

Ipsilateral shoulder and elbow dislocation : case report

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Abstract

Background: The most commonly dislocated joint in the body is the Shoulder, followed by Elbow. A very rare presentation has both these dislocations on the ipsilateral side and only a few cases of these have been reported. In most cases which have been reported, Shoulder dislocation was initially missed and later diagnosed.

This case report is of a 70 year old Female patient who came to our Casualty following slip and fall at home and sustained injury to the Right Upper Limb. Initially patient was diagnosed to have Right Elbow Fracture Dislocation. Xray was taken and reduction of elbow dislocation was done in the Casualty. After reduction of the elbow dislocation, one joint above and one joint below the injury was done and patient had complaints of pain over the Right Shoulder and Xray of Right Shoulder was taken and it showed Anterior Dislocation of Right Shoulder. This is a rare presentation of Ipsilateral Shoulder and Elbow Dislocation. The Shoulder Dislocation was reduced and an Above Elbow POP Slab was applied on the Right Upper Limb. Patient was reviewed at 2 weeks, 4 weeks, 1.5 months, 3 months and at 6 months. In the initial 4 weeks patient was on Above Elbow POP slab and it was removed at 4 weeks and shoulder and elbow joints were mobilized. Patient came for review again after 1.5 months, 3 months and 6 months and Range of Movement at the Shoulder and Elbow joints were assessed at each visit.

Conclusion: Ipsilateral dislocation of shoulder and elbow are uncommon and can be treated conservatively with good results. The Shoulder and Elbow range of movement was assessed at 4 weeks, 1.5 months, 3 months and 6 months and ROM of Elbow and Shoulder were found to be satisfactory.

Keywords: Shoulder, Elbow, Dislocation, Ipsilateral, Rare, Case Report.

Introduction

The Shoulder is the most dislocated joint in the body. The Elbow is the second most commonly dislocated joint. Ipsilateral Shoulder & Elbow dislocation is a very rare injury and only a few cases have been reported in literature. In most reported cases shoulder dislocation was missed and diagnosed later. This case report involves a 70 year old female who presented with #Dislocation of Elbow & Anterior Dislocation Shoulder in Rt Upper Limb

Case report

A 70 Year Old Female was brought to our casualty following slip and fall at home and sustained injury to the Right Upper Limb.

Initially patient was diagnosed to have Right Elbow Fracture Dislocation.

Xray was taken and patient was confirmed to have dislocation of the Right Elbow.

Initial management

Reduction of elbow dislocation was done in the casualty.

After reduction of elbow dislocation, one joint above and one joint below the injury was done and patient had complaints of pain over the Right Shoulder. Xray of Right Shoulder was taken and it showed Anterior Dislocation of Right Shoulder

This is a rare presentation of Ipsilateral Shoulder and Elbow

Dislocation.

The Shoulder Dislocation was reduced and an Above Elbow POP Slab was applied on the Right Upper Limb.

Follow-up

Patient was reviewed at 2 weeks, 4 weeks, 1.5 months, 3 months and at 6 months. In the initial 4 weeks patient was on Above Elbow POP Slab and it was removed at 4 weeks and Shoulder and Elbow joints were mobilised.

Patient came for review again after 1.5 months, 3 months and 6 months and ROM at Shoulder and Elbow Joints were assessed at each visit.

Results

Ipsilateral boulder & Elbow joint dislocation in the same limb is extremely rare and the first case was reported by Dr. Suman. Ali et al stressed that shoulder dislocation can be initially missed therefore. Careful examination of joints above and below should be done especially in obese, who have associated head injury, those under the influence of alcohol and in high velocity trauma. The elbow dislocation should be reduced first because this will provide more stable lever arm to reduce the shoulder.

Conclusions

Ipsilateral dislocation of Shoulder and Elbow are uncommon and can be treated conservatively with good results. The Shoulder and Elbow range of movement was assessed at 4 weeks, 1.5 months, 3 months and 6 months. ROM of Elbow and Shoulder were found to be satisfactory with conservative treatment.

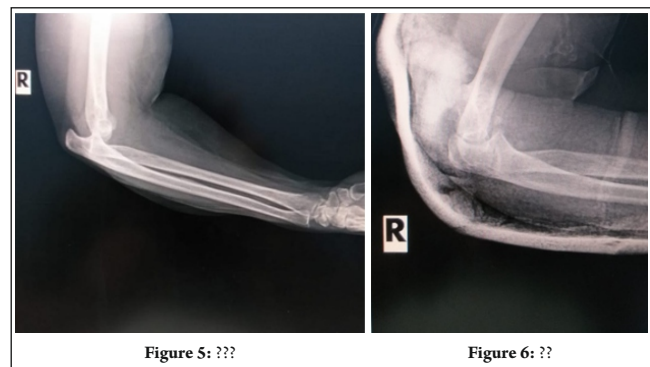
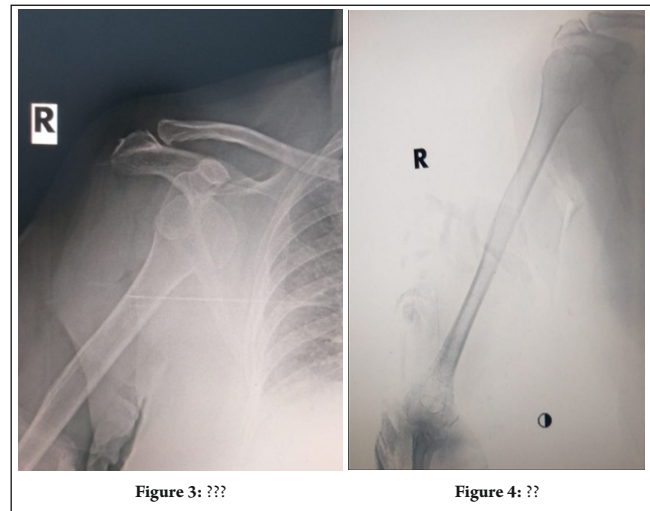
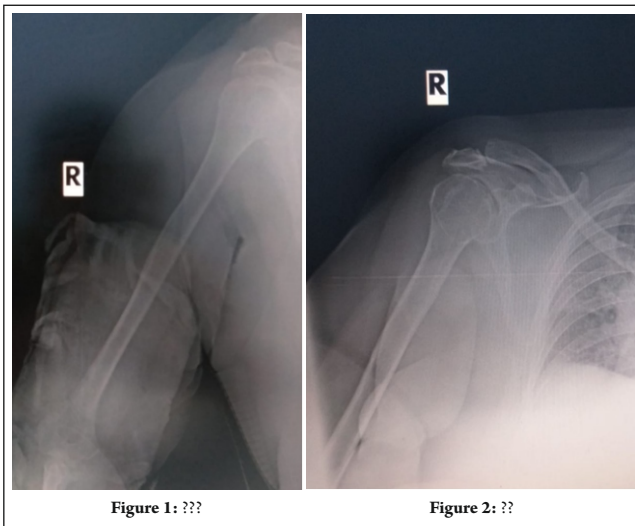
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