

## Being AFLOAT!

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### INTRODUCTION:

The floating clavicle or bipolar clavicle dislocation is a rare injury that defined as a concomitant dislocation of the ipsilateral acromioclavicular joint and sternoclavicular joint. It was first describe in 1831 by Porral scarce cases was reported throughout the years. Floating Clavicle usually follows by major trauma which produces deforming forces on the lateral aspect of shoulder or a severe pressure on the shoulder together with the torsion of the trunk. In this case report, author is presenting a case of bipolar clavicle dislocation followed by a minor trauma which was treated conservatively.

### REPORT:

A 28 yearold gentleman with no known co-morbidis, right hand dominant sustained a Bipolar clavicle dislocations followed by fall while playing football. He allegedly tackle on his side and fell over his right shoulder with POP sound over his right shoulder.

On examination, noted swelling and deformity over his right chest and shoulder. tender upon palpation. Resulting with limited range of motion of his shoulder and elbow due to pain. However, his neurological and vascular status remains intact.

X-ray was done noted Dislocatin over the Acromioclavicular joint disruption Rockwood 3 with Sternalclavicular joint dislocation. Subsequently CT scan was noted Acromioclavicular joint disruption of Rockwood 2. Decided treated conservatively with arm sling and Ice therapy. After 2 weeks patient was seen in our clinic, noted occasional pain over the right shoulder and started on physiotherapy. At 4<sup>th</sup> week of trauma noted

improvement in range of motion of his right shoulder up to 100 degrees in all plane. Patient was then given light duty and return back to work.



**Figure 1:** X-ray showing ACJ and SCJ disruption

### CONCLUSION:

To our knowledge ,this entity has seldom been reported with less than fifty cases reported since 1831. However in recent cases reported suggested for surgical intervention for active patients. Despite literature suggest for surgical intervention, we have observed an excellent functional result with conservative mangement. Since the rarity of this lesion, and the risks associated with surgical treatment, we think that surgery must be reserved to selected cases and experienced surgeons, knowing that nonoperative management can offer satisfying functional recovery.

### REFERENCES:

1. Alain et al, Traumatic bipolar dislocation of the clavicle, CHIRURGIE ORTHOPEDIQUE
2. Porral A. Observation of a double dislocation of the right clavicle .J Univ Hebd Med Chir Prat. 1831