# An Easily Overlooked Injury: Posterior Dislocation of Shoulder

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## INTRODUCTION:

Traumatic chronic posterior shoulder dislocation is a missed acute dislocation which has been unrecognized for more than three weeks. It was estimated that due to its rarity, the diagnosis of posterior glenohumeral dislocation missed in approximately 60% of cases. We would like to present a traumatic chronic right shoulder posterior dislocation which was successfully treated with closed manipulative reduction (CMR) and temporary K-wire stabilization under general anesthesia followed by regular physiotherapy.

## REPORT:

A 37-year-old woman was presented with persistent pain and limited range of motion of right shoulder for a month following motor vehicle accident. On examination of right shoulder, bony tenderness and lump elicited posteriorly. The shoulder was locked in internal rotation where no movement can be performed. A shoulder plain radiograph with AP, scapula-Y and axillary views were taken where the posterior shoulder dislocation persisted with bony defect over humeral head (Figure 1). Further investigation with computed tomography (CT) with 3D-Reconstruction was done revealed same findings with evidence of reverse Hill Sach and reverse bony Bankart lesion. CMR of right shoulder done under general anaesthesia and two percutaneous transglenoid K-wire (3.0mm) stabilization was performed due to evidence of unstable joint after reduction. Plain radiograph after the reduction was acceptable (Figure 2). Hardware was removed at one month. Patient underwent physiotherapy and at eight months post-operatively, the shoulder was stable with acceptable functional outcome.

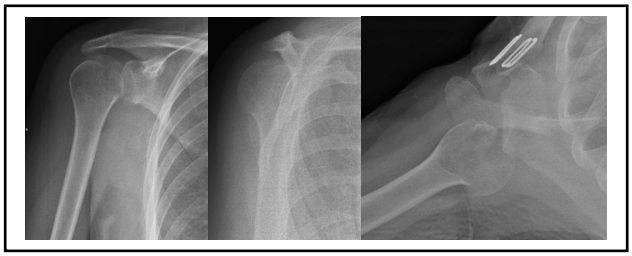

**Figure 1: AP, scapula-Y and axillary views of right shoulder. Noted posterior shoulder dislocation on scapula-Y and axillary views.**

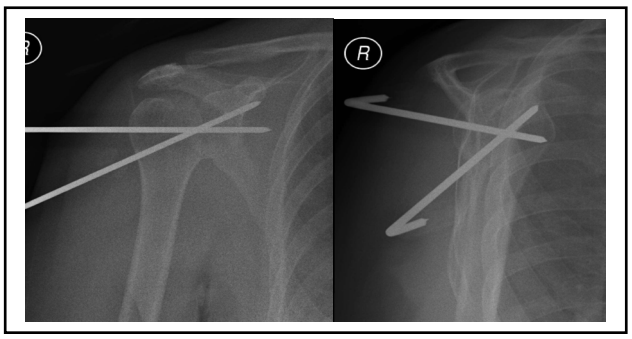


**Figure 2: AP and scapula-Y views after transglenoid K-wire fixation**

## CONCLUSION:

This injury may result in substantial chronic pain, stiffness and functional disability. The common causes for delayed diagnosis are late presentation and failure to attained initial diagnosis due to inadequate examination and radiographic interpretations. CMR should be attempted prior to open reduction and shoulder stabilization need to be performed if evidence of unstable joint intraoperatively. Postoperative physiotherapy need to be incorporated to achieve an optimum outcome.

## REFERENCES:

1. Kowalsky MS. Traumatic posterior glenohumeral dislocation: classification, pathoanatomy, diagnosis, and treatment. Orthopedic Clinics of North America. 2008;39(4):519-533.