23 y/o male with right shoulder pain while bench pressing

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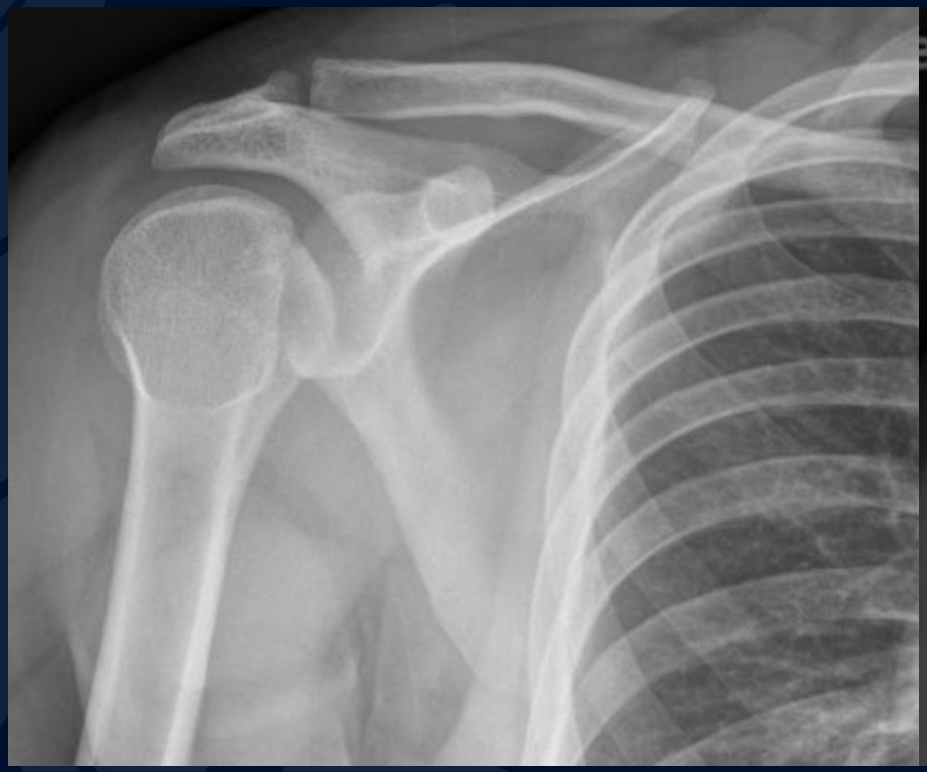
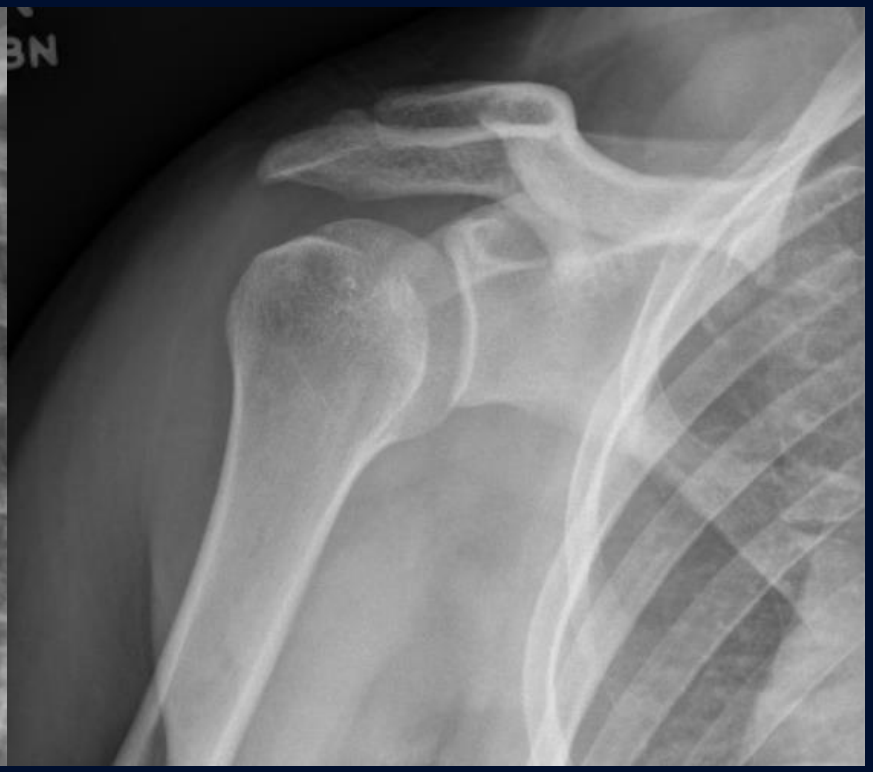


