Case Report

Bilateral traumatic anterior dislocation of the Shoulder – A rare case report

Amit Grover, Prashanth Nagaraj, Daksh Gadi, Inderjit Singh

Department of Orthopaedics, MS Ramaiah Medical College, Bangalore

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ABSTRACT

Introduction: Shoulder is the most common joint to dislocate in the human body. Bilateral shoulder dislocations are very rare and usually occur following seizures and electrocution and are usually of posterior type. Bilateral traumatic anterior shoulder dislocation is a very rare entity with very few reports describing such an injury. Case Presentation: In view of its rarity, we report a case of bilateral anterior shoulder dislocation following a fall from height in a 28 year old female. Immediate closed reduction was done and both shoulders were immobilized for 3 weeks. At 8 months of follow up, patient had complete range of motion with no instability. Discussion: Most of the bilateral shoulder dislocations are of posterior type following electrocution, epilepsy and seizures. A bilateral traumatic anterior dislocation is rare since one shoulder takes the burden of the impact. The principles of management remain the same as for a unilateral dislocation. Early reduction and immobilization for 3 weeks is recommended. Conclusion: To conclude, we would like to emphasize that a bilateral post traumatic anterior shoulder dislocation is a rare entity. All orthopaedic surgeons and emergency physicians should be aware of such uncommon injuries to ensure early diagnosis and treatment.
Discussion

Bilateral shoulder dislocation was first described by Mynter[9] in 1902 following camphor overdose. Most of the bilateral shoulder dislocations are of posterior type following electrocution, epilepsy and seizures. Posterior dislocations are common in such conditions due to powerful contractions of the shoulder girdle muscles[10-12]. There are only a handful of articles in the medical literature describing a bilateral anterior shoulder dislocation. Majority of cases reported are following seizures[5,13]. Following trauma only a few cases are found in the medical literature[2,14]. Cresswell and Smith reported a case of bilateral anterior dislocation of the shoulder in a bench-pressing athlete[10].

A bilateral anterior dislocation is rare since one shoulder takes the burden of the impact. The mechanism of an anterior shoulder dislocation is extension, abduction and external rotation. In our case mechanism of injury was forced extension since the patient fell on her pointed elbows.

The principles of management remain the same as for a unilateral dislocation. Early reduction and immobilization for 3 weeks is recommended. Mobilization should be started after 3 weeks. MRI should be done to evaluate Bankart, Hill Sach and rotator Cuff pathologies[15].

Conclusion

To conclude, we would like emphasize that a bilateral post traumatic anterior shoulder dislocation is a rare entity. All orthopaedic surgeons and emergency physicians should be aware of such uncommon injuries to ensure early diagnosis and treatment. This is particularly important since the cases have a late diagnosis of more than 10%[16].

References


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