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Bilateral Anterior Shoulder Dislocation in a Case

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Case Report

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Abstract: The posterior traumatic bilateral dislocations of the shoulders are rare clinical entities. We report a case in a patient of 32 years, without notable pathological antecedents received in the emergency room for closed trauma of the two shoulders following a fall of a height of approximately 3 we discuss the unusual mechanism of this dislocation, treatment and prognosis.

Keywords: shoulder, anterior dislocation, pure bilateral.

INTRODUCTION

Gleno-humeral dislocations are the most frequent of all dislocations; the bilateral form is rare, dominated by the posterior variant, secondary to convulsive seizures. Less than thirty cases have been published [1-4]. A case of anterior bilateral dislocation of the glenohumeral joints and discuss the mechanism and treatment.

OBSERVATIONS

Patient 32 years old, with no significant pathological antecedents received in the emergency department for closed trauma of both shoulders following a fall from a height of about 3 meters (fall of a staircase) with reception on both hands shoulders in abduction and in retropulsion, elbows in extension and supination resulting in intense pain and total functional impotence of both shoulders on clinical examination, signs of anterior dislocation were present on both sides (Figure 1), tenderness and motor skills in the Axillary nerves were preserved and the radial pulse was present. The conventional radiograph of the shoulders confirmed the diagnosis of pure dislocation of both shoulders in their anterior sub-coracoid variety (Figure 2). Under general anesthesia and by Kocher's maneuver both dislocations were reduced after immobilization by a clinic mayo. On control radiography dislocations were well reduced.

At three weeks of the accident the immobilization was removed and functional reeducation sessions began at nine weeks of the accident the amplitude of both shoulder joints were: - abduction 160 ° of both shoulders

External rotation: 30 ° right and 35 ° left
Internal rotation: D4 involvement bilaterally

There was no recurrence or instability at the last follow-up at 6 months of the trauma

Fig-1: Clinical aspect of bilateral dislocation of the shoulders

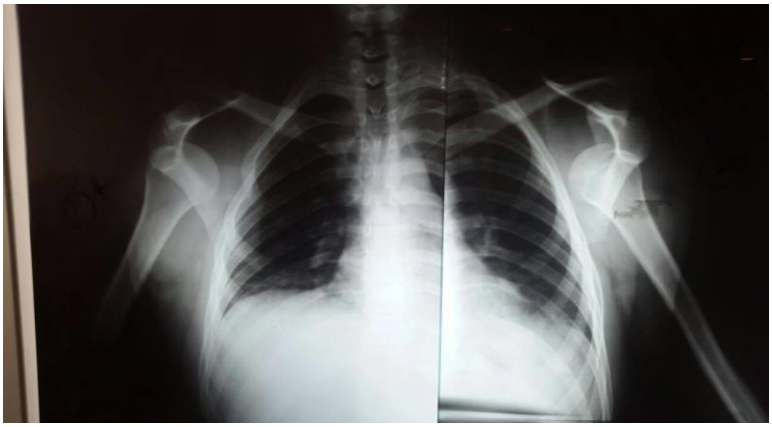

Fig-2: X-ray of the two shoulders in frontal incidence showing the dislocations of the shoulders in its coracoidial variety

DISCUSSION

Bilateral dislocations of the shoulders are a rare clinical entity [1,2,5]. This occurs most often in seizures of epileptic origin, electrical or in case of neuromuscular disease [4], described for the first time in 1902 [6] .Brown [5] in 1984 individualized on a series of 90 cases of bilateral dislocations, three different etiologies:

• Violent muscle contractions (49%)
• Trauma (23%)
• Atraumatic (36%)

These dislocations may be posterior (the most frequent variety) inferior or anterior [4, 7]. Bilateral anterior varieties are rarer. only about thirty cases reported in the literature [6], most of traumatic origin or secondary seizures of electrical or epileptic origin [8] .The circumstances and the mechanism of occurrence of dislocations in our patient were a work accident, fall of a staircase of about 3 meters with patient reception on both hands and shoulders in abduction and retropulsion, elbows in supination extension .ce mechanism lesionnel has never been described in the literature .d Other unusual mechanisms have been described. Singh and Kumar [3] reported a case where both shoulders were dislocated by different mechanisms in a patient with a history of instability of the right shoulder. the left anterior luxation was post-traumatic secondary to a motorcycle fall with direct reception on the shoulder whereas the right side was dislocated secondarily in anterior during the transport, patient held by the right upper member .Bouras et al [6] described a case of bilateral anterior shoulder dislocation in an 18-year-old bodybuilder who, during a weight training session, lifted a 40-kg straight bar and tilted back causing dislocation. Treatment in our patient was orthopedic by a reduction of dislocations under general anesthesia to fight against pain, stress, anxiety and not traumatize the patient and cause additional lesions by the Kocher technique. Many reduction techniques Dislocations are described [9]. Whatever the reduction maneuver used, it must be gentle and progressive so as not to aggravate the lesions [10]. The orthopedic treatment that we instituted resulted in a good result. Surgery is envisaged only in case of recurrence, although this is more common in patients younger than 40 years [11]. Our patient had no recurrence at the last follow-up. The prognosis is good after good functional rehabilitation.

CONCLUSION

Bilateral anterior dislocations of post-traumatic shoulders are rare, most often posterior, and secondary to seizures. We report this clinical case to show the unusual nature of the causal mechanism.

Consent

The patient has given their informed consent for the case to be published.

Competing interests

The authors declare no competing interest.

Authors' contributions

All authors have read and agreed to the final version of this manuscript and have equally contributed to its content and to the management of the manuscript

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