In our patient, after a thorough history and physical examination, diagnosis was reached by means of a simple nerve block at the suprascapular notch. This diagnostic technique is underused and offers a quick and effective method of diagnosis. On all three occasions, we used this technique to confirm the diagnosis and subsequently provide successful, long-term surgical decompression for our patient.

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Fig. 1. The extent of the lipoma (anteroposterior and lateral views).

Giant Cervicothoracic Lipoma as a Manifestation of Human Immunodeficiency Virus–Associated Lipodystrophy

Sir:

Human immunodeficiency virus–infected patients can exhibit lipodystrophy as part of the disease process or during highly active antiretrovirus drug therapy. Lipodystrophy can present as lipohypertrophy or lipoatrophy.1,2 We report a rare case of giant cervicothoracic lipoma as a manifestation of human immunodeficiency virus disease.

A 43-year-man presented to our follow-up clinic with a rapidly enlarging mass on the left side of his neck and chest wall. He had earlier presented to us in 2005 with right upper brachial plexus injury with partial recovery of shoulder abduction and no elbow flexion. He underwent Oberlin transfer. Test results were positive for human immunodeficiency virus infection following a leading history and screening investigations. His postoperative course was uneventful and he was discharged with advice to take antiretroviral therapy. The patient wished to follow up with his family physician but did not take any antiretroviral drug therapy.

Three years later, he had developed diabetes mellitus and was started on oral hypoglycemic drugs, around the same time he noticed a bulge on the left side of the neck (opposite to the operated side). It grew rapidly to...