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Dr. Siddharth Gunay[MBBS, MS Orthopaedics, MRCS(Edinburgh)]1, Dr. Tanmay Avhad [MBBS,MS Orthopaedics, MRCS(Edinburgh)]2

1Clinical Fellow in Arthroplasty & Sports Medicine Mumbai,Maharashtra,India 2Clinical Fellow in Endoscopic Spine Surgery, Indore,Madhya Pradesh,India

Tuberculous Osteomyelitis of the Coracoid Process Presenting as Shoulder Pain: A Case Report

Background

Tuberculosis (TB) of the shoulder girdle is rare, with the coracoid process being an extremely uncommon site. Healthcare workers in endemic countries like India are at a higher risk of TB, even without identifiable risk factors or systemic symptoms.

Case Report

We present a rare case of a 26-year-old immunocompetent male doctor with dull, non-traumatic right shoulder pain of one month's duration. Radiographs were normal, but MRI revealed osteomyelitic changes in the coracoid process. Histopathology confirmed tuberculosis, and GeneXpert showed rifampicin sensitivity. The patient was treated successfully with 18 months of anti-tuberculous therapy (ATT), showing complete resolution of symptoms and radiological healing by final follow-up.

Conclusion

This case underscores the need for a high index of suspicion for TB, especially in healthcare workers, even when presenting symptoms are mild and imaging is inconclusive. Early diagnosis and prompt ATT can lead to excellent functional outcomes without the need for surgical intervention.

Learning Point

Tuberculous osteomyelitis of flat bones should be considered in the differential diagnosis of unexplained shoulder pain in endemic regions, particularly in healthcare professionals.

Keywords

Coracoid, Tuberculosis, Osteomyelitis, Anti-tubercular therapy, Shoulder pain, Healthcare workers

Biography

Dr. Siddharth Gunay is an MRCS-qualified orthopaedic surgeon with over five years of clinical experience in trauma, arthroplasty, and sports orthopaedics. He completed his MS Orthopaedics at TNMC & BYL Nair Hospital, Mumbai, and has pursued focused fellowships in joint replacement and sports medicine. He has nine peer-reviewed publications and multiple presentations at national-level conferences. Dr. Gunay is currently preparing for advanced NHS registrar-level roles in the UK and has a strong interest in hip, knee, and shoulder reconstruction.

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