

The Unusual Nature of Luxatio Erecta

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INTRODUCTION:

Luxatio Erecta (inferior glenohumeral joint dislocation) is a rare entity but has a good prognosis.¹ It involves hyperabduction of the arm and is commonly associated with neurovascular injury. We report a case of a gentleman with right inferior shoulder dislocation and its management.

REPORT:

A 36-years old gentleman was in a motorvehicle accident when he was driving his car without a seatbelt. His car skidded and he was thrown forward in his car. He flexed his right elbow and hit the dashboard. Post trauma, he sustained pain over his right shoulder. On examination upon arrival in casualty, his right arm was fixed in abducted and overhead position with impossibility of adduction. There was no sign of neurovascular involvement. Further investigation showed that he has closed fracture of greater tuberosity of right humerus with inferior shoulder dislocation (Figure 1).

Closed manipulative reduction of the right shoulder was performed using 2-steps technique under sedation. X-Ray of right shoulder post-reduction shows that the dislocation has been reduced (Figure 2). There was no neurovascular involvement post-reduction. The patient was keen to be discharged home with continuation of care in a different centre due to logistic issues. He was discharged home with an arm sling for immobilisation followed by referral to his centre of choice for range of motion and rotator cuff muscle strengthening exercises.

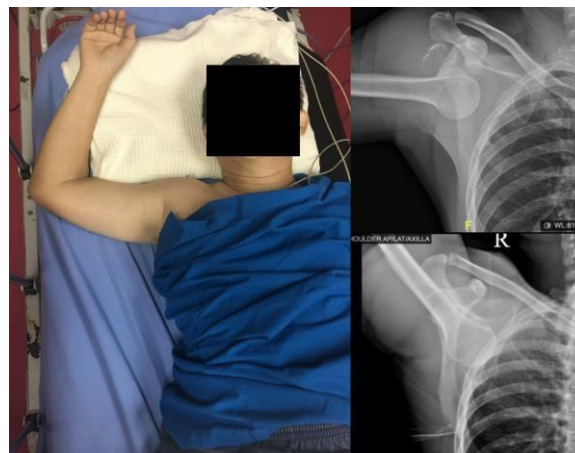


Figure 1: Hyperabduction of right arm (left) and X-Ray of right shoulder (right) pre-reduction.



Figure 2: X-Ray of right shoulder post-reduction.

CONCLUSION:

The diagnosis of Luxatio Erecta is made clinically with the shoulders in a fixed and abducted position with radiographs of the affected shoulder as confirmation. Management of this injury is closed reduction with a brief period of immobilization followed by adequate physiotherapy.

REFERENCES:

1. Panduro, D. A. V., Buitron, E. Z., Robles, A. B. H., & Robles Sr, A. H. (2022). Luxatio Erecta: A Case Report and Literature Review. *Cureus*, 14(12).