Iliac Bone Graft For Chronic Anterior Shoulder Dislocation with Massive Bone Loss

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INTRODUCTION

Almost 45% of all dislocations are shoulder dislocations with 90% being anterior type. A neglected anterior shoulder fracture dislocation is a rarer case and usually caused by missed diagnosis. This case report describes a 2-year-old neglected right anterior shoulder dislocation with massive bone loss, done autograph iliac bone graft, complicated with right adhesive capsulitis. We hypothsized that despite having adhesion post operatively, iliac bone graft has better outcome in patient having relapse of dislocation.

CASE REPORT

A 31 years old male presented with shoulder pain for 2 years, worsening recently. Clinically noticed deltoid wasting, hand in abducted and external rotated position. Xray, CT and MR Imaging showed anterior shoulder dislocation with massive anterior glenoid disruption. glenoid reconstruction reduction, autograph iliac crest and repair of conjoint tendon done. Intraoperatively showed glenoid bone loss, humeral head grossly deformed and OA of the joint. Post operatively no recurrent dislocations but had adhesive capsulitis in view of lack of physio. Planned for capsular release later once graft heals.



DISCUSSION

Choice of operation depends on severity of bone condition. Recommendations are 30%-40% glenoid bone loss for Latarjet procedure and >40% shows iliac bone graft for better outcome. The goal of bone graft surgery is to build up the socket to provide more stability to the joint. Comparatively, Latarjet increase stability of the joint but have observed significant problems including instability. Warner et al described 11 patients who underwent anatomic reconstruction of the glenoid with autogenous iliac crest bone graft. Overall, no patients reported recurrent instability and CT demonstrated union of the bone graft with incorporation along the anterior glenoid rim and preservation of joint space in all patients.

CONCLUSION

We conclude that iliac bone graft for anterior shoulder dislocation with glenoid bone loss >40% is a reasonable alternative to Latarjet procedures as it serves a more stable shoulder joint and avoids recurrent instability.

REFERENCES

1. Mascarenhas, et al. Iliac crest allograft glenoid reconstruction. International journal of shoulder surgery. 2014