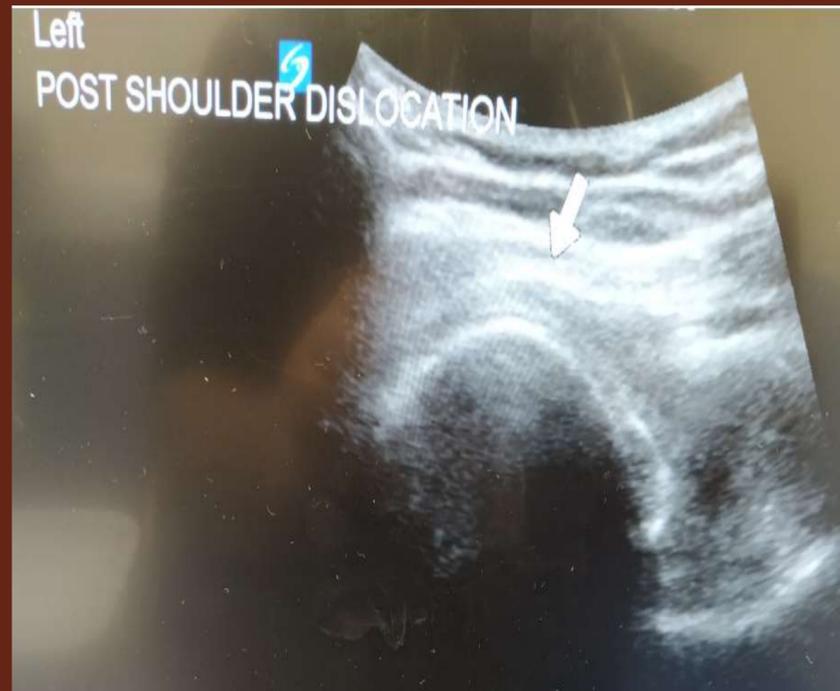


# Posterior shoulder dislocation on POCUS

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## CASE PRESENTATION –

42-year-old, ex-IVDU presented with atraumatic shoulder pain. He woke with this pain and was unsure of what caused it. On examination he had marked pain and reduced range of movement of his left shoulder. X-ray suggested fracture of the lesser tuberosity with possible dislocation.



**MANAGEMENT AND OUTCOME** -For confirmation, bedside ultrasound was done, which demonstrated posterior dislocation. Patient was evaluated with blood work and CT head on the lines of a possible first seizure as a cause of this presentation and had shoulder reduction under procedural sedation with confirmation of procedural success on POCUS.

**KEY LEARNINGS** -Bedside ultrasound is a time saving investigation that can help to confirm shoulder dislocation with studies showing up to near perfect accuracy for diagnosing shoulder dislocations and reductions. It provides a modality to facilitate direct infiltration of local anaesthetic into the joint, to attempt joint reduction. It is **less sensitive for Hills-Saks/Bankart fractures, which might impede its adoption as the 'only' imaging in ED for suspected dislocations and assessment of associated fractures.**

