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Dislocation of the Erecta-Type Shoulder Associated with Ischial Posterior Hip Dislocation

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Case Report

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Abstract: The association of a dislocation of the shoulder to an ipsilateral hip dislocation is a rare lesion entity. We present a case of dislocation of the erecta type shoulder with an ipsilateral concomitant ischial hip dislocation. 'is presented in the emergency with an upper limb attitude in forced abduction arm in the air and impossibility to bring the elbow back to the body with a lower limb shortened in flexion adduction and internal rotation. the vasculonerveux examination was normal. Radiography confirmed the diagnosis of erecta dislocation associated with posterior dislocation of the ischial-type hip. The patient underwent orthopedic reduction and immobilization of the shoulder by mayo clinic for 3 weeks, lower limb maintained in extension by traction glued to the leg for 4 weeks. The objective of our work is to insist on the rarity of this lesional entity and to recall its therapeutic and evolutionary clinical peculiarity.
Keywords: Dislocation erecta, Hip posterior dislocation, Ipsilateral.

INTRODUCTION

The association of shoulder dislocation with ipsilateral dislocation of the hip is a rare lesion. We report the case of a dislocation of the erecta type shoulder associated with an ipsilateral posterior ischial-type hip dislocation in a young patient who died during a fall following a public road accident (AVP). objective of our work is to emphasize the rarity of this lesional entity and to recall its clinical, therapeutic and evolutionary peculiarity.

PATIENTS AND OBSERVATIONS

We report the case of a 27-year-old patient who was admitted to the emergency department of the flap hospital for trauma of the shoulder and right hip following a road accident (AVP), motorcyclist struck back by a car , causing a fall with reception on right hemi-body (reception on knee and right arm). The clinical examination finds the marked elevation of the arm next to the head, limb shortened in flexion, adduction and internal rotation figure [1] .l Vascular examination is normal. Standard radiography of the shoulder and hip to show dislocation of the shoulder type erecta associated with dislocation of the posterior hip type ischial figure [2, 3]. The patient has benefited from a reduction sedated successfully, for the shoulder it consisted of traction in the axis of the limb with immobilization by mayo clinic for 3 weeks. For the hip reduction it consisted of a movement of freak in the axis of the femur with the hip and knee in flexion at 90 degrees (according to the boehler maneuver: patient in supine position on a hard plane with a counter-support at the anterosuperior iliac spines) then lower limb maintained in extension by traction glued to the leg for 4 weeks, then sent to the physiotherapy department for rehabilitation. the control after six months showed an earlier elevation of 150 degrees, based on the rating scale of the ULCA [1] the patient had a score of 30 points and for the hip we adopted the quotation of Postel Merle d'Aubigné [2] the patient had a hip rated seventeen (very good results).

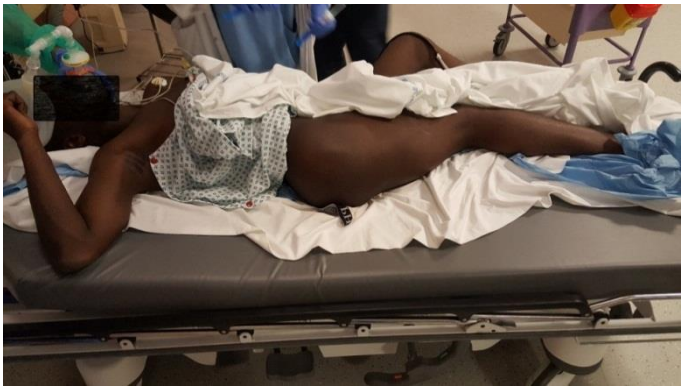

Fig-1: Marked elevation of the arm next to the head, lower limb shortcut deepened adduction and internal rotation

