

# Dislocation of the shoulder joint

## Under construction

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Last update: Thursday, 02 May 2024 at 3:28 pm.

This article has been translated from WikiSkripta; ready for the **editor's review**.

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 according to head dislocation

- 90% **front** (extra-, sub-, intracoracoid to subclavicular)<sup>[1]</sup>
- 10% **posterior** (subacromial or subspinal) and *inferior* (axillary, luxatio erecta)
- sometimes simultaneous fractures (tuberculum majus, collum humeri)
- **Bankart's lesion** - break-off of the front edge of the labrum glenoidale with the sheath and ligaments. glenohumeral
- *Hill-Sachs defect* - impression of the dorsolateral part of the humeral head
  - these accompanying injuries are responsible for recurrent dislocations in young people

## Clinical symptoms

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

## Diagnostics

- **RTG** 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 avulsion of the greater humerus or fracture of the neck of the humerus - luxation fracture) - X-ray
- **supraspinatus tendon rupture** - it is not possible to bend between 60°-120°<sup>[1]</sup>
- **nerve injury'** (n. axillaris) - anesthesia above the deltoid tuberosity
- **vessel 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 in general anaesthesia, only in case of recurrent dislocations and good cooperation of the patient can reposition without anaesthesia
- repositioning maneuvers with pull + counter-pull: according to Arlt or Hippocrates, manipulation is less suitable (according to Kocher)
- after reposition, perform X-ray again
- fixation (Desault's or Gilchrist's bandage, orthosis) for no longer than 3 weeks, then mobilization in a sling

### Operative therapy



Skiagram of dislocation of the shoulder joint



Hippocrates Maneuver

- for irreparable dislocations (obsolete dislocations, interposition of soft tissues) or dislocation fractures, for 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]. [cit. 2010]. <<https://langenbeck.webs.com/>>.
- ZEMAN, Miroslav, et al. *Special Surgery*. 2. edition. Prague : Galen, 2004. 575 pp. ISBN 80-7262-260-9.

### References

1. VISHŇA, Peter – HOCH, George, et al. *Traumatology of adults : textbook for medical schools*. 1. edition. Prague : Maxdorf, 2004. 157 pp. pp. 40–42. ISBN 80-7345-034-8.