

UPPER BRACIAL PLEXUS INJURY WITH SEVERE MULTIDIRECTIONAL SHOULDER INSTABILITY: A RARE CASE REPORT

¹Ashraf CMN; ²Muzaffar TS

¹Department Orthopedic, Hospital Universiti Sains Malaysia, Kubang Kerian, Malaysia.

INTRODUCTION:

Multidirectional shoulder instability is a condition involving symptomatic subluxation or dislocation of the glenohumeral joint that occurs in >1 direction. Severe multidirectional shoulder instability as a result of upper brachial plexus injury is rare and it occurs due to disruption of dynamic stabilizer of the shoulder joint as well as scapulothoracic dyskinesia. The aim of the treatment is to restore the shoulder stability and functional motion of shoulder joint.

REPORT:

36 years old man presented with history of alleged motor vehicle accident. He was diagnosed to had left scapula fracture and underwent internal fixation of left scapula. He presented 3 months later at our hospital with the complaints of left shoulder numbness and weakness. Patient also had left shoulder instability, easily dislocated but reducible. On examination, left shoulder had multidirectional instability with upper brachial plexus injury. We perform operation on the patient by doing Reinforcement of left shoulder capsule (anterior capsular shift) and Modified Somsak's procedure at 5 month post injury. 6 months postoperative follow up, patient had good recovery in elbow flexion, still had multidirectional shoulder instability but he was able to move the shoulder joint without dislocation.



Figure 1: Muscle wasting with sulcus sign

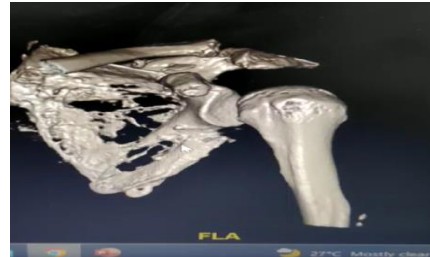


Figure 2: CT scan show shoulder subluxation

CONCLUSION:

MDI of shoulder due to upper brachial plexus injury is rare and carry poor prognosis even with the surgical intervention as well as devastating effect to patient in term of quality of life. Most authors believe that operative intervention should be postponed until 3– 6 months after the injury, because it is impossible to differentiate between neurotmesis and neurapraxia early surgery within 3 months from the injury is being advocated by a growing number of authors. (Travlos J, 1990)

REFERENCES:

1. Travlos J, G. I. B. R., 1990. Brachial plexus lesions associated with dislocated shoulders. *J Bone Joint Surg*, Volume 72, p. 68–71.