AP internal rotation



Grashey

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Posteior shoulder dislocation

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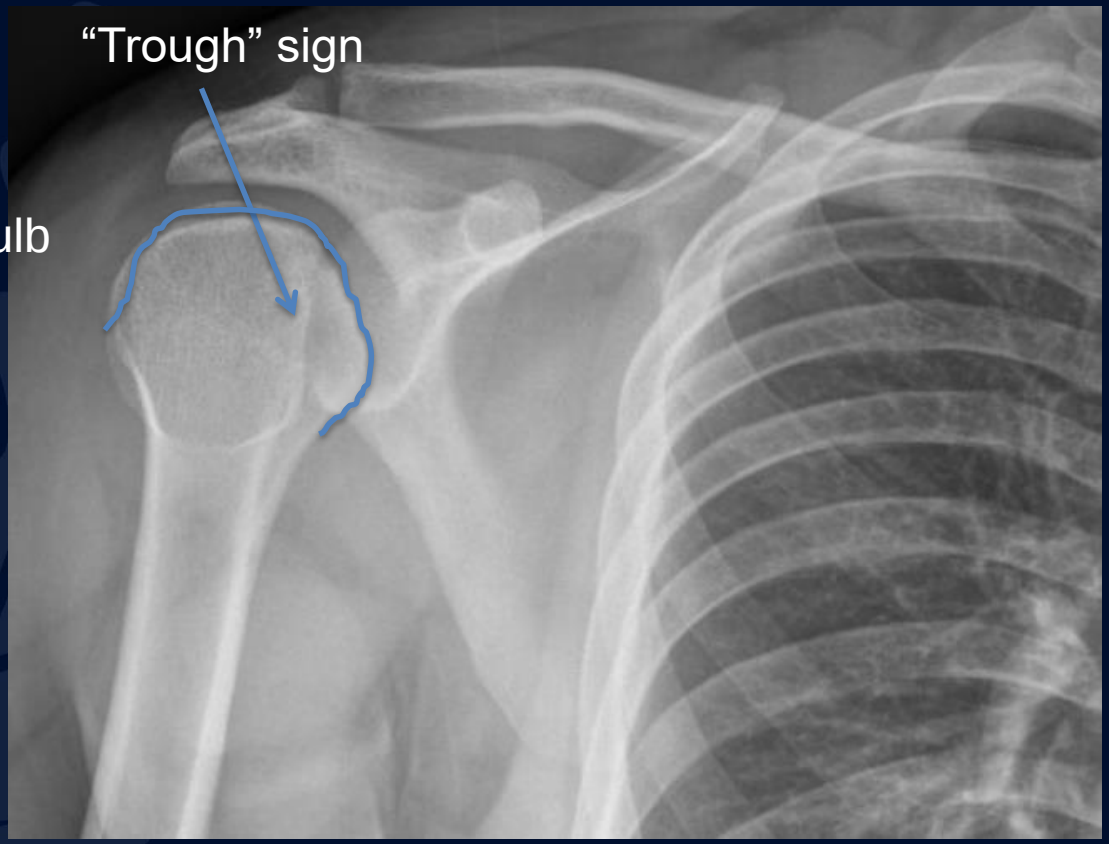
Lightbulb sign



Not typical AP internal rotation appearance

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Posterior shoulder disolcation

- Mechanism
  - Epileptic seizure: Most common
  - Fall on outstretched hand or blow to flexed, adducted, internal rotated shoulder
- Imaging
  - Arm in fixed internal rotation
  - Trough sign (reverse Hill-Sachs lesion)
    - Vertical linear sclerosis of medial humeral head
    - 75% of posterior dislocations
    - Due to anteromedial humeral head impaction fracture on posterior glenoid rim
  - Light bulb sign (fixed internal rotation)
    - Lesser tuberosity medial and greater tuberosity lateral so proximal humerus shaped like light bulb
  - Rim sign (shoulder joint width > 6 mm)

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Treatment

- Nonoperative: If reverse Hill-Sachs lesion, defect < 20%
  - Strengthen external rotators
- Surgery: Instability or recurrent posterior dislocations

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References

- Jacobs RC et al: Posterior shoulder dislocations. BMJ. 350:h75, 2015

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