

A Rare Case of Chronic Left Anterior Shoulder Instability With Accidental Finding of Ipsilateral Glenoid Bone Cyst

¹Mohamad Nor NA; ¹Yaakub Y; ¹Yusoff @ Ibrahim NZ

¹Department of Orthopaedic, Hospital Raja Perempuan Zainab II Kelantan

INTRODUCTION:

Glenoid bone are important to provide shoulder stability and for anchor fixation site during arthroscopic soft tissue stabilization and capsular plication. Here, we report our experience in dealing with chronic left anterior shoulder instability associated with ipsilateral glenoid bone cyst.

REPORT:

A 30 years old Malay, male presented with recurrent left shoulder dislocation for 5 years after involved in motor vehicle accident. The dislocation happens during overhead activity and occasionally during sleep. He manages to reduce the dislocation by himself most of the time. He had family history of bone malignancy and amputation was done for the treatment. Otherwise, he denies any constitutional symptoms.

Left shoulder examination suggestive of anterior shoulder instability which are positive in apprehension test, relocation test and Grade 2 anteroposterior translation test. Beighton score are negative for generalize hyperlaxity.

AP radiograph of left shoulder (a) shows Hill Sach lesion left humerus and sclerotic lesion at inferior glenoid. CT scan left shoulder (b & c) shows bony defect and degenerative changes of the inferior glenoid. MRI left shoulder (A & B) shows well defined multilobulated lesion at glenoid and neck of scapula, anteroinferior labrum tear suggestive as Perthes lesion.

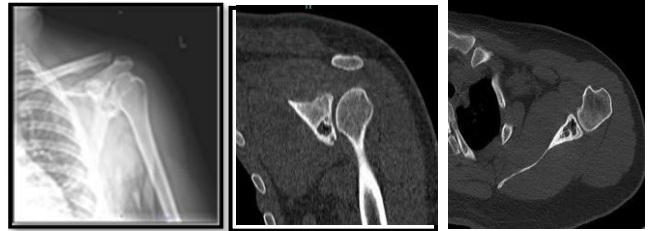


Figure 1: a) AP view, b & c) CT scan Left shoulder

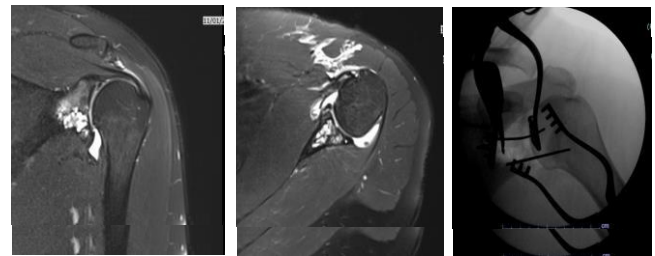


Figure 2: A & B) MRI left shoulder, c) 2 k wires show upper and lower border of glenoid defect intraoperatively

Open biopsy, bone curettage and iliac bone grafting of left glenoid was done and histopathology result shows as cystic bone lesion with no evidence of malignancy.

We plan for arthroscopic soft tissue stabilization combined with Remplissage procedure 6 months later.

CONCLUSION:

Treatment strategies for this case require two stage procedures whereby the aim of first stage is to provide glenoid bone stability via bone grafting for the site of anchor fixation later.

REFERENCES:

1. Managing bony defects of shoulder joint that occur in association with dislocation, Jonathan BY, Muhmmad N, Mohammad W 2017, (PubMed Central)