

“Hands Up”: The Unusual Luxatio Erecta In A District Hospital

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INTRODUCTION:

Luxatio erecta, or inferior glenohumeral dislocation, is a rare occurrence with only 0.5% incidents reported in a subset of shoulder dislocation¹. Patient often presented with classic figure of “hands up” where the arm held upward and/or overhead. Two methods of reduction maneuver have been described; traction-countertraction method and the 2-step method. We present a case of successful reduction of right inferior shoulder dislocation in a district hospital using traction countertraction method.

REPORT:

A 56-year-old lady presented to Emergency Department (ED) after a road traffic accident. She was a motorbike rider, skidded and fell over her right side. During the fall, her right upper limb get caught in between the front motorbike rim in an abducted position, causing severe pain and limited mobility over the right shoulder.

On examination, the arm was locked in hyperabduction and supinated position, resting above her head. There was no open wound seen on her arm. Humeral head was palpable at the axilla. Fortunately, the neurovascular status was intact.

The radiograph showed humeral head was dislocated inferiorly to glenoid and almost in line with the scapula body. Closed reduction was done using traction-countertraction method. A sling was passed across right clavicle. Axial traction was applied on the hyperabducted arm with counter traction from the sling, directed to the opposite traction vector. The arm was then gently adducted and internally rotated and the head of humerus was guided back into the glenoid cavity. The shoulder was immobilized using collar and cuff splint. Neurovascular status post reduction remained intact. Orthopaedic follow up was arranged.

Figure 1: (a) Pre reduction shoulder radiograph showed inferior dislocation of humeral head with hyperabducted limb (b) simulation condition of the patient

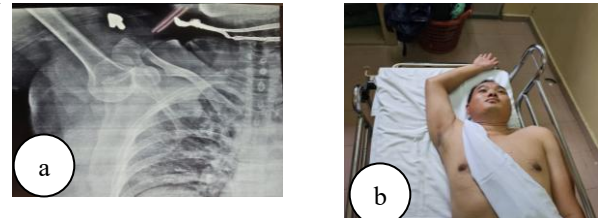


Figure 2: Simulation on the reduction technique. (a) An axial traction was applied on the hyperabducted arm with a sling passed through the upper torso. (b) The arm was then lowered, adducted and internally rotated. (c) The arm was put in neutral position .

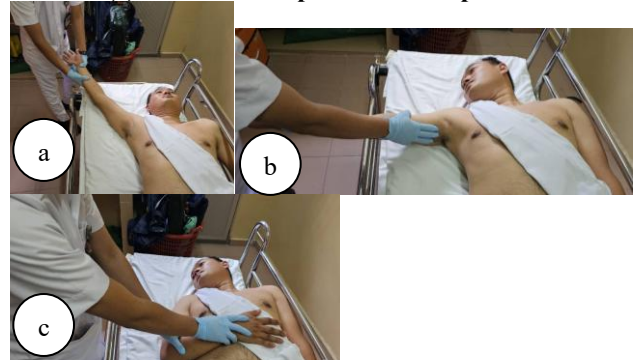


Figure 3: Post reduction shoulder radiograph showed humeral head is now reduced with depressed greater tuberosity



CONCLUSION:

Despite its unusual encounter, clinician should be able to identify and manage inferior glenohumeral dislocation with this simple traction countertraction method.

REFERENCES:

1. George M et al., Right Shoulder Luxatio Erecta: Inferior Shoulder Fracture Dislocation. *Cureus* 15(8): e43710