

Cervical Radiculopathy and Cervical Myelopathy in a Patient Presenting with Shoulder Pain: A Case Report



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INTRODUCTION	PROGRESSION	DISCUSSION
- Shoulder pain is common and can mimic or mask cervical pathology¹. - Distinguishing shoulder vs cervical pain sources is essential, especially when cervical myelopathy may be present. We present a case of a patient with evolving neurological deficits whose initial complaint of shoulder pain masked underlying cervical radiculopathy and myelopathy.	- EMG/NCS: Right C5 radiculopathy - MRI Cervical spine: C4-5 severe foraminal narrowing, C4-5, C5-6 disc protrusions, cord compression, no edema - Further symptoms: Bilateral hand weakness, dropping objects, right elbow flexion weakness. - Referred for neurosurgical evaluation. ACDF C4–7 recommended. Started occupational therapy.	- Cervical myelopathy can develop insidiously in patients with overlapping radiculopathy or shoulder pain. - Early symptoms (hand clumsiness, arm weakness) can be subtle and dismissed as musculoskeletal. - Reassess regularly: new weakness or dexterity loss should trigger repeat imaging and urgent neurosurgical referral. - Maintain a broad differential for “shoulder pain,” especially when neurologic signs evolve.
	Persistent or evolving shoulder pain may signal cervical cord pathology, don’t miss myelopathy.	
CASE DESCRIPTION	IMAGING	
<i>46-year-old active male presented with:</i> ➤ Right shoulder pain after URI during travel ➤ Radiating neck pain ➤ Initial diagnosis: myofascial pain → treated with trigger point injections (no relief) <i>2 weeks later:</i> ➤ Right shoulder abduction weakness ➤ Lateral forearm paresthesias ➤ Treated with steroids + pregabalin (no improvement) <i>Further workup with MRI Cervical spine and EMG/NCS</i> <i>This case report does not contain identifiable patient information and is exempt from IRB review under NYU and NYC-HHC policy. Informed consent was obtained from the patient for academic presentation.</i>	 Image 1: Cervical MRI demonstrated severe right C4-5 foraminal narrowing and C4-5 and C5-6 disc protrusions causing spinal cord stenosis and cord compression, without cord edema (red arrows).	
		REFERENCES
		1. McCartney S, Baskerville R, Blagg S, McCartney D. Cervical radiculopathy and cervical myelopathy: Diagnosis and management in primary care. Br J Gen Pract. 2017;68:44-46.

