

An unusual cause of bilateral anterior shoulder dislocation

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ABSTRACT

We present an unusual case of a traumatic bilateral simultaneous dislocation of shoulder in a healthy young male. Bilateral shoulder dislocation are rare and the reported cases, have been mostly associated with trauma or seizure. Only a few cases (about 4) have been reported in the literature so far and all of these are associated with trauma. The one we present is a bilateral anterior shoulder dislocation without traumatic history but associated with newly occurred seizures.

KEY WORDS: Bilateral Shoulder Dislocation.

Pak J Med Sci October - December 2010 Vol. 26 No. 4 976-977

How to cite this article:

Rouhani A, Zonooz KA, Aghdam HA. An unusual cause of bilateral anterior shoulder dislocation. Pak J Med Sci 2010;26(4):976-977

INTRODUCTION

Bilateral anterior shoulder dislocation is uncommon. Like other uncommon conditions, it can be easily missed if not suspected.¹

CASE REPORT

A 37 years old healthy male presented to our department with pain and inability to move both shoulders, since 13 days ago. He started his problem, following a dream at night without the symptoms of seizure. Wrong diagnosis by family physician was cause of his delayed diagnosis. He had no history of previous dislocation, Seizure and drug abuse (but in the follow up, he had some seizure attacks). The clinical features were suggestive of a bilateral anterior shoulder dislocation with no neurovascular injury (Figure-1). There was no

evidence suggestive of generalized ligamentous laxity. Radiography and CT scan confirmed the diagnosis of bilateral anterior shoulder dislocation without any fracture (Figure-2). We did not have such a large cassette in Shohada Center (our hospital) which could take a plain radiograph that showed both dislocated shoulder in one cassette. That is why CT scan was performed.

Both dislocations were reduced by Kocher's traction maneuver under general anaesthesia, successfully. Post reduction images were acceptable as shown in Figure-3, 4 and 5.

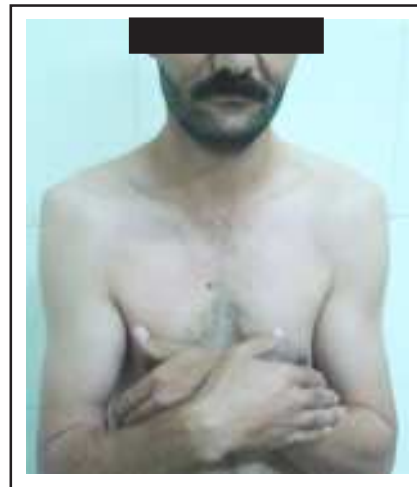


Fig-1: Clinical appearance, bilateral anterior shoulder dislocation.

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- * Received for Publication: May 27, 2010
- * Revision Received: August 2, 2010
- * Revision Accepted: August 20, 2010



Fig-2: CT scan, bilateral anterior shoulder dislocation.



Fig-3: Left shoulder after reduction.

DISCUSSION

Unilateral traumatic shoulder dislocation is a common injury but bilateral dislocations are rare. The most form of bilateral shoulder dislocations are posterior following convulsions.^{3,4} In the literature there are 26 reported cases of bilateral posterior shoulder dislocation.⁵ Only limited cases of anterior dislocation are reported, which only a few case (about four cases) were without fractures.^{2,6}

Aufrance reported the first bilateral anterior shoulder dislocation following seizure in 1996.⁷ O'Conner-Read et al reported a first documented case of missed bilateral anterior shoulder dislocation following seizure in a 25 year old man in 2007.⁶ In our case, there is no evidence of previous traumatic history and convulsions, but in view of newly occurred seizures in the follow up, we think dislocation has been the result of seizure. It seems to be the one of a few types in the literature. In the end we recommend all orthopaedic surgeons and general physicians to be aware of this mechanism.

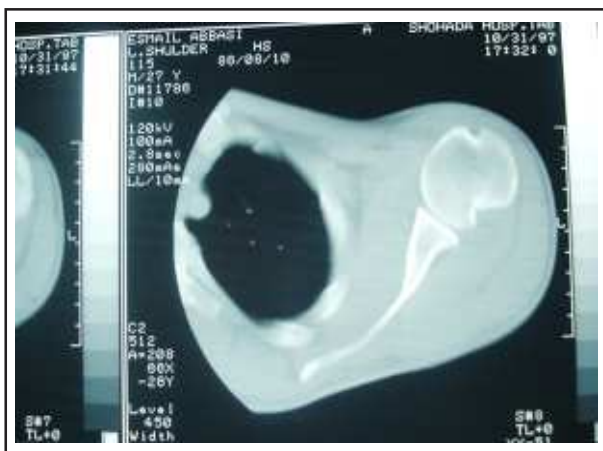


Fig-4: Right shoulder after reduction.



Fig-5: Clinical appearance after reduction.

REFERENCES

1. Dounlop CCR. Bilateral anterior shoulder dislocation. Acta Orthop Belg 2002;68(2):168-170.
2. Sreesobh KV. An unusual case of bilateral anterior dislocation of shoulder. J Orthopaedics 2005;2(4)e6.
3. Brown RJ, Bilateral dislocation of the shoulders, Injury 1984;15:267-273.
4. Velkes S, Lokie F, Ganel A. Traumatic bilateral anterior dislocation of shoulders. A case report in a geriatric patient. Arch Orthop Trauma Surg 1991;110:210-211.
5. Page AE, Meinhard BP, Schulz E, Tolendano B. Bilateral posterior fracture dislocation of the shoulders: Management by bilateral shoulder hemiarthroplasties. J Orthop Trauma 1995;9(6):526-529.
6. O'connor -Read L, Bloch B, Brownlow H. A missed orthopaedic injury following seizure: A case report. J Med Case Reports 2007;1:20.
7. AuFrance O, Jones W, Tuner R. Bilateral shoulder fracture dislocation. JAMA 1996;195:162-165.

Authors Contribution:

AR, KAZ & HAA conceived designed and did manuscript writing & editing of manuscript. AR did review and final approval.