the cases where the damage is distal to the provenance of the nerve in the brachial plexus. On the contrary lateral neck approach is the preferred technique for damages proximal to the brachial plexus and it is suggested in cases of pathology of the plexal roots, where the explorative surgery starts from its region and progresses until the injury can be emerged [7]. The anterior approach is not recommended since it carries greater risk of iatrogenic errors. Thus, the posterior approach is performed because although it can injure the spinal nerve, it is considered safer [7,51].

Suprascapular neuropathy can also be treated arthroscopically with good or excellent results, due to the ability of the arthroscope to

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