

An Unconventional Method Of Shoulder Reduction In Case Of A Previously Burnt Shoulder With Fibrosis

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INTRODUCTION:

Non-complex shoulder dislocations are often reduced with or without sedation. However there are certain exceptions when such cases failed close manipulative reduction (CMR) therefore needs to be done under general anesthesia with keep in view of open reduction.

REPORT

Reporting a rare case of right anterior shoulder dislocation post fall in a previously burnt patient with an unconventional method of reduction under general anesthesia using Schanz screw.

A case was posted under Emergency Operation Theater when close manipulative reduction was attempted 3 times under sedation on the mentioned patient which failed. Patient put on supine position under general anesthesia and muscle relaxant. The right upper limb cleaned and draped. CMR attempted under Image Intensifier guidance however unable to reduced. Stab incision made over proximal right arm and drill with 3.2mm drill bit. Schanz screw size 5.0mm inserted over proximal humerus. Right humerus head manipulation done as joystick. Shoulder kept in neutral position with inferior traction force applied with external rotation. Reduction checked under Image Intensifier and the Schanz screw removed and shoulder immobilized with body strap.

Post CMR 1 month follow up patient is able to full to achieve full range of motion as compared to the pre-morbid state, however with limitation of internal and external rotation. He was discharged well from our centre with no active complaints and not hindering his daily activities

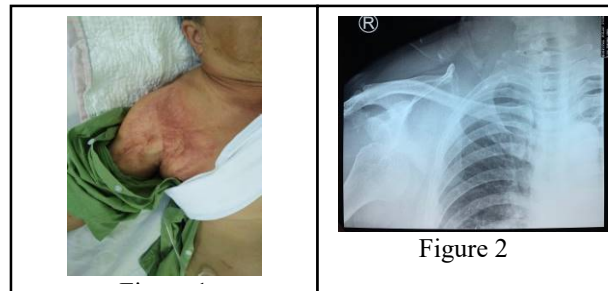


Figure 1: Right anterior shoulder dislocation in pre-existing burnt scarring with fibrosis.
Figure 2: Pre-CMR X-ray of Right Shoulder



Figure 3: Right anterior shoulder dislocation in pre-existing burnt scarring with fibrosis

CONCLUSION:

Such cases of shoulder dislocation with tissue scarring or burnt patient on the ipsilateral shoulder should anticipate high failure rate of CMR and may need to be posted under general anesthesia with muscle relaxant. Care must always be taken to try avoid open reduction for such cases as wound healing may be greatly impaired. If at all required a Schanz Screw can be used as a joystick to reduce the dislocation

REFERENCES:

1. Review of Orthopaedic Trauma Second Edition by Mark R. Brinker.