

SHOULDER DISLOCATION ASSOCIATED WITH RADIAL NERVE INJURY IS RARE ENTITY

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Introduction: Shoulder dislocation is frequently seen in mankind and may be associated with fractures, vascular and neurological injury. Isolated axillary nerve injury is the most frequently involved while radial nerve injury is rare. This case reported an anterior shoulder dislocation associated with radial nerve injury.

Discussion: A nineteen years old boy had alleged motor vehicle accident sustained anterior shoulder dislocation with complaint of shoulder pain and inability to move wrist. Clinical examinations revealed loss of deltoid contour, loss of sensation along radial border of forearm and wrist drop. Ability to flex elbow and wrist preserved. Radiographic findings revealed anterior shoulder dislocation with no fractures seen. Closed reduction was performed under sedation and post reduction radiographically revealed well reduce humeral head in glenoid. However sensory loss along radial border of forearm and wrist drop remained same. The shoulder immobilized with collar cuff and wrist was protected with splint. Early physiotherapy over wrist and fingers conducted to maintain passive range of movement of all joints.

Conclusion: Various complications may be associated with shoulder dislocation such as vascular injury, fractures and nerve injury. Bankart and Hills Sachs lesions are commonly associated with recurrent shoulder dislocation. Greater tuberosity of humerus can coexist but are more common in older patients. Vascular injury is rare but axillary artery rupture and axillary arterial thrombosis has been reported. Axillary nerve injury is the most common nerve to be injured because of its course around surgical neck of humerus. Radial nerve injury after shoulder dislocation is rare but cases have been reported. Neurological examinations are essential before and after reduction and high index of suspicion needed to avoid further long term complications.