

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.

DOI: 10.1097/PRS.0b013e3181f63f12

**Andrew I. Elkwood, M.D.**

**Michael I. Rose, M.D.**

**Matthew R. Kaufmann, M.D.**

**Russell L. Ashinoff, M.D.**

**Tushar R. Patel, M.D.**

**Mona A. Parikh**

**Kumar C. Sunkeula**

**Adam T. Silverman, M.D.**

The Plastic Surgery Center  
Shrewsbury, N.J.

Correspondence to Dr. Patel  
The Plastic Surgery Center  
535 Sycamore Avenue  
Shrewsbury, N.J. 07702  
tpatelmd@aol.com

## REFERENCES

1. Rengachary SS, Neff JP, Singer PA, Brackett CE. Suprascapular entrapment neuropathy: A clinical, anatomical and comparative study: Part 1. Clinical study. *Neurosurgery* 1979;5:441–446.
2. Rengachary SS, Burr D, Lucas S, Hassanein KM, Mohn MP, Matzke H. Suprascapular entrapment neuropathy: A clinical, anatomical and comparative study: Part 2. Anatomical study. *Neurosurgery* 1979;5:447–451.
3. Bayramoğlu A, Demiryöğrek D, Tüccar E, et al. Variations in anatomy at the suprascapular notch possibly causing supra-

scapular nerve entrapment: An anatomical study. *Knee Surg Sports Traumatol Arthrosc.* 2003;11:393–398.

4. Malvina Alon, Weiss S, Fishel B, Dekel S. Bilateral suprascapular nerve entrapment syndrome due to an anomalous transverse scapular ligament. *Clin Orthop Relat Res.* 1988;234:31–33.
5. Edelson JG. Bony bridges and other variations of the suprascapular notch. *J Bone Joint Surg (Br.)* 1995;77:505–506.
6. Thomas A. La paralysie du muscle sous-épineux. *Presse Med.* 1936;64:1283–1284.

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

Sir:

**H**uman 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.<sup>1,2</sup> We report a rare case of giant cervicothoracic lipoma as a manifestation of human immunodeficiency virus disease.

A 43-year-old 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



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