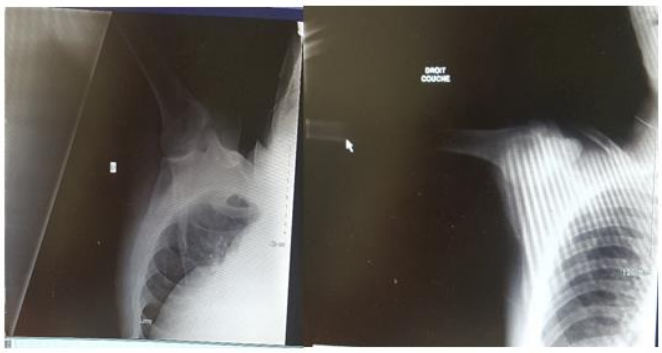

Fig-2: Lower dislocation of the shoulder type ercta

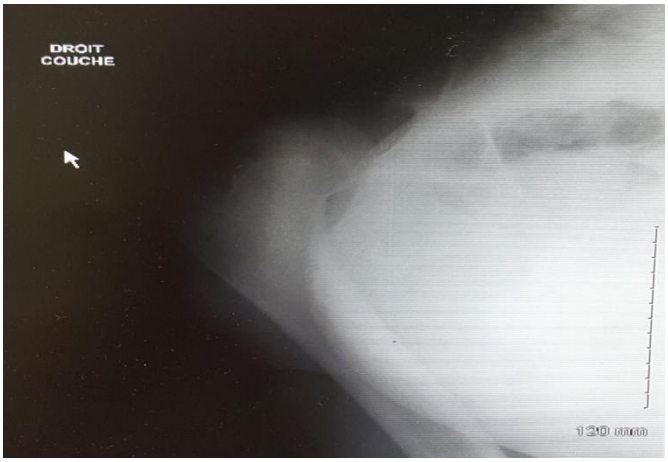

Fig-3: Posterior dislocation of the hip

DISCUSSION

Erecta dislocation is a relatively rare entity, accounting for only 0.5% of all shoulder dislocations [3,4], and erecta dislocation associated with concomitant posterior ischial dislocation is even more rare. Posterior hip dislocation is the most common 75% of cases [5]. It occurs when the point of impact is on the anterior side of a flexed knee while the hip is in flexion -adduction and internal rotation. the clinical presentation was pathognomonic in our patient with the mechanism falling on the receiving right hemi-body on the right knee flexed and right arm in abduction, we note the marked elevation of the arm next to the head with an impossibility of bringing back the elbow to body and humeral head palpable beneath the glenoidium against the rib cage [6,7] with lower limb shortened in flexion adduction and internal rotation. road accidents represent the main etiology followed by sports accidents [8,9] .the reduction of dislocation of the shoulder by the technique of traction - against traction carried out with sucks shows the efficiency of the technique it consists of a traction of the arm in the axis of the limb while the aid applies a counter-support on the thorax the arm then brought back into adduction and immobilization by mayo clinic is kept for 3 weeks, for the hip the reduction is carried out according to the maneuver Patient boehler lying supine on a hard plane with a counter-support at the anterosuperior iliac spines,

it consists of a pulling motion in the axis of the femur, with the hip and knee bending 90 degrees followed by immobilization by traction glued for 4 weeks. radiological monitoring after reduction is always indicated in order to confirm the success of the reduction and to detect any iatrogenic fracture. We have not noted any complicating vasculoneurous complications in our patient, cases of axillary artery and brachial plexus lesions were observed because of the proximity of the glenohumeral joint of these two noble elements, in the series of Mallon et al [10] with 86 observations were reported an impairment of axillary nerve in 60% of cases and axillary artery involvement in 3% of cases, concerning dislocation of the hip les les nerve uses are frequent and have serious functional consequences, it is almost always sciatic nerve involvement, present from the outset but may appear after reduction or surgery. There are several types:

- Truncal lesions: from the simple contusion to the compression or by the dislocated head, either by a cephalic fragment or by a hematoma or by a splinter by a bone splinter, the lesions then affect the fibers of the external popliteal sciatic (SPE) and internal popliteal sciatic (SPI) contingents.

- Root lesions: according to the Decoulx hypothesis [11]. These are the roots of the lumbar plexus the highest, and therefore the most vertical, which are stretched first at the level of the promontory (root L4-L5). Either of an isolated attack affecting the SPE territory, or of an SPE + SPI injury with a poorer prognosis as a witness of stronger traction.

Sciatic nerve involvement is reported by most authors: MEARS and RUBASCH [12] reported sciatic paralysis in 6% of patients. ALONSO and DAVILA [13] reported these complications in 5.2% of patients .PETROS [14] reported in 50 cases a percentage of 4% a review of the literature reveals an incidence of 10% in adults.

The prognosis of the erecta dislocation was good in our patient considering the UCLA score obtained in the 6 th month, even for the hip according to the rating of Postel Merle Aubigné gives very good results (hip listed seventeen)

CONCLUSION

The erecta type dislocation associated with posterior dislocation of the hip is a very rare lesion entity; the diagnosis is made clinically and confirmed by the standard radiography. The triad reduction in urgency, immobilization followed by reeducation constitutes the guarantor of a good evolution.

Consent

The patient has given their informed consent for the case to be published.

Competing interests

The authors declare no competing interest

Authors' contributions

All authors have read and agreed to the final version of this manuscript and have equally contributed to its content and to the management of the manuscript.

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