This is a patient with a medical history of CNS glioma, neurofibromatosis and thoracic scoliosis. Her past surgical history includes cervical and thoracic spinal fusions. Her past medical history is significant for thoracic scoliosis, chronic posterior shoulder girdle pain following a traction injury at work, and a previous shoulder arthroscopy for a rotator cuff tear. On examination, she had tenderness to palpation over the right medial scapular border, T2 to T7 costotransverse articulations and paraspinal musculature. There were also 3+/5 strength deficits noted in the right biceps and flexor digitorum indices and bilateral triceps. Imaging revealed cervical spine degenerative disc disease and dextroscoliosis of the thoracic spine. Shoulder radiographs were negative for any pathology. An EMG showed C6 and C7 radiculopathies. Her shoulder girdle pain failed to respond to conventional therapies, including physical therapy and a subacromial bursa injection. The etiology remained unclear.

The superior costotransverse ligament is divided into anterior and posterior segments and attaches the rib to the transverse process of the segment above it (1). The orientation of the articulation surface determines the direction of movement. This case illustrates that the costotransverse articulation can serve as a pain generator and should be taken into consideration when a patient has paraspinal thoracic discomfort. Further studies to evaluate the effectiveness of costotransverse articulation injections would be of benefit.

**CASE DESCRIPTION**

This is a 37-year-old female who presented to the outpatient PMR clinic with a chief complaint of chronic right posterior shoulder pain. The pain began following a traumatic right posterior shoulder girdle and interscapular pain following a traction injury at work. On examination, she had tenderness over the right medial scapular border, T2 to T7 costotransverse articulations and paraspinal musculature. There were also 3+/5 strength deficits noted in the right biceps and flexor digitorum indices and bilateral triceps. Imaging revealed cervical spine degenerative disc disease and dextroscoliosis of the thoracic spine. Shoulder radiographs were negative for any pathology. An EMG showed C6 and C7 radiculopathies. Her shoulder girdle pain failed to respond to conventional therapies, including physical therapy and a subacromial bursa injection. The etiology remained unclear.

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**DISCUSSION/CONCLUSION**

The superior costotransverse ligament is divided into anterior and posterior segments and attaches the rib to the transverse process of the segment above it (1). The orientation of the articulation surface determines the direction of movement. This case illustrates that the costotransverse articulation can serve as a pain generator and should be taken into consideration when a patient has paraspinal thoracic discomfort. Further studies to evaluate the effectiveness of costotransverse articulation injections would be of benefit.

**REFERENCES**