

Bilateral Anterior Shoulder Dislocations due to Seizure

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A 33 year-old man presented to the emergency department (ED) after intentional overdose of prescription drugs with concomitant cocaine and alcohol abuse. During assessment, he had a witnessed generalized tonic-clonic seizure that terminated after intravenous lorazepam administration. He was admitted to the Intermediate Care Unit for ongoing close monitoring due to persistently altered mental status. When more alert the following day he complained of bilateral shoulder pain with markedly restricted range of movement. An initial screening chest radiograph demonstrated bilateral anterior shoulder dislocations with an associated fracture of the left greater tuberosity (Figure 1). On further discussion a history of multiple bilateral shoulder dislocations with minimal force was elicited. He was reviewed by the orthopedic service that elected to perform closed reduction under general anesthesia and he was placed in bilateral shoulder immobilizers for 2 weeks. Operative repair was recommended.

Due to its inherent mobility the shoulder is the most commonly dislocated joint encountered in clinical practice accounting for 85% of all dislocations [1]. The vast majorities (95%) of these are anterior dislocations (1.5-4.3% posterior and 0.5% inferior) and in 15% are associated with a fracture of the greater tuberosity [1-3]. Bilateral shoulder dislocations due to seizure activity or electric shock are classically posterior while traumatic mechanisms are more associated with bilateral anterior shoulder dislocations [4-6]. Though similar presentations to that noted in our case above have been documented elsewhere [1,6]. It appears there may be a significant delay in recognizing bilateral shoulder dislocations when due to trauma or seizures that is compounded by the difficulty communicating with the obtunded patient and the loss of asymmetry that clinically heralds

unilateral dislocations [1,5]. This case highlights these difficulties and the value of simple portable radiological imaging as a screening tool to diagnose dislocations in a high level care setting.

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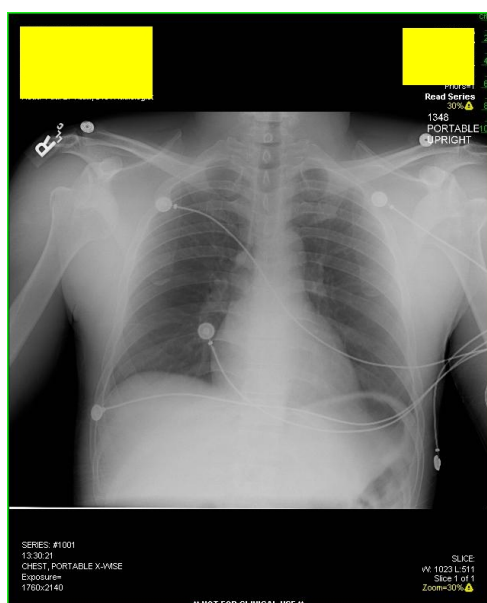


Figure 1: Chest radiograph demonstrated bilateral anterior shoulder dislocations with an associated fracture of the left greater tuberosity.

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