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Endoscopic Treatment of a Trapezius Intramuscular Abscess with Pyogenic Arthritis in the Shoulder Joint

Woojin Shin¹, Young Ju Roh¹

정형외과, Sungae Hospital, Korea, Republic of¹

Introduction and Background

Treatment for intramuscular abscesses generally involves the administration of antibiotics, incision and drainage (I&D), and debridement and irrigation. Recently, arthroscopic or endoscopic removal of abscesses has been attempted for conditions such as septic arthritis of the shoulder and knee joints.

Material and Method

Magnetic resonance imaging (MRI) revealed an 8.0×7.8×3.0 cm intramuscular abscess with contrast enhancement extending into the glenohumeral joint, consistent with septic arthritis. For drainage, minimal incisions (approximately 1 cm each) were made 2 cm medial and 10 cm lateral to the Neviaser portal. Turbid exudate extending into the muscle layer was confirmed, along with surrounding fibrotic lesions and hypertrophied inflammatory tissues. By alternating between the viewing and working portals, arthroscopic instruments were used to perform irrigation and debridement of the medial and lateral aspects of the trapezius muscle layer.

Results

With advancements in technology, endoscopy has been applied to various lesions outside the joint capsule, such as tumors and osteomyelitis, leading to attempts to use it for abscess treatment. This minimally invasive approach utilizing arthroscopic instruments reduced functional damage to periarticular structures compared to traditional methods, thereby maximizing the preservation of range of motion. Furthermore, continuous intraoperative irrigation allowed for thorough debridement of the lesion and ensured adequate visualization of the surgical field. The magnified, clear images provided by the monitor enabled more precise observation of deep tissues that are difficult to access via open debridement, facilitating the preservation of normal tissue.

Conclusions

We report a case of an intramuscular abscess of the shoulder accompanied by septic arthritis treated using an endoscopic surgical method. This case suggests that, provided a thorough preoperative evaluation of the lesion is conducted, endoscopic débridement can be performed safely and adequately, leading to favorable long-term outcomes.



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Figure & Table 1.



Figure & Table 2.

