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Authors' affiliations

A Fox, H Sheick, C Ekwobi, M Ho-Asjoe,
 Department of Plastic and Reconstructive
 Surgery, St Thomas' Hospital, London, UK

Correspondence to: Mr Andreas Fox,
 Department of Plastic and Reconstructive
 Surgery, 3rd Floor, Lambeth Wing, St Thomas'
 Hospital, Lambeth Palace Road, London SE1
 7EH, UK; andreasfox@gmail.com

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IMAGES IN EMERGENCY MEDICINE

Rupture of pectoralis major: an occupational injury

P R Catterson, R D Jarman

A 41-year-old doorman attended the emergency department with a history of sudden pain and a popping sensation to the anterior aspect of his right shoulder on restraining a person in the course of his work the previous evening. He had swelling and bruising as shown in fig 1. He was diagnosed with a distal rupture of his right pectoralis major muscle (PM). He subsequently underwent surgical exploration and repair.

The condition is primarily diagnosed clinically but magnetic resonance imaging is widely accepted as the modality of choice in evaluating possible tears of PM.

Non-surgical management is recommended only for proximal tears and for elderly, sedentary patients. Otherwise,

surgery is advocated to enable return to full strength and function. Rehabilitation involves a gradual progression to the increase range of movement and muscle strength, and patients can usually return to full activity in 3–6 months.¹

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Authors' affiliations

P R Catterson, R D Jarman, Emergency
 Department, Queen Elizabeth Hospital,
 Gateshead, Tyne & Wear, UK

Correspondence to: Mr R D Jarman, Emergency
 Department, Queen Elizabeth Hospital,
 Gateshead, Tyne & Wear, NE9 6SX, UK;
 bob.jarman@ghnt.nhs.uk

Figure 1 Presentation of patient showing swelling and bruising. Informed consent was obtained for publication of this figure.

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