

SPRENGEL DEFORMITY DUE TO AN OMOVERTEBRAL BONE

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A 28-year-old woman presents with a lifelong asymmetrical shoulder condition, noting worsening pain and limited movement for the past two years. Inspection shows “winged scapula,” with elevation of the left shoulder (Fig. 1). Palpation reveals prominence between the left scapula and the lower cervical spine. Dynamic tests show limited abduction and elevation of the left upper limb, with no scapulothoracic movement to the left. Thoracic spine radiography demonstrates an omovertebral bone to the left, articulating with the left posterior blade of C7 and the superomedial border of the scapula, causing elevation of the homolateral scapula – Sprengel deformity (Fig. 2). She was referred for surgical treatment to remove

the omovertebral bone, with the aim of reducing shoulder pain and improving movement.

Sprengel deformity is a congenital condition characterized by abnormal descent of the scapula, resulting in fixation to the cervical vertebrae and causing postural changes and functional impairments. Skeletal abnormalities, including the presence of an omovertebral bone, are frequently observed - more commonly in girls than boys. Imaging modalities are essential to evaluate the presence of an ossified structure or fibrous and/or cartilaginous connections. Surgical intervention aims to excise the omovertebral bone, restore scapular positioning, pain reduction and mobility enhancement.

Figura 1 |



Figura 2 |

