



# U nekoliko koraka do prave dijagnoze kod bola u ramenu

## Several steps to the right diagnosis in shoulder pain

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### Apstrakt

Više od 45 procenata bolesnika u ordinaciju lekara opšte prakse dolazi zbog bola u lokomotornom sistemu. Bol je neprijatno senzitivno i emocionalno iskustvo udruženo sa postojećim ili pretećim oštećenjem tkiva. Bol u ramenu relativno česta pojava a jedan od uzroka je i to što je rame najpokretljiviji zglob.

Brojna su patološka stanja koja uzrokuju bol: Biceps Tendinitis, Rotator Cuff oštećenje, Impingement sindrom, Burzitis, Artritis AC zgloba, Multidirekionalna nestabilnost, Adhezivni kapsulitis.

Dobra anamneza u dijagnostici bola u ramenu se sastoji od 4 pitanja:

- Gde je najintenzivniji bol?
- Šta je najveći problem za pacijenta?
- Da li bol budi pacijenta u toku noći?
- Da li se bol javlja ispod lakta?

Rutinsko kliničko ispitivanje se sastoji od: inspekcije, palpacije, ispitivanja pokretljivosti i specijalnih testova. U dijagnostici bola u ramenu veoma su važna i radiografska ispitivanja koja se sastoje od: klasične radiografije, ultrazvuka, MRI, CT, artrografije i scintigrafije.

Lokalna primena NSAIL može obezbediti adekvatnu analgeziju u stanjima poput istegnuća, iščašenja i povrede nastalih usled prenaprezanja. Ne postoji veća incidencija lokalnih kožnih reakcija u poređenju sa placebo, i ne uzrokuju sistemski neželjena dejstva kao oralni NSAIL. Lokalni NSAIL su naročito korisni kod pojedinaca koji ne tolerišu oralne NSAIL, ili kod kojih su isti kontraindikovani.

### Abstract

More than 45 percent of patients come to the general practitioner's office because of pain in the locomotor system. Pain is an unpleasantly sensitive and emotional experience associated with existing or threatening tissue damage. Shoulder pain is a relatively common occurrence and one of the causes is that the shoulder is the most mobile joint.

There are numerous pathological conditions that cause pain: Biceps Tendinitis, Rotator Cuff damage, Impingement syndrome, Bursitis, Arthritis of the AC joint, Multidirectional instability, Adhesive capsulitis.

Good history in the diagnosis of shoulder pain consists of 4 questions:

- Where is the most intense pain?
- What is the biggest problem for the patient?
- Does the pain wake up the patient during the night?
- Does the pain occur under the elbow?

The routine clinical examination consists of inspection, palpation, mobility testing, and special tests. In the diagnosis of shoulder pain, radiographic examinations are also very important, consisting of classical radiography, ultrasound, MRI, CT, arthrography, and scintigraphy.

The topical application of NSAIDs can provide adequate analgesia in conditions such as sprains, strains, and injuries caused by overexertion. There is no higher incidence of local skin reactions compared to placebo, and they do not cause systemic side effects like oral NSAIDs. Topical NSAIDs are particularly useful in individuals who do not tolerate oral NSAIDs, or in whom they are contraindicated.