X-Ray or Computed Tomography Which Comes First?

X-Ray ya da Bilgisayarlı Tomografi Hangisi Önceliklidir?

Posterior Omuz Çıkığı / Posterior Shoulder Dislocation

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The glenohumeral joint is the most commonly dislocated joint in the human body. Anterior dislocatin is the most common type and posterior dislocations account for <1% of shoulder dislocations. A 68-yearold woman was brought to the emergency department by ambulance with shoulder pain following a fall from stairs. On local physical examination, there was severe pain on the left proximal humerus. The left arm was in internal rotation in the adducted position. Active and passive movements of the left shoulder were painful and limited. The neurovascular examination of the left upper extremity revealed no deficit. Radiographs of her left shoulder were performed and no significant pathology was identified in the left shoulder anteroposterior (AP) X-ray (Figure 1). Axillary radiography could not be performed because of painful arm movements. Therefore, CT was performed to clarify any existing shoulder pathology (Figure 2). Closed reduction under conscious sedation was performed with longitudinal and lateral traction on the arm to protect the humeral head. Control CT was performed and this revealed that reduction had improved the shoulder (Figure 3). She was then treated with an arm sling and discharged with an outpatient orthopaedic control visit.

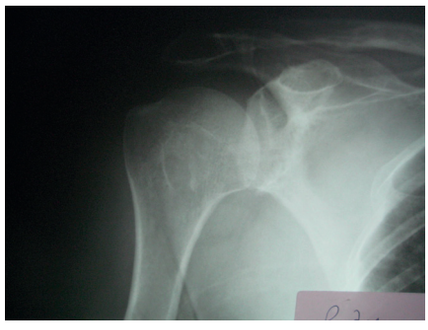


Figure 1. Preoperatif left shoulder anteroposterior X-ray

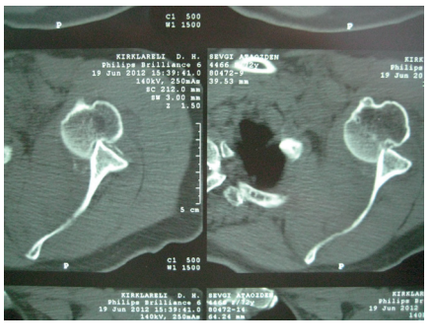


Figure 2. CT shows left shoulder dislocation



Figure 3. CT shows left shoulder after reduction of dislocation

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