SLE Double Whammy: A Rare Encounter with Bilateral Shoulder Dislocation Jeffrey Chong¹, Yohan Khirusman Adnan²

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INTRODUCTION: Systemic Lupus Erythematosus is a chronic autoimmune disorder of unknown etiology that leads to deposition of immune complexes in multiple organ systems. This case report delves into the uncommon intersection of SLE and bilateral shoulder dislocation, a rare scenario where this distinctive occurrence spontaneous occur on one side and traumatic on the other with a fracture.

CASE REPORT: In the case presented herein, we encounter an unusual scenario: a patient presented the Emergency to Department with bilateral shoulder anterior dislocation after a low energy fall. After an survey, both shoulders initial primary displayed sulcus signs, with reduced active range of motion. Patient was co-attended by Orthopaedic team in view of accompanying fracture dislocation of the left shoulder evidenced by plain radiograph of left shoulder. No plain radiograph was ordered for the right shoulder prior. Closed manipulative reduction was attempted successfully using the Kocher method for both shoulders whilst under sedation.

DISCUSSION: Jaccoud's arthropathy has been reported in large joints such as shoulders and knees. Patients with SLE are prone to develop this chronic reversible non erosive joint disorder, in which joints are easily subluxable or in this case, dislocatable. An orthopaedic surgeon should be aware of the spectrum of musculoskeletal manifestations in SLE, including emergence of possible bilateral shoulder dislocation in the setting of these overlapping condition.



Figure 1 and 2 illustrates the pre and post CMR radiograph of left shoulder with surgical neck of left humerus fracture seen.

Figure 3 below illustrates the post CMR radiograph of right shoulder showing shenton line intact over glenohumeral joint

CONCLUSION: This case underscores the importance of recognizing the broad spectrum of musculoskeletal manifestations in autoimmune condition like SLE, highlighting the importance of holistic approach, understanding ligament laxities besides joint deformities associated with Jaccoud arthropathy. It requires a multidisciplinary approach involving rheumatologists, orthopaedic surgeons and physiotherapists. Optimal control of SLE is paramount, alongside targeted intervention and effective management strategies for these intricate autoimmune manifestations.

REFERENCES:

1. Bohlen, Hunter L Simultaneous bilateral anterior shoulder fracture dislocations in the elderly: case report and focused clinical treatment algorithm (2023)