Research Paper Medical Science

A Case Report of Simultaneous Bilateral Anterior Shoulder Dislocation

Dr. M.M. PRABHAKAR	[HOD , Civil hospital , Ahmedabad]
Dr. RUCHIR G PATEL	[3rd year resident in orthopaedic, civil hospital]
Dr. ANKIT S PATEL	[3rd year resident in orthopaedic, civil hospital]
Dr. SANDEEP K YADAV	[3rd year resident in orthopaedic, civil hospital]
Dr. DIPEN K PANCHAL	[3rd year resident in orthopaedic, civil hospital]
Dr. HARDIK R SUTHAR	[3rd year resident in orthopaedic, civil hospital]
Dr.PADMNABH H VORA	[2nd year resident inorthopaedic , civil hospital]

ABSTRACT

Introduction: Anterior dislocation of shoulder is commonest dislocation one encounters in day to day orthopaedic practice. But bilateral shoulder dislocations are relatively uncommon.Simultaneous bilateral anterior dislocations of shoulder following trauma is rare occurrence.

Case Report: 35 year old male presented to emergency department with complaints of pain and difficulty in moving both the shoulders. He was having history of fall from 2nd floor in his working mill. During falling from the floor , he caught a pipe in midway. And it leads to sudden muscles contraction around both shoulder. Diagnosis was confirmed on X rays. Both shoulders were reduced in emergency operation theater under general anaesthesia by Kocher's method and were immobilised in sling.

Conclusion: Though bilateral shoulder dislocations are commonly posterior, usually either secondary to convulsions or electric shock, anterior dislocation has to be kept in mind , especially in post traumatic.

KEYWORDS Simultaneous, bilateral, shoulder dislocation, muscle contraction

Introduction

Anterior dislocation of shoulder is common dislocation found in orthopaedic practice. Common mechanism of injury is fall on outstretched hand. Simultaneous bilateral shoulder dislocations are rare. Among the bilateral simultaneous dislocations, commonly encountered are posterior dislocations, usually following either a electric shock or convulsions [1]. Shoulder dislocations are common because of unstable configuration of shoulder joint i.e, shallow glenoid with globular head , with wide range of movements in the joint predisposing for dislocation. Bilateral dislocations are also seen with associated fractures of humerus [2,3,4]. Here, we are reporting a case of simultaneous bilateral anterior dislocation (SBAD) of shoulder following sudden muscle contraction without ant fracture.

Case Report

Our patient was 35 year old male, working in a private mill, who presented to emergency department with complaints of pain and difficulty in moving both the shoulders. He was having history of fall from 2nd floor in his working mill. During falling from the floor , he caught a pipe in midway. And it leads to sudden muscles contraction around both shoulder which leads to bilateral shoulder dislocation. There is no any associated trauma .Patient had no past history of shoulder trauma or dislocation. He is non alchoholic. Patient does not give any history of convulsions (past or present) and no other neuro-muscular problems. On clinical examination, patient's both upper limbs were abducted and externally rotated. Bilaterally shoulder contour was lost with flattening. Other classical signs of shoulder dislocation viz, Bryants test, Callway sign, Hamilton's ruler test were positive. [see figure 1] Radiographs of both shoulders were obtained and clinical diagnosis of SBAD was confirmed. [see figure 2]Both shoulders were reduced in emergency operation theater under general anaesthesia by Kocher's method and were immobilized in sling. Reduction was confirmed post operatively with X-rays. [see figure 3] Intermitted assisted excercises where started from second week onwards and at the end of immobilization of 3 weeks patient was advised vigorous supervised physiotherapy. By six week post injury patient had full range of adduction, flexion and internal rotation.. Patient was advised to be cautious while doing overhead activities especially which require abduction and external rotation of shoulder.

