Luxatio Erecta With Greater Tuberosity Avulsion Fracture. Seremban Experience.

[1,2]Shunmugam DK; [1]Goonasekaren S; [1]Raj M; [1]Ramalingam,S; [1]Muttalib A; [2]Raymond YDK

[1]Orthopaedic Department, Hospital Tuanku Jaafar Seremban, Negeri Sembilan.

[2]Orthopaedic Department, University Putra Malaysia, Serdang, Selangor.

INTRODUCTION:

Inferior glenohumeral dislocation is also known as Luxatio Erecta is rare form of dislocation which may present with fracture. The humeral head is levered out of inferior rim of glenoid [1]. Urgent reduction is required with immobilization of shoulder. Typical history and clinical presentation of the shoulder aid its diagnosis. We are sharing a case report of inferior glenohumeral dislocation with greater tuberosity (GT) avulsion fracture and its management.

REPORT:

41 years old gentleman presented with reduced right shoulder ROM and hyper abducted and externally rotated shoulder following road traffic accident. He also sustained open segmental fracture of left femur with intact distal neurovascular status. Physical examination of right shoulder reveals elbow flexed with forearm by the side of the head. Small bruises noted over axilla region with superolateral tenderness. Plain radiograph reveal inferior left shoulder dislocation with GT avulsion fracture (Figure 1). Immediate CMR performed via traction countertraction method to minimize complication. Pre and post neurovascular status of right shoulder remained intact. Restoration of glenohumeral joint following reduction confirmed with plain radiograph. We immobilized the shoulder with U- slab, while waiting for definitive surgery for GT avulsion fracture. CT scan performed to look for other occult fracture and preoperative planning. Following wound debridement of left lower limb, patient was scheduled for elective surgery for recon nail of left femur, open reduction via lateral approach and screw fixation of left GT (Figure 2). Post-operation, right shoulder was immobilized for 3 weeks for soft tissue healing, subsequently allowed pendulum and ROM exercise. Patient achieved full ROM and returned to work by end of 4th month.

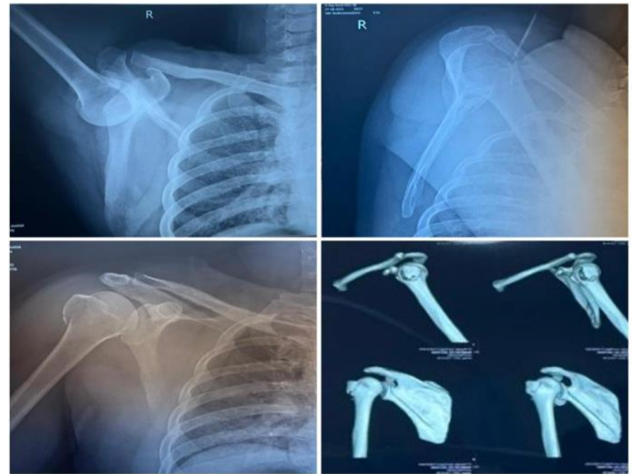

FIGURE 1: Pre and Post reduction left shoulder

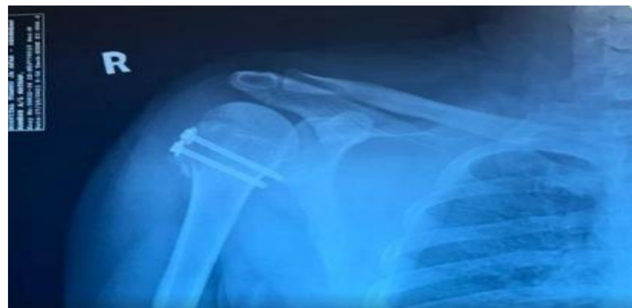

FIGURE 2: Post open reduction and screw fixation of left GT

CONCLUSION:

Luxatio Erecta requires careful clinical and radiographic evaluation and high index of suspicion for associated injuries.

REFERENCES:

1. C.A. Rockwood et al Lippincott Raven, Philadelphia (1996) 1193–1339