

New Techniques and Emerging Evidence NT23

Upper Extremity & Wrist

Chronic Locked Posterior Dislocation Treated by Posterior Open Reduction With a Mini Judet Approach, Capsular Repair, and Anterior McLaughlin Procedure With Long-Term Follow-up

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Purpose: Chronic locked posterior dislocation of the shoulder is an unfortunate condition often due to misdiagnosis early in patient care. The purpose of this study is to describe a functional protocol in the treatment of chronic locked posterior shoulder dislocations by 2 approaches in the lateral position and to evaluate the long-term follow-up.

Methods: This was an IRB-approved retrospective study of 12 patients with 14 chronic locked posterior dislocations with less than 40% head impaction. All were missed injuries and presented late to the fracture clinic. All failed closed reduction in the operating room, and were treated with a mini open Judet approach to relocate the humeral head, repair the posterior capsule, followed by an anterior approach with modified McLaughlin procedure. Outcomes assessed range of motion and QuickDASH (an abbreviated version of the Disabilities of the Arm, Shoulder and Hand questionnaire) and failure resulting in shoulder arthroplasty.

Results: Average time from injury to surgery was 8.5 weeks (range, 5-15). 8 patients had seizure, 3 from fall, and 1 motor vehicle accident. Average age was 48 years (range, 29-76). All shoulders had a lesser tuberosity fracture, 4 also had a greater tuberosity fracture, and 3 a surgical neck fracture. Follow-up averaged 95 months (range, 12-146). 2 patients and 3 shoulders went on to shoulder replacement, 1 at 2 years and 2 in the same patient at 6 years. Average flexion was 108°, abduction 85°, external rotation 63° at latest follow-up; internal rotation was variable (S5-T8) in patients with their own shoulder. Average QuickDASH was 27 (range, 11-36.4).

Conclusion: A 2-approach surgery to a chronic locked posteriorly dislocated shoulder with gentle reduction, posterior capsular repair, and a modified McLaughlin procedure can lead to a successfully functioning shoulder. Motion will be limited, and the patient will have mild to moderate disability. This should be considered in these patients prior to arthroplasty.