

Posterior shoulder dislocation identification and confirmation of reduction using POCUS

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CASE PRESENTATION: A 55 yr old patient history of alcohol abuse had an alcohol withdrawal seizure and presented to the ED with right shoulder pain. X-ray was done to rule out posterior shoulder dislocation but the clinician was unsure of the image interpretation.

MANAGEMENT AND OUTCOME:

Ultrasound evaluation of the shoulder confirmed dislocation. Reduction was attempted using procedural sedation. Reduction was confirmed ultrasonographically at bed side while patient was still sedated to ensure successful task completion.

LEARNING POINT: Posterior shoulder dislocation accounts for <4% of the shoulder joint dislocations and is easily missed on X-ray. Use of bed side ultrasound can help to confidently rule in the diagnosis. Studies have shown high sensitivity and specificity with a relatively short learning curve.

Using US for the assessment of shoulder dislocations and reductions may save time, radiation exposure (for those with recurrent dislocations, especially in pediatric/ young adult population), healthcare costs, and the potential need for re-sedation in select patients (due to more rapid identification of unsuccessful reductions).

