

7. CLINICAL AND NEUROPHYSIOLOGICAL FEATURES OF SHOULDER PAIN



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Introduction. Shoulder pain is a common and incapacitating ailment that affects a wide range of people globally. A variety of etiologies, including structural traumas, inflammatory processes, and neurological dysregulations, can cause shoulder discomfort, which is a complex issue. Comprehending the many clinical manifestations of this condition is essential for precise diagnosis and focused care.

Aim of study. The goal of the research is to highlight the phenotypic, genotypic, neurologic, and pathophysiological aspects of the painful shoulder by looking at the various variables that lead to the beginning and progression of pain in the dolor shoulder area.

Methods and materials. For the purpose of the study there was used literature from relevant sources found in PubMed, ScienceDirect such as NihGov. With the usage of keywords such as “shoulder pain”, “hemiplegic shoulder”, “brachial plexus neuropathy”, “diabetic shoulder”.

Results. After examining the relevant sources there are two sorts of etiopathological phenotypes: traumatic ones caused by traumas such as fractures or sprains, and non-traumatic ones caused by inflammatory (rheumatoid arthritis), degenerative (osteoarthritis), or neurological (impingement syndrome) diseases. Genetic propensity to disorders such as tendinopathies, where particular genetic variations may impact the predisposition to tendon injury in the shoulder, resulting in tendinitis or tendinosis, is determined by genotypic phenotypes. The pathophysiological phenotypes are inflammatory, produced by an inflammatory reaction of the tissues, as in bursitis or tendinitis, and degenerative, induced by the gradual wear and tear of the joint, as in osteoarthritis. Understanding these pathophysiological phenotypes is crucial for differentiating between shoulder pain in rheumatic patients, diabetic patients, and climacteric individuals. Neurological disorders are brought on by compressions of the nerves, as in the case of impingement syndrome, disc herniation, or brachial plexus suffering from a variety of conditions ranging from neoplastic, neoplastic, and oncological ones to infectious disorders of any other etiology, such as pulmonary infectious pathology or the infectious thyroid gland disease (subacute post-infectious thyroiditis), which causes the lymph nodes in the affected area to enlarge, as well as the dolor shoulder phenomenon in the absence of osteotentine pathology.

Conclusion. In conclusion, understanding the clinical and neurophysiological aspects of shoulder pain is crucial for effective diagnosis and management. Comprehensive evaluation and targeted interventions can enhance patient outcomes and quality of life.