RECURRENT POSTERIOR DISLOCATION OF THE SHOULDER JOINT

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Recurrent posterior dislocation of the shoulder joint is unusual. Bankart (1938) reported one case and Watson-Jones (1943) two cases. Rowe and Yee (1944) reported two cases with defects in the posterior capsule immediately distal to the labrum, but with no detachment of the labrum itself. Hindenach (1947) described a case in which the posterior part of the capsule was very lax; there was no detachment of the labrum. The condition is so rare as to justify the report of a case in which a capsular defect was easily demonstrated and the mechanism of injury was clear.

L. A. B., aged 34 years, was admitted to the Royal Infirmary, Sheffield, under the care of Mr F. W. Holdsworth, on March 22, 1948. He complained that the right shoulder repeatedly "went out of joint." In 1933 he was in the Army, and being an enthusiastic boxer he was sparring with the light-weight champion of Great Britain. In this unequal contest he retreated until his back was against the wall-bars, whereupon the champion delivered a heavy blow to the front of his right shoulder, knocking the head of the humerus directly back from the glenoid fossa of the fixed scapula. The dislocation was reduced under anaesthesia. After this injury the joint redislocated on many occasions. Displacement always occurred when the limb was directed forwards. The patient learned to reduce the dislocation himself. Operations were performed in 1934 and 1936, but neither prevented redislocation. From the position of the scars it seems probable that the operations were a Henderson sling and a Clairmont muscle transplant.

Clinical examination—There were three scars in the region of the right shoulder—two five-inch vertical scars in the line of the anterior and posterior borders of the deltoid muscle and a three-inch curved scar directed outwards from the tip of the acromion process. There was also a longitudinal scar on the lateral surface of the right thigh. The patient could dislocate and reduce the joint. If he flexed the limb to the horizontal position, and jerked it backwards in its long axis, the head of the humerus displaced below the spine of the scapula. The limb was fixed rigidly in this position of 90 degrees flexion until the patient jerked it forwards and thus reduced the dislocation. Radiographs in the reduced position showed no abnormality of the glenoid or humeral head; in the dislocated position there was backward displacement of the head in relation to glenoid.

Operation—On March 24, 1948, through a five-inch "sabre-cut" incision centred over the tip of the acromion process, the central half of the deltoid muscle was divided half an inch from the clavicle, acromion process, and spine of the scapula. The muscle was turned down in order to expose the supraspinatus, infraspinatus, and teres minor tendons which were divided at right angles, three-quarters of an inch from their insertions. The capsule was divided in the same line for one and a half inches. On retracting the flap of capsule backwards, and the head of the humerus forwards, the lesion was at once apparent (Fig. 1). About one-third of the circumference of the labrum was detached from the posterior part of the glenoid margin. There was abnormal laxity of the posterior part of the capsule of the joint. The gap between labrum and glenoid measured not more than a quarter of an inch. The head of the humerus showed no defect. After dissecting the capsule from the supraspinatus, repair was effected by reattaching the labrum with three stout catgut sutures to the periosteum in the

region of the glenoid fossa. The capsule was then plicated behind the labrum. The capsule, and the tendinous cuff of the supraspinatus, infraspinatus, and teres minor muscles were sutured. The deltoid muscle was reattached and the skin was sutured. The limb was bandaged to the side. Progress after operation was uneventful.

FIG. 1

Recurrent posterior dislocation of the shoulder joint, showing detachment of the labrum from the posterior part of the glenoid as seen at operation.

I am indebted to Mr F. W. Holdsworth, F.R.C.S., for permission to publish this case. The figure was drawn by Mr A. S. Foster.

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