



**Figure 18-4.** Two MRI slices demonstrating a classical finding of a ganglion cyst compressing the suprascapular nerve. (Reprinted with permission from KD Plancher.)

**Table 18-1. Rengachary Classification System of Anatomic Suprascapular Notch Variants**

<i>NOTCH TYPE</i>	<i>DESCRIPTION</i>
Type I	Wide depression of the entire superior border of the scapula
Type II	Blunted V-shaped notch occupying the middle one-third of the superior border of the scapula
Type III	U-shaped notch in the superior border of the scapula with symmetrical, parallel lateral borders
Type IV	A small, V-shaped narrow groove in the superior border of the scapula
Type V	U-shaped notch in the superior border of the scapula with partial ossification of the medial aspect of the transverse scapular ligament. The diameter of the notch along the superior border is narrow as a result
Type VI	Complete ossification of the transverse scapular ligament creating a foramen

Adapted from Rengachary SS, Burr D, Lucas S, Hassanein KM, Mohn MP, Matzke H. Suprascapular entrapment neuropathy: a clinical, anatomical and comprehensive study. Part 2: anatomical study. *Neurosurgery*. 1979;5(4):447-451.

- ▶ The MRI can identify a ganglion with a homogenous signal, low T1 intensity, high T2 intensity, and rim enhancement if contrast is placed (Figure 18-4).<sup>8</sup> Computed tomography detects notch variants previously described by Rengachary (Table 18-1).<sup>9</sup> Evidence of an ossified transverse ligament can also be identified with computed tomography.
- ▶ Ultrasound may be helpful to identify ganglion cysts.