POSTERIOR SHOULDER DISLOCATION WITH REVERSE HILL-SACHS LESION : A CASE REPORT

Selvan Danappal[1], Nor Hamdan Fakhru[1], Tengku Muzaffar Tengku Md. Shihabudin[1]

[1]Universiti Sains Malaysia

Introduction: Posterior shoulder dislocations are usually a result of a strong traumatic insult or due to a sudden involuntary aggressive movement during an acute seizure or electrocution. The occurrence of this dislocation often causes the McLaughlin lesion or reverse Hill-Sacs or anteromedial humeral head impaction.

Discussion: A 41-year old gentleman who complaining of persistent pain over his right shoulder leading to limited range of motion. He claimed that the pain is aggravated by movement. Onset of symptoms occurred after a history of motor-vehicle accident (MVA) 6 weeks prior to his visit to our clinic. Physical examination of the right shoulder revealed loss of shoulder contour, tenderness over the proximal humerus and tenderness over glenoid process of scapula. Range of motion examination revealed shoulder abduction up to 30, forward flexion 30, extension 10 and external rotation 0. Anteroposterior (AP) right shoulder X-ray revealed a "Lightbulb Appearance" which is evident of posterior subluxation of the humeral head. Axillary view of the right shoulder is evident of posterior subluxation of humeral head with fracture and impingement over posterior glenoid. He underwent Open Reduction of Right shoulder with corticocancellous bone graft with screw fixation of the right humeral head. 5 months later, with physiotherapy support, patient claims pain and ROM improved. He is able to flex his shoulder up to 110 actively and 150 passively. External rotation 20, internal rotation full capability and abduction 90.

Conclusion: The management of posterior shoulder dislocation with reverse Hill-Sachs lesion may be challenging to treating surgeons due to the vague presentation of clinical signs and poor projection of X-ray imaging. A concise treatment plan is required and more studies needs to be done to create an algorithm for treating these injuries in primary care level.