

The Popeye Sign

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A 67 years old previously healthy gentleman presented with two months history of pain and weakness left shoulder and arm. There was no history of trauma. His dominant hand was right. He gave history of lifting a heavy bag of wheat one month back when he felt a sudden “pop” and excruciating pain in his left upper anterior arm near the shoulder. He developed bruising in the area and restriction and pain in shoulder and arm movements. He consulted local GPs for the pain and it responded well to NSAIDs and household remedy of hot fomentation. He also noticed a small lump in the arm region that could be reduced manually but he ignored that (Fig 1). On examination there was mild restriction of range of motion of left shoulder both actively and passively. There was a visible lump in left forearm that was firm and non-tender and became prominent on resisted flexion of arm that could be manually reduced (Fig 2). There was mild weakness of left biceps brachii (MRC Grade 4). There was no signs of impingement. Rest of the musculoskeletal examination and neurological examination was unremarkable. A diagnosis of ruptured long head of biceps brachii along with early adhesive capsulitis was made and was confirmed on musculoskeletal ultrasonography (USG). MRI of rotator cuff was not ordered as there was no signs of impingement or

associated injury. Patient was advised surgical repair but he declined as he was satisfied with the functional upper limb. He was advised analgesics for pain and home based exercise plan. He was lost to follow up.



Fig 1- Left Arm with a Prominent Bulge



Fig 2- The Biceps Muscle Balled up

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