

SHOULDER DISLOCATION IN SKELETALLY IMMATURE PATIENT: CASE REPORT

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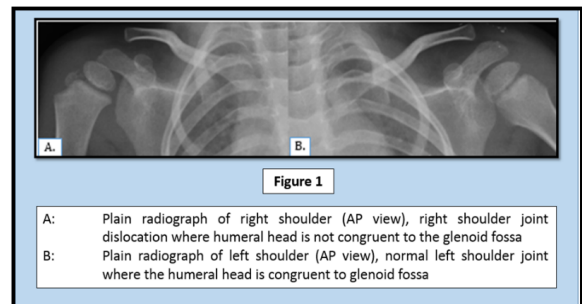
INTRODUCTION:

Traumatic glenohumeral joint dislocation is a rare condition in children younger than 10 years old (less than 2% of dislocations). In young patient with immature skeleton, the physis remain open and shoulder injury will usually lead to physeal or metaphyseal fracture rather than dislocation. We are presenting a case of shoulder dislocation in a 2-year-old boy.

REPORT:

A 2 years old boy with history of fall presented to us with pain and unable to move his right shoulder. Physical examination revealed tenderness over right shoulder and limitation of movement over right shoulder. Patient able to move his right elbow as usual without any pain. Other examinations were unremarkable.

Plain radiograph reported humeral head completely displaced from the glenoid fossa. Closed manual reduction was performed. A gentle constant traction without forceful jerking motion was used to minimise iatrogenic injury especially to proximal humeral epiphysis. Stable reduction was achieved and patient was immobilised with arm sling.



DISCUSSION:

We need to be more cautious in perform closed reduction in skeletal immature patient. It is because medial aspect of the physis is intra-articular in skeletally immature patient. The joint capsule attaches more distally along the humeral shaft and capsular attachment to the epiphysis will usually tend to fail first and this can make physical fracture possible after dislocation. Therefore, it is important to make gentle traction without forceful motion with adequate sedation avoid iatrogenic injury to the proximal humeral epiphysis.

CONCLUSION:

Shoulder dislocation is rare in skeletally immature patients. Proper techniques with adequate analgesia and sedation is important to achieve a stable reduction and minimise iatrogenic injury to the proximal humeral shaft

REFERENCES:

1. Management of shoulder instability in skeletally immature patient, JAAOS Sept 2013