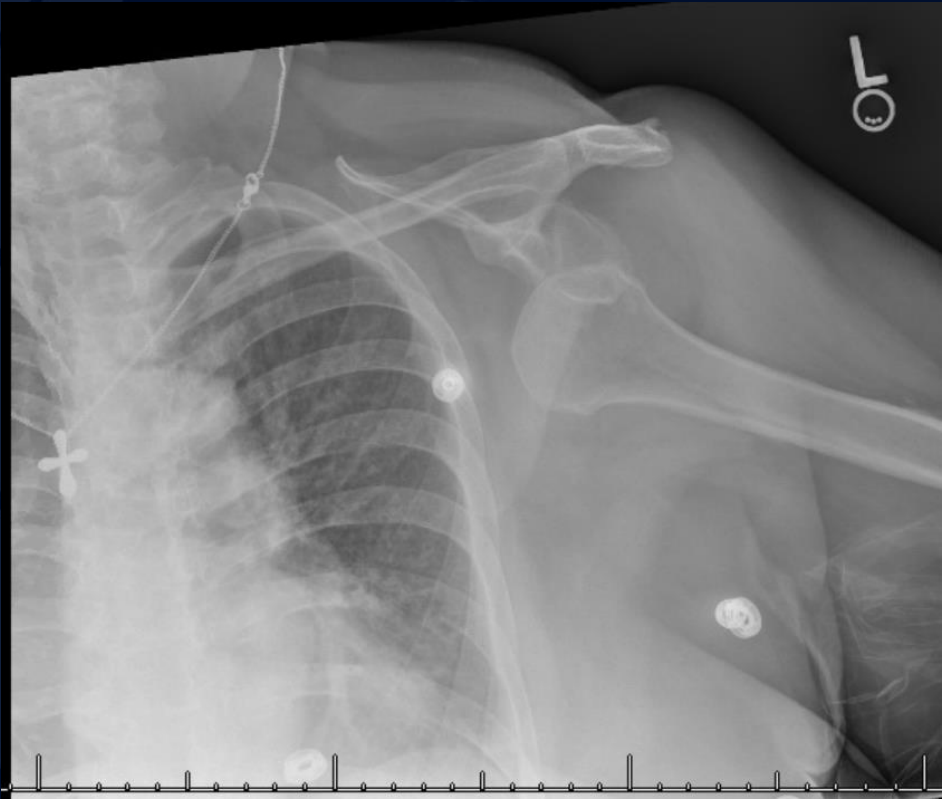


22 yr old s/p trauma

Allan Zhang, DO

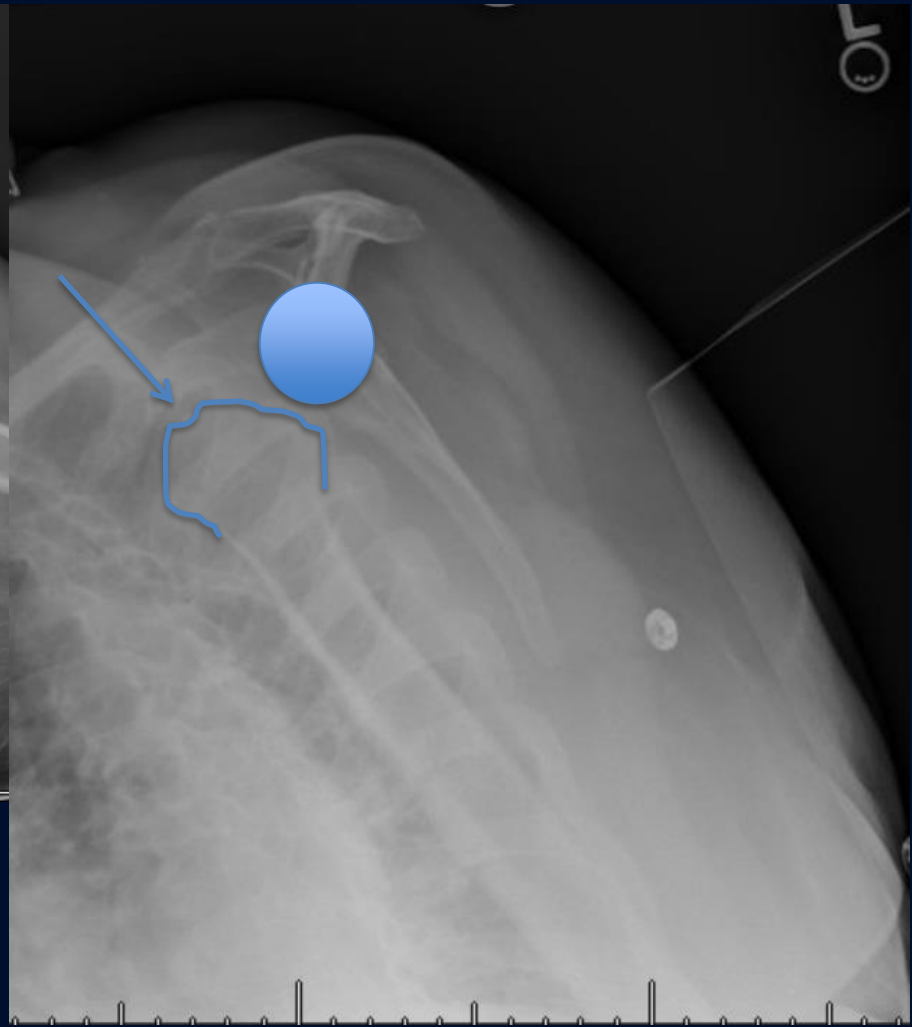
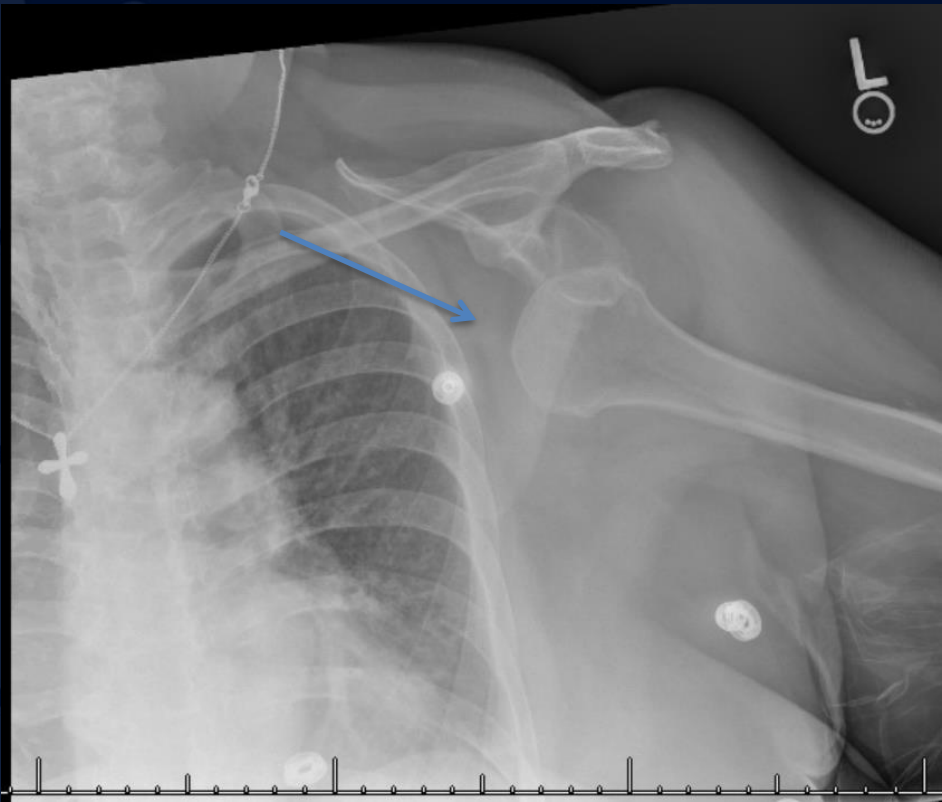


A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. The leaf has a prominent central vein and several smaller veins branching off it. The leaf's edge is serrated.

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A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. The leaf has a prominent central vein and several smaller veins branching off, with a serrated edge.

Anterior shoulder dislocation



Anterior and inferiorly dislocated
left shoulder
Arrow: humeral head
Oval: glenoid capsule

Anterior shoulder dislocation

- Glenohumeral joint is most commonly dislocated joint in body
 - 45% of all dislocations
- Glenoid fossa is shallow so as to allow wide range of motion
 - Relatively easy to dislocate and tear soft tissue stabilizers
- Associated abnormalities:
 - Posterior humeral head may be impaled on anteroinferior glenoid, leading to Hill-Sachs fxs and Bankart fxs and lesions
 - Glenolabral articular disruption lesion → Bankart lesion and adjacent cartilage lesion
 - Humeral avulsion of the glenohumeral ligament (HAGL)

Anterior shoulder dislocation

- AP view
 - Humeral head displaced medial and caudal to glenoid fossa
 - Typically inferior to coracoid process
- Axillary view
 - Humeral head displaced anteriorly
 - May have fx of anterior glenoid rim (Bankart fx)
 - Bankart fx in 15% after initial dislocation
- Scapular Y view
 - Some cannot position arm for axillary view, so scapular Y view is good for showing direction of dislocation
 - Humeral head displaced anteriorly

References

1. Shoulder Dislocation Imaging, *Radiology assistant*
2. Acute Shoulder Trauma: What the Surgeon Wants to Know, *Radiographics*