CASE REPORT

Pseudarthrosis of the first rib in the overhead athlete
K Mithöfer, E Giza

Fractures of the first rib are uncommon in athletes and present a different clinical entity from traumatic first rib fracture associated with high energy thoracic trauma. These fractures are stress induced and precipitated by chronic muscular forces acting on the first rib. Typically they heal with conservative treatment. This report describes a fracture of the first rib in a tennis player that developed into a symptomatic pseudarthrosis as a result of persistent overhead activities. Symptoms mimicked ipsilateral shoulder injury. Pseudarthrosis of the first rib should be included in the differential diagnosis of chronic persistent shoulder pain in the overhead athlete.

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DISCUSSION

Fractures of the first rib in athletes are rare and have been reported after baseball,1 2 rugby,3 gymnastics,4 basketball,5 and American football.6 Aitken and Lincoln7 first pointed out that stress fractures typically occur in the subclavian groove, which presents the anatomically thinnest portion of the first rib and is located between the insertions of the scalenus anterior and medius and serratus anterior muscles. They suggested that fracture may result acutely from powerful muscle contraction or gradually as the result of repetitive muscle pull causing fatigue failure of the first rib. Mintz et al8 noted considerable involvement of serratus anterior muscle activity in the development of first rib fractures in athletes. In our case, the athlete experienced a sudden activity related snapping sensation, which probably resulted from a combination of acute forceful muscular contraction and fatigue of the first rib from chronic muscular stress caused by repetitive overhead tennis practice. First rib fracture in athletes has often been described in baseball pitchers1 2 but not in tennis players. This is surprising as a striking similarity exists in the upper extremity motion and eccentric muscular forces during the deceleration phase in both pitching and tennis service.9

Symptoms are usually non-specific and include diffuse pain in the region of the shoulder girdle, upper chest, and base of the neck.1-7 Pain is often reported with range of motion of the shoulder and, as in this case, may mimic symptoms of shoulder impingement. Barrett et al9 has pointed out that this injury is probably overlooked as a cause of shoulder pain in athletes. The possibility of a fracture or non-union of the first rib should therefore be included in the differential diagnosis of chronic shoulder pain, particularly in the overhead athlete. The diagnosis of a first rib pseudarthrosis can be obtained from plain radiographs, computed tomography, bone scan, or magnetic resonance imaging.6 8 Acute neurovascular complications have not been reported with stress fractures of the first rib. However, chronic complications such as thoracic outlet syndrome or Horner's syndrome6 8 may result from excessive callus formation.10 As most stress fractures of the first rib heal spontaneously, only a few cases of pseudarthrosis following first rib fractures have been described in athletes.1-4 Our case shows a rare symptomatic pseudarthrosis which was due to repetitive overhead activity preventing bony healing of the first rib fracture by continued muscular pull. Although other authors have reported successful surgical treatment, using trans-axillary first rib resection,10 we report that non-operative treatment can be successful in returning the symptomatic athlete to even high level competitive sports. Conservative treatment with activity modification and physiotherapy was also successfully used in a baseball pitcher with non-union of the first rib in the pitching arm.1 This suggests that healing of the first rib fracture is not necessary before return to athletic activity. Our case shows that the athlete may gradually return to the sport specific activities at below symptom threshold level, thereby successfully avoiding long periods of inactivity and prolonged absence from competition.
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