

EP-244

**견갑골 종괴에 의해 발생한 익상견갑:
수술적 절제를 통한 기능 회복 증례**

Winged scapula caused by a scapular mass:
Restoration of function through surgical
excision



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Purpose: Winged scapula is typically caused by neuromuscular conditions, particularly long thoracic nerve palsy. However, cases resulting from localized scapular mass effects are exceedingly rare and often misdiagnosed. This case report presents a 38-year-old athletic male with winged scapula secondary to a scapular mass and demonstrates the effectiveness of surgical excision in restoring normal scapulothoracic motion.

Methods: A 38-year-old male engaged in regular high-intensity exercise presented with progressive scapular prominence and discomfort during shoulder motion. (Figure 1.) Clinical evaluation revealed scapular winging without neurological deficit. Imaging studies identified a mass lesion on the ventral surface of the scapula exerting mechanical pressure on scapulothoracic movement. Surgical excision was performed via a posterior approach, preserving adjacent musculature and neurovascular structures.



Figure 1. Preoperative posterior view of the patient showing prominent medial border winging of the right scapula.

Results: The scapular mass was successfully excised without intraoperative complications. (Figure 2.) Postoperatively, scapular winging was markedly corrected, with near-normal scapulothoracic motion restored. The patient resumed full physical activity without limitation and reported high satisfaction with both functional and cosmetic outcomes at 6 months follow-up. (Figure 3.)

Conclusion: This case presents that scapular winging may occur from purely mechanical causes such as localized mass effect. Surgical excision can effectively correct the deformity and restore function in appropriately selected patients. Thorough evaluation of atypical winged scapula is crucial to identify surgically correctable etiologies beyond nerve palsy.

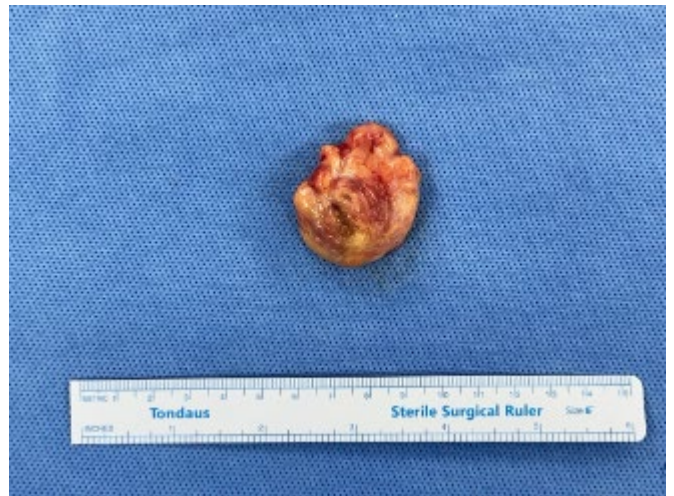


Figure 2. Gross appearance of the completely excised mass measuring 3.5cm.



Figure 3. Postoperative clinical outcomes at 6 months. Significant resolution of scapular winging and restoration of smooth, full range of scapulothoracic motion