# Dislocation of Shoulder Joint

Dislocation of the shoulder joint is most often caused by indirect force during an impact on the shoulder with an abducted and externally rotated arm, i.e. the greater tuberosity rests on the acromion and the head luxates downward and forward.

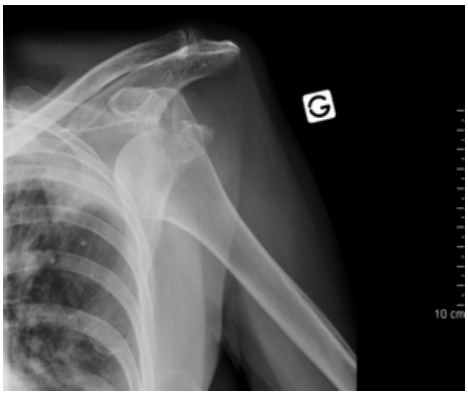
## Classification by warhead dislocation

- 90% **anterior** (extra-, sub-, intracoracoid to subclavicular)
- 10% **posterior** (subacromial or subspinal) and **inferior** (axillary, luxatio erecta)
- sometimes simultaneous fractures (tuberculum majus, collum humeri)
- **Bankart's lesion** – breaking off the front edge of the labrum glenoidale with the capsule and ligaments. glenohumeral
- **Hill–Sachs defect** – impression of the dorsolateral part of the humeral head

- these accompanying injuries responsible for recurrent dislocations in young people

## Clinical signs

- deformation in the shoulder area (antalgic posture, protruding acromion, empty joint socket, dislocated head, inability to abduct)
- innervation and peripheral blood supply must be examined



Skiagram of dislocation of the shoulder joint

## Diagnostics

- **X-ray** image (always necessary to rule out fracture, before and after reduction) anteroposterior, axial, Y-projection
- for recurrent dislocations and chronic instability **CT** or **MRI**

## Complications

- **fracture** (mainly separation of the big humerus or fracture of the neck of the humerus - dislocation fracture) - X-ray
- **rupture of the supraspinatus tendon** – cannot be bent between 60°–120°
- **nerve injury** ( n. axillaris ) – anesthesia over the deltoid tuberosity
- **vascular injury** (a. + v. axillaris) – peripheral pulsation, venostasis
- **recurrent luxation** (luxatio recidivans) – based on a Bankart lesion or a Hill–Sachs defect

## Treatment

### Conservative therapy

- reposition under general anesthesia , only in case of recurrent dislocations and good cooperation of the patient can reposition be performed without anesthesia
- repositioning maneuvers with pull + counter-pull: according to Arlt or Hippocrates, manipulation is less suitable (according to Kocher)
- after reduction, perform X-ray again
- fixation (Desault's or Gilchrist's bandage, orthosis) for a maximum of 3 weeks, followed by mobilization in a sling

### Operative therapy

- in irreparable dislocations (obsolete dislocations, interposition of soft tissues) or dislocation fractures, in recurrent dislocations with tearing of the glenoid labrum (Bankart's lesion)
- arthroscopically or through the open route
- in case of relapses, consider reconstruction (capsules, pits, proc. coracoideus) according to Eden-Hybinette

## Links

### References


- PASTOR, Jan. *Langenbeck's medical web page* [online]. [feeling. 2010]. < https://langenbeck.webs.com/ >.
- ZEMAN, Miroslav, et al. *Special surgery.* 2nd edition. Prague: Galén, 2004. 575 pp. ISBN 80-7262-260-9 (

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