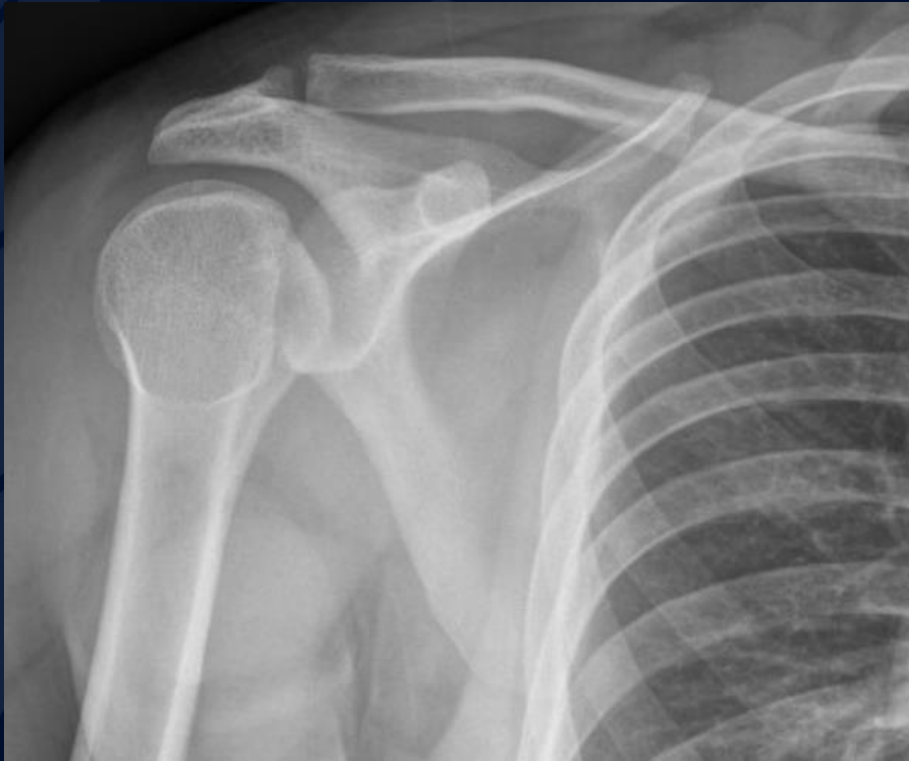


# 23 y/o male with right shoulder pain while bench pressing

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AP internal rotation



Grashey

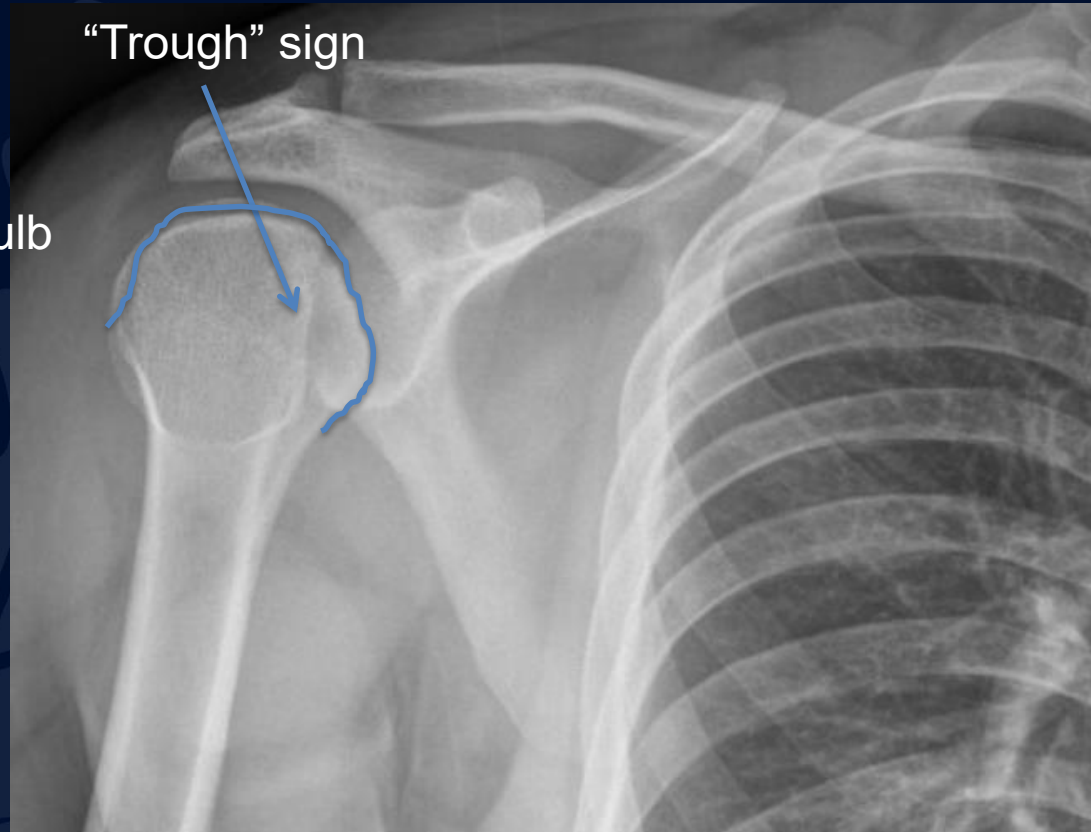
A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. It features detailed vein patterns and a lobed edge.

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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 it. The leaf's edge is serrated.

# Posterior shoulder dislocation

Lightbulb  
sign



"Trough" sign

Not typical AP internal rotation  
appearance

# Posterior shoulder dislocation

- 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)

# Treatment

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

# References

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