Adhesive capsulitis

- Frozen shoulder
- ↓ ROM from tight, fibrotic capsule
  - Predilection for rotator interval, inferior capsule, biceps anchor

Clinical issues

- Shoulder pain
- Decreased ROM
- Treatment
  - Physical therapy
  - Anesthetic and corticosteroid joint injection
- 40-60 years old
- F > > M

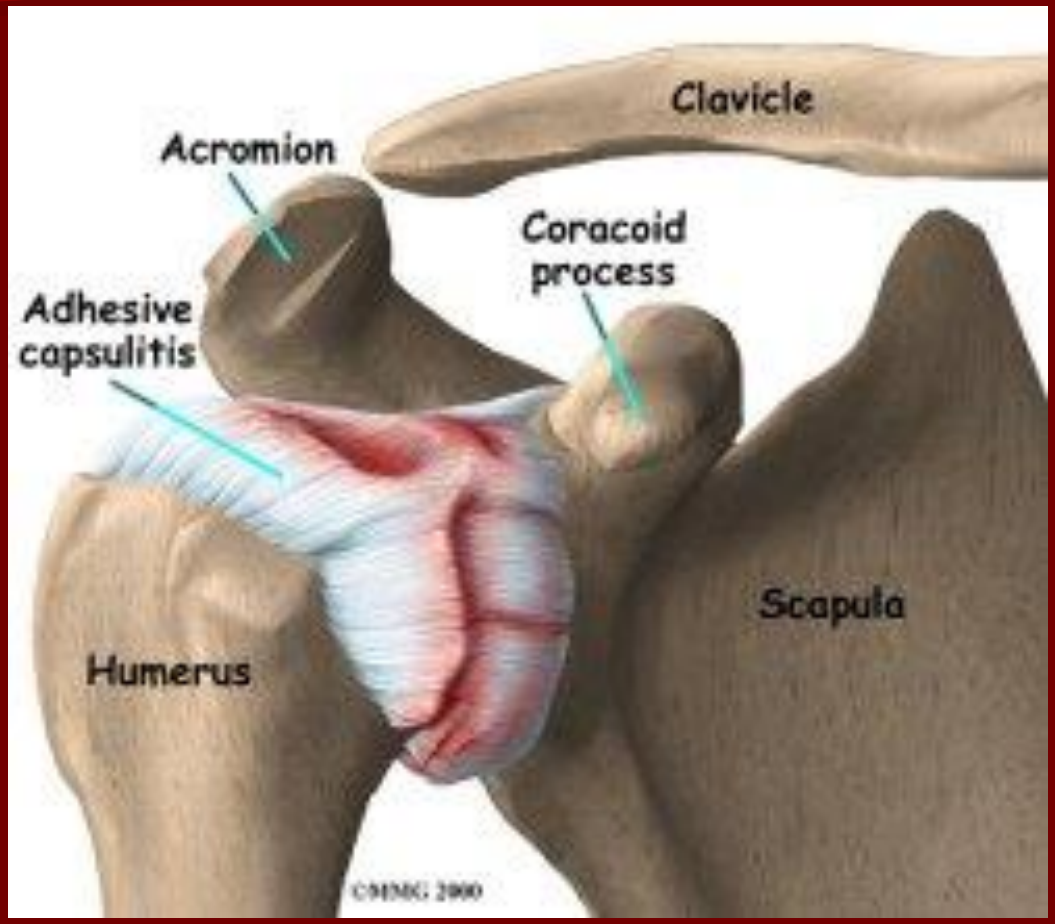
Imaging

- MR can be normal
- Low-signal fibrosis in anterior interval
  - Subcoracoid triangle sign
- Thick capsule/synovium in rotator interval and axillary recess
- Effusion localized to superior subscapularis recess

