A Case Report of Simultaneous Bilateral Anterior Shoulder Dislocation

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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.

ABSTRACT

Introduction: Anterior dislocation of shoulder is commonest 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 any 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 alcoholic. 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] Intermittent assisted exercises were 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.

**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.