

Answer: Luxatio erecta, or an unusual anterior inferior subluxation of the shoulder.

Mechanism: usually an already extended abducted arm is hyperabducted leaving the humerus anteriorly and inferiorly locked in an “upright” (erecta) position that is pathognomonic.

Bilateral luxatio erecta is rare (< dozen cases in literature) but one such (Kumar et al) is appended

This condition is < 1% of shoulder dislocations **BUT** has a proportionately higher incidence of rotator cuff tears, vascular and neurologic complications (up to half in some series), necessitating a careful pre- and post-reduction evaluation AND documentation of such possible conditions.

The usual reduction technique is as follows:

“The most effective reported reduction technique is the traction-countertraction technique. Upward traction on the extended arm is applied in line with the humeral shaft while an assistant applies countertraction in the opposite direction. Gentle abduction will usually reduce the dislocation and the arm is then brought down into an adducted position” (Yanturali et al., ref 3)

Nho et al. (ref. 1) suggest a different method:

Abstract of their article:

“The 2-step closed reduction maneuver was developed to aid in the rarely encountered inferior shoulder dislocation. The maneuver converts the humeral head from an inferior dislocation to an anterior dislocation and then reduces the humeral head into the glenoid. The operator places one hand on the shaft of the humerus and the other hand on the medial condyle. The hand on the shaft initiates an anteriorly directed force rotating the humeral head from an inferior to an anterior position. Once this is accomplished, the humerus is adducted against the body. The humerus is then external rotated reducing the humeral head into the glenoid. Two cases of inferior shoulder dislocation were closed reduced by using the described technique with minimal analgesia and without a change in the postreduction neurovascular status.”

Here are our images (x-ray and Justin beginning to reduce him)  
(Full text of several references with their images follow):

C: 2047.0, W: 4096.0

Status: Verified

Age: 34 Sex: M

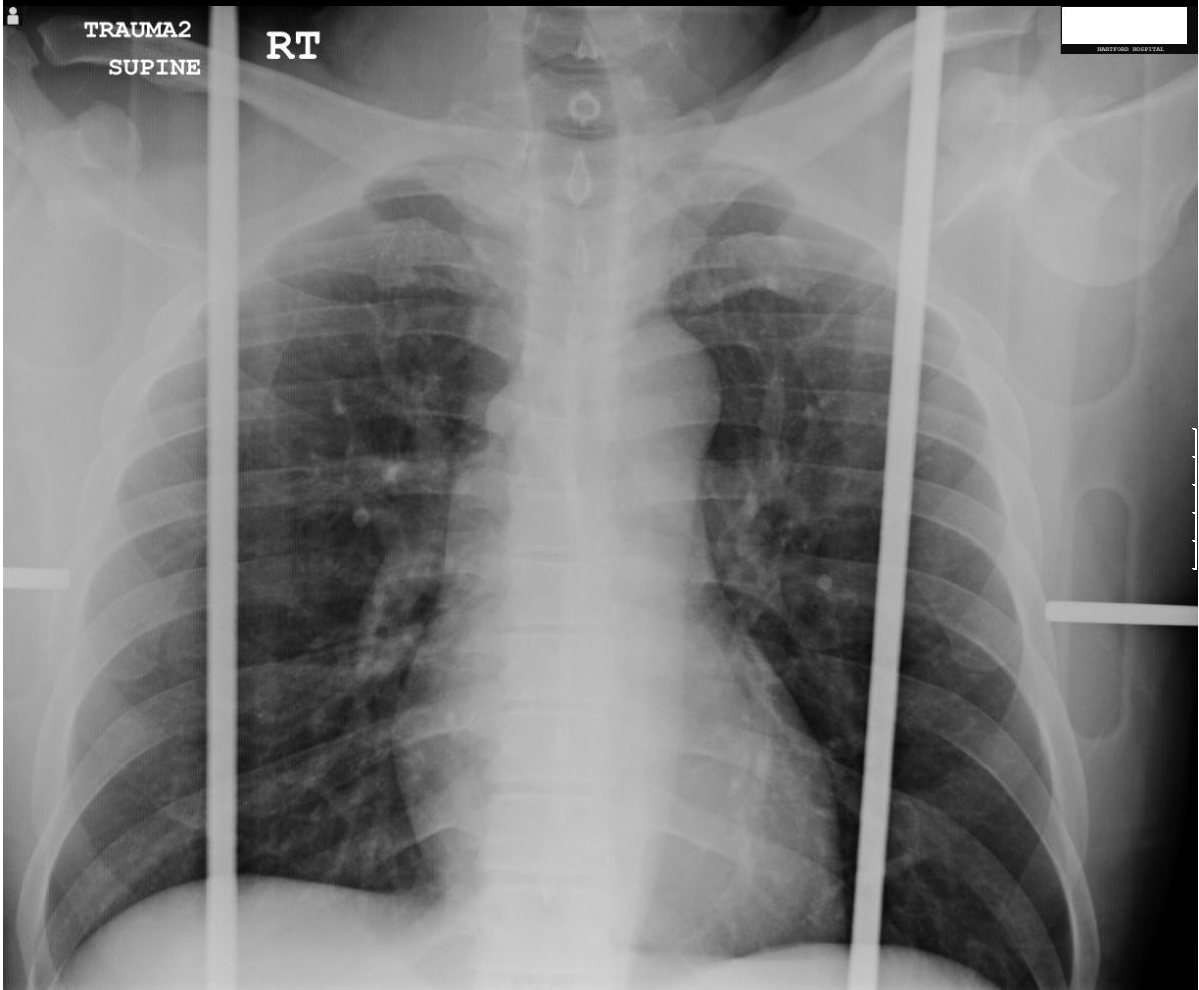


Image 1 of 1

5/27/2006, [REDACTED]

Site: HARTFORD HOSPITAL



RESPIRATORY AIRWAY

ETT 6.0-8.5 / LARYNGOSCOPE BLADES

PEEP VALVES / ETCO2-O2 SENSORS  
CANNULAS / AIRWAYS / TUBE HOLDERS

SUCTIONING SUPPLIES  
SALEM SUMP

JET VENT / BOUGIE  
AEROSOL SETUP / O2 MASKS

BVM / CROSSV

References in descending chronological order:

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