MR arthrogram

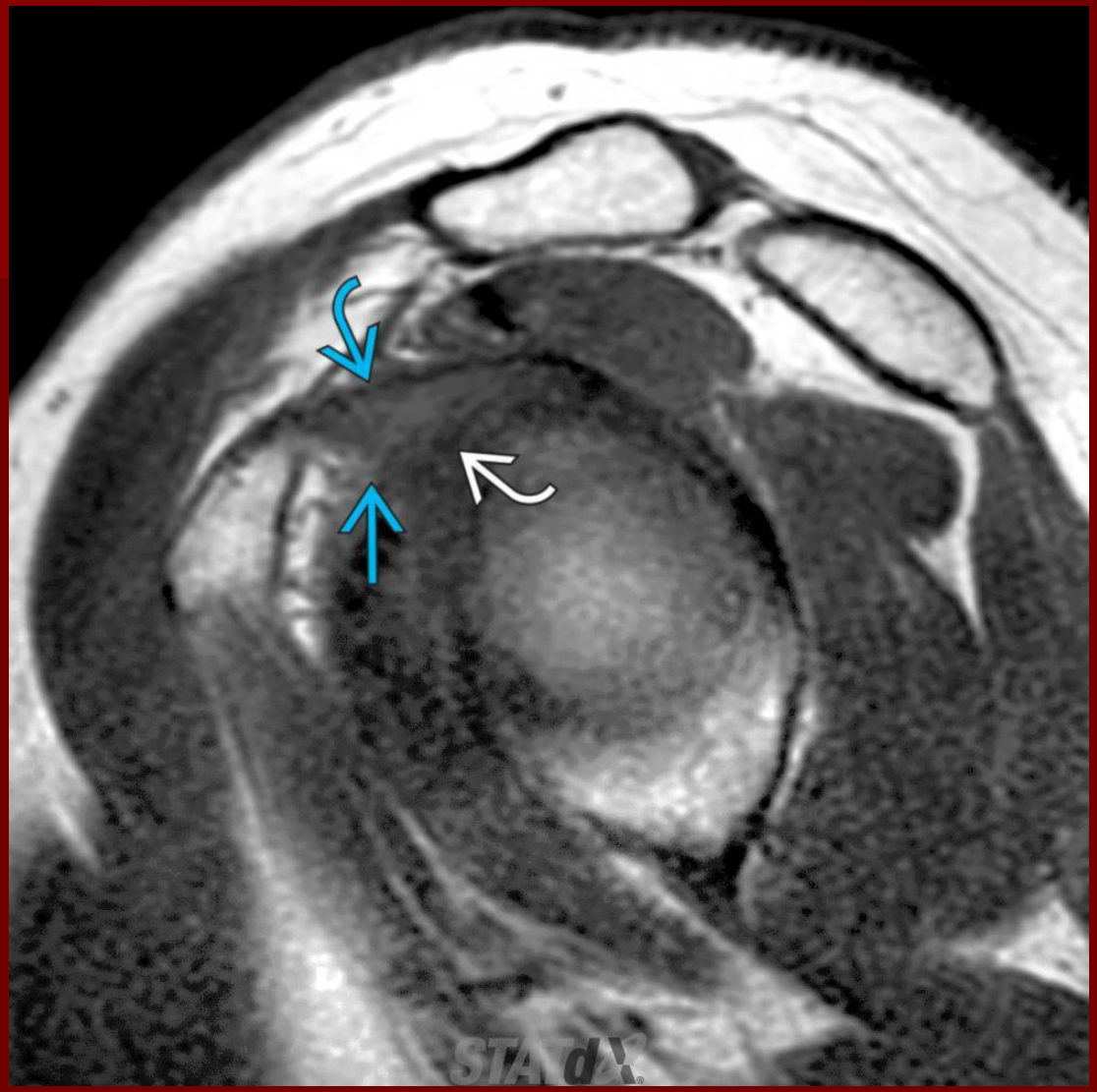
- 8-10-mL joint capacity before contrast extravasation at arthrography
- Thick coracohumeral ligament ≥ 4 mm
- Thick anterior interval joint capsule ≥ 7 mm
- Thick axillary recess joint capsule > 3-4 mm

