Acute Bilateral Anterior Shoulder Dislocation after an Epileptic Seizure: A Case Report

Ghannam Abdelaziz*, Fekhaoui Mohamed Reda, Krimech Omar, Boufettal Moncef, Bassir Reda Allah and Berrada Mohamed Saleh

Traumatology Surgery and Orthopedic Department, University Hospital Center Ibn Sina, Mohamed 5 University of Rabat, Morocco

*Corresponding Author: Ghannam Abdelaziz, Traumatology Surgery and Orthopedic Department, University Hospital Center Ibn Sina, Mohamed 5 University of Rabat, Morocco.

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Abstract

Bilateral shoulders dislocations are a rare clinical entity and well known to be posterior. We present the case of 19-year-old women with bilateral anterior shoulder dislocation occurring after epileptic seizure. The mechanism is more complicated and less predictable, and the management is the same as for unilateral injury.

Keywords: Bilateral Shoulders Dislocations; Epileptic Seizure; Unilateral Injury

Introduction

Shoulder dislocations are one of the most common orthopedics emergencies and represent 50% of all major joint dislocations. Anterior dislocation is most common and bilateral forms are very rare, usually posterior. We present the case of 19-year-old women with bilateral anterior shoulder dislocation occurring after epileptic seizure.

Case Report

A 19-year-old woman was admitted to the emergency department after an epileptic crisis. Once the seizures were controlled. Clinical examination found a typical deformation of both shoulders suggesting a bilateral anterior glenohumeral dislocation without sensory or motor deficits. Radiography and CT showed an anteroinferior bilateral dislocation with a concomitant fracture of the right greater tuberosity (Figure 1). Reduction under sedation were successful. Radiography and CT-Scan examination confirmed the reduction. The left shoulder was immobilized for 3 weeks and the right one for 6 weeks.

Figure 1: Bilateral shoulders radiograph showing anteroinferior bilateral dislocation with a concomitant fracture of the right greater tuberosity.
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Discussion

Bilateral shoulder dislocations are a rare clinical entity, that requires synchronous force. The first case was described in 1902 and was secondary to an excessive muscle contraction [1]. In the literature, only a few cases were published and most of them were secondary to trauma. Brown described three mechanisms: Violent muscular contractions in 49%, traumatic in 23% and atraumatic in 36% [2].

Figure 2: Bilateral shoulders radiograph after reduction

Figure 3: Bilateral shoulders CT-Scan showing a good reduction

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Bilateral dislocations following seizure are well known to be posterior, with powerful tonic contraction of the stronger internal rotators causing adduction and internal rotation [3]. In return, the mechanism of bilateral anterior shoulder dislocation after a seizure is more complicated and less predictable. It maybe caused by a trauma associated with loss of consciousness. Dinopoulos., et al. reported in their series 28 similar cases [4]. Dunlop., et al. reported other cases, most of them associated to a fracture, and five cases were diagnosed late [5].

Anterior shoulder dislocations can be complicated by a greater tuberosity fractures in 15%, a Bankart fractures in 20% and other complications like rotator cuff tears and neurovascular injuries [6-9].

The management of a bilateral shoulder dislocation is the same as for unilateral injury. After initial clinical examination and radiography confirmation, a closed reduction must be attempted early. Many reduction techniques have been described for anterior shoulder dislocation. Following successful reduction, radiography must be done to confirm the reduction and search for a secondary fracture. Shoulders need to be immobilized for 3 - 4 weeks [10-12].

Conclusion

Bilateral anterior shoulder dislocations are very rare, often posterior. Clinical examination is very important after epileptic seizure. Our case is a highly unusual bilateral, atraumatic, anterior shoulder dislocation secondary to seizure, in a 19 years-old patient known epilepsy.

Bibliography