Inferior Humeral Head Subluxation With Humeral Shaft Fracture. A Rare Case.

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INTRODUCTION:

Inferior humeral head subluxation is common with proximal humerus fracture caused by blood in the capsule and muscular atony. It can mimic shoulder joint dislocation. We present a case report of a lady which is noted to have inferior humeral head subluxation with ipsilateral humeral shaft fracture

REPORT:

A 40 year old female presented to accident and emergency department with a history of slip and fall on the stairs and landed on her left side. After the injury she complained of left arm pain. Clinical examination revealed a closed and neurovascular intact injury resulted in swelling of left arm with normal contour of the shoulder. Radiographs showed midshaft fracture of the humerus with no shoulder dislocation (Figure 1). The arm was temporarily immobilized with plaster slab. Patient opted for surgical intervention that was scheduled at three weeks post trauma. Open reduction and internal fixation using a 6 holes dynamic compression plate done.

Post operation radiographs done the next day showed complete dissociation between glenoid and humeral head with insitu implant, suggestive of dislocation. The radiographs were then compared to the radiographs post trauma which has no dislocation on initial trauma. Y view were taken to determine anteroposterior positioning of the humeral head, revealed inferior humeral head subluxation (Figure 2). Patient was put on plaster slab in order to reduce vertical humerus traction and support the elbow. Surgery or any reduction maneuvers was not done.



Figure 1: preoperative radiographs



Figure 2: postoperative radiographs

CONCLUSION:

Inferior humeral head subluxation with midshaft humerus fracture is rare mimicking shoulder dislocation. There is no need for surgery or maneuvers for reduction. Once the muscle tone returns, the subluxation ceases to occur. The importance of identifying this condition is cardinal, in order to avoid unnecessary diagnostic evaluations and reductional maneuvers.

REFERENCES:

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