Adhesive capsulitis



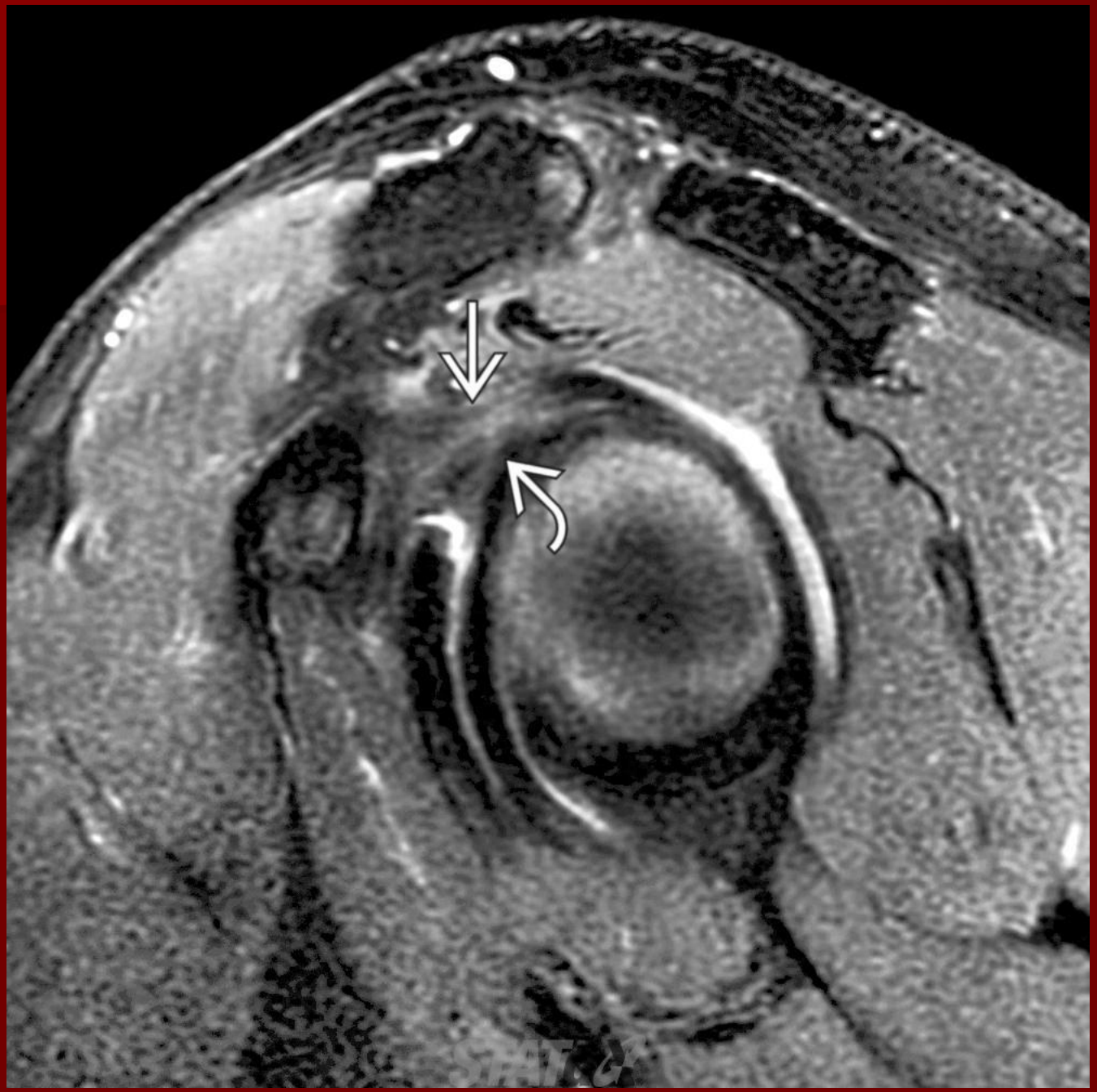
Increased signal between supraspinatus and subscapularis

Coronal oblique T2WI FS MR shows a patient with adhesive capsulitis. There is thickening and high signal of the axillary recess capsule and synovium (white solid arrow). The axillary recess is also small from capsular fibrosis, which can be assessed better on MR arthrography.



Oblique sagittal T1WI MR from the same patient shows fibrosis in the rotator interval causing irregularity of the coracohumeral ligament (CHL) (cyan curved arrow), thickening and increased signal in the adjacent joint capsule (white curved arrow), and decreased subcoracoid fat (cyan solid arrow). Adhesive capsulitis usually affects the rotator interval.

Oblique sagittal T1WI MR in a patient with adhesive capsulitis shows mild thickening and ↑ signal in the coracohumeral ligament (white solid arrow). A coracohumeral ligament thickness of ≥ 4 mm is 60% sensitive and 95% specific for adhesive capsulitis.



Oblique sagittal T2WI FS MR in the same patient shows mild edema around the CHL (white solid arrow) and the rotator interval capsule (white curved arrow). Edema in the rotator interval is common in the early stages of adhesive capsulitis.