



## Case Report

## Inferior shoulder dislocation after shortening osteotomy of the humerus. A case report

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## ARTICLE INFO

## Keywords:

Humerus

Pseudoarthrosis

Shoulder dislocation

Humerus osteotomy

## SUMMARY

We present a case of a post-surgical complete dislocation after excessive proximal humeral shortening osteotomy performed in a patient operated on for atrophic non-union of a proximal humeral fracture. This complication has not been previously reported.

The dislocation occurred due to extensive laxity of the soft tissue envelope, predominantly the deltoid muscle, as well as rotator cuff tear.

The reconstructive procedure consisted of vertical duplication of the capsule, reinforcement of the repair with coracoacromial ligament, tenodesis of the long head of the biceps tendon to the conjoined tendon and distal transfer of the deltoid muscle. The repair was reinforced with transarticular Steinmann pins. 15 months after surgery, there is an inferior subdislocation present, with full reduction in active abduction. Patient is pain-free at rest, and pain grade 4 in VAS scale in activity with loading.

## Introduction

Inferior dislocation of the shoulder is a rare condition. Typically, it occurs after a traumatic event. In a non-traumatic setting, the shoulder joint may sublux inferiorly due to muscular insufficiency, mostly of the supraspinatus muscle [1].

We present a case of a post-surgical complete dislocation after proximal humeral shortening osteotomy performed in a patient operated on for atrophic non-union of a proximal humeral fracture. A individually designed original surgical procedure is described in detail.

## Case report

A 55 year old female was referred with a pseudoarthrosis of the left proximal humerus (Fig. 1). The fracture was treated operatively a year earlier.

During surgery, there was a severe bone loss of the distal fragment. The insertion of the pectoral muscle was absent, the tendon of the long head of the biceps was lacerated, and there was a partial tear of the rotator cuff. The capsule was opened along the intertubercular groove to inspect the joint. The pseudoarthrosis was resected with shortening of 6 cm of the bone and fixed with a plate. The capsule was closed with sutures.

Next day, the postoperative standing radiograph showed a complete inferior dislocation of the humeroscapular joint (Fig. 2). The deltoid muscle was bulky, but had palpable contraction. The skin sensibility on the lateral aspect of the shoulder was normal.

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**Fig. 1.** Pseudoarthrosis of the proximal humerus.



**Fig. 2.** Postoperative inferior dislocation in AP view.

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