Discussion

Bilateral shoulder dislocation are commonly seen either secondary to convulsions or post electric shock. These are usually posterior dislocations but bilateral anterior dislocations with greater tuberosity fractures are also noted [7]. Dunlop et al [6] in his case report and review of literature, reported that most cases were associated with fractures. He also found that of the 44 cases, five were diagnosed late [8]. Reports of cases of lateral anterior dislocation of the shoulder without any fractures in a bench-pressing athlete [9] and during push ups [10]

are noted. Singh and Kumar [11] reported a case of sequential bilateral anterior dislocation in which the left shoulder dislocated first due to trauma followed by atraumatic dislocation of the right shoulder. They found that SBAD was common in young males and middle aged women and the most common cause was trauma (50%) followed by strong muscular contractions secondary to convulsions (37%). They stressed the point that SBAD are not rare and a radiological diagnosis must be stressed [d]. As stressed in this review and other reports [1-11] the treatment is similar to unilateral dislocation but practical difficulties due to immobilisation of both upper limb cause a lot of distress to the patient. The prognosis does not differ from a unilateral case and follow up result seem to be dependent on severity of initial injury than the bilaterality of the injury.



Figure 1 CLINICAL PICTURE



Figure 2 PRE REDUCTION XRAY



Figure 3 POST REDUCTION XRAY

Conclusion

SBAD are not common to find in clinical practice, but they have to be diagnosed and adequately treated. Though bilateral shoulder dislocations are commonly posterior, usually either secondary to convulsions or electric shock, anterior dislocation has to be kept in mind, especially in post-traumatic injuries. SBAD also presents with practical problems immobilization and day to day care of patients. Hence these dislocations require special attention and proper care.

REFERENCES

1. Brown PA. Bilateral dislocation of the shoulders. Injury 1984; 15:267–73 2. | 2. Mofidi M, Kianmehr N, Farsi D, Yazdanpanah R, Majidinezhad S, Asadi P. An unusual case of bilateral anterior shoulder and mandible dislocations. Am J Emerg Med. 2010 Jul;28(6):745.e1-2. | 3. Bouras.y, Elandaloussi.y, nadil.M.A, Essarouli.A, Bennouna.D, Fadili.M,Quara.M; Bilateral anterior dislocation of shoulders(case report) (Luxation Antereure bilaterale des epaules chez le bodybuilder (a propos daeun cas. ; Journal de Traumatologie du Sport. 2009;26(4);247-249. | 4. Abalo A, Dosmin A, Songe B, Ayouba G; Bilateral anterior dislocation of the shoulders- A case report. Chirurgie De La Main 2008; 27(2-3);118-121. | 5. AH Botha, AB du Toit. Bilateral anterior shoulder dislocation: a case report of this rare entity. SA Orthopaedic Journal 9.4 (2010): 68-70. | 6. Dunlop CC. Bilateral anterior shoulder dislocation--a case report and review of the literature. Acta Orthop Belg. 2002 Apr;68(2):168-70. | 7. Suryavanshib A, Mittal A, Dongre S, Kashyap N. Bilateral Anterior Shoulder Dislocation with Symmetrical Greater Tuberosity Fracture following Seizure. Journal of Orthopaedic Case Reports. 2012;2(1):28-31. | 8. Sunku N, Kalaiah K, G. Marulasidappa, P. Gopinath.Greater Bilateral Anterior Fracture-Dislocation of Shoulder Joint. Journal of Orthopaedic Case Reports 2012 Oct – Dec ;2(4):7-9. | 9. Cresswell TR, Smith RB. Bilateral anterior shoulder dislocations in bench pressing: an unusual cause. Br J Sports Medicine 1998; 32: 71. | 10. de la Fuente FA, Hoyte C, Bryant SM. Push-ups may be hazardous to your health: an atraumatic etiology for bilateral shoulder dislocation. Am J Emerg Med. 2008 Jan;26(1):116.e3-4. | 11.Singh S, Kumar S. Bilateral anterior shoulder dislocation: a case report. European Journal of Emergency Medicine2005 Feb;12(1),33-5. |