

Distal Clavicle Osteolysis

What you're feeling

You likely feel pain right at the top of your shoulder where it meets your collarbone. This area is the acromioclavicular joint. The pain often feels sharp or aching. It may flare up after you lift heavy objects or do repetitive overhead work. You might notice the pain gets worse when you reach across your body to tuck in a shirt or fasten a bra behind your back.

Many patients find the pain is worse at night. Lying on the sore side can make it difficult to fall asleep. Waking up with stiffness is also common. Some people feel a grinding sensation or hear clicking sounds when they move their arm. If you have had previous shoulder surgery, this pain might be a sign of massive bone loss or a missed fracture.

Daily tasks become harder as the pain grows. Simple movements like reaching for a high shelf or carrying groceries can trigger sharp discomfort. Your surgeon may find that horizontal instability is present if too much bone was removed in the past. While some patients have no symptoms, others struggle with persistent pain or arthritis that does not go away. If you have had surgery before, you might feel that the joint is unstable or that the reduction has been lost over time.

What's actually happening

In your shoulder, a small joint at the top of your collarbone is wearing down. This condition is called distal clavicle osteolysis. Think of the joint like a door hinge that has lost its smooth coating, or cartilage. Without this smooth layer, the bone ends rub against each other. This friction causes inflammation and pain, especially when you lift your arm or move your shoulder.

The tissues that usually hold this joint steady are like ropes made of tendon fibres. When these ropes stretch or tear, the joint becomes unstable. This instability changes how your shoulder moves, which can lead to more pain and trouble using your arm. Sometimes, a specific type of bacteria can cause this wear-and-tear, leading to bone loss in the end of the collarbone.

To fix this, your surgeon may remove the very end of the collarbone. This procedure is called distal clavicle resection. Removing this small piece of bone stops the rubbing and relieves the pain. Patients who have this done often feel better quickly and can return to their daily activities faster than with older open surgery

methods. While the joint does not go back to being exactly like new, this surgery reliably improves pain and function for many people with persistent symptoms.

What we can do about it

Your journey usually starts with self-care and guided exercises. You will work with a physiotherapist to strengthen the muscles around your shoulder and improve how your joint moves. This approach aims to reduce pain and help you return to daily activities without surgery. You should give this conservative care a fair chance before considering more invasive steps.

If exercises alone do not provide enough relief, your surgeon may discuss medical options. These include pain medication and anti-inflammatory drugs to manage discomfort. In some cases, injections such as cortisone, hyaluronic acid, or PRP might be offered to calm inflammation in the joint. While these treatments can offer significant pain reduction, the evidence notes that results vary and do not guarantee a permanent fix for everyone.

Surgery is considered when persistent pain or posttraumatic arthritis continues despite these non-surgical efforts. In these situations, removing the outer end of the collarbone (distal clavicle resection) is often the best procedure to relieve symptoms. This operation offers negligible morbidity and allows for a rapid return to function, with patients typically seeing significant improvement in pain and shoulder stability.

When to see someone

See your GP if you have persistent shoulder pain that does not improve with rest. Ask for a specialist review if you feel weakness, instability, or if your shoulder locks or gives way. Contact your surgeon if symptoms interfere with your sleep or work. Seek help for sudden worsening of pain. Be aware that horizontal instability can occur if more than 10 mm of bone is removed. Clavicular tunnel widening was seen in 70% of patients after stabilization surgery. Incomplete removal of the bone end is a common reason for needing further surgery.