

Post-Surgical Transitory Inferior Subluxation of Shoulder

Vikram Khanna*

Department of Orthopedics, Ranjana Hospital, Allahabad, India

**Corresponding author: Vikram Khanna* Address: Department of Orthopedics, Ranjana Hospital, Allahabad, India. e-mail: 86.khanna@gmail.com Received: April 6, 2018 Revised: August 22, 2018 Accepted: August 30, 2018

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16-year-old woman was operated for pathological fracture of the left proximal humerus secondary to Giant Cell Tumor (GCT). In the postoperative period, patient complained of a dragging pain in the left shoulder which was observed on sitting, standing and walking. On examination, her vital parameters and neurovascular examination were normal. Anteroposterior radiograph of left shoulder revealed inferior subluxation of the humeral head. This subluxation increased on standing (Figure 1A) and decreased on supporting the left upper limb (Figure 1B). Patient was given a sling and started on isometric deltoid exercises after suture removal. It was seen that within 3 months postoperatively the subluxation resolved completely (Figure 1C). Transient postoperative inferior subluxation of shoulder is rare and may occur following trauma, rotator cuff repair or prosthetic replacement of humeral head. The etiology may range from rotator cuff or deltoid atony by shortening of humeral neck [1] or loss of negative intra articular pressure [2]. In the above case deltoid atony without any nerve injury may have been caused most probably due to enthusiastic retraction of muscle belly during surgery. It is important to differentiate it from inferior dislocation so that painful manipulations maybe avoided. Early activity with isometric exercises of the deltoid along with supporting the arm with a sling may "Reduce" the humeral head within 6 weeks [3]. It may be considered as a benign, transient and generally asymptomatic condition.



Fig. 1 Immediate anteroposterior postoperative radiography of shoulder revealing inferior subluxation of the humeral head (A); and the decrease in the inferior subluxation on supporting the arm (B). Three months' postoperative radiography of the shoulder demonstrating complete reduction of the humeral head (C).

Conflicts of Interest: None declared.

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