CASE REPORT

Posterior dislocation of shoulder and bilateral hip fractures caused by epileptic seizure

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SUMMARY

A case in which a patient with normal bone texture suffered a posterior shoulder dislocation combined with bilateral sub-capital femoral neck fractures during an ictal episode and in which the diagnosis of bilateral hip fractures was delayed is described.

CASE REPORT

A 28-year-old man with corrected Fallot's Tetralogy had a sudden loss of consciousness. He was seen to go rigid, but did not have a tonic-clonic convulsion and did not fall out of the chair in which he was sitting. He remained unresponsive for about 10 min. He had had no previous fit or syncope.

On examination he was 'post ictal' with a sinus tachycardia of 140/min and B.P. 130/80 mmHg. A grade III systolic heart murmur was heard at the left sternal edge radiating to the apex. Although conscious, he was unwilling to move any limb. Swelling of the left shoulder was present.

Posterior dislocation of the left shoulder with comminution of the humeral head was diagnosed and reduced by traction under intravenous sedation with diazepam. The following day, the patient complained of painful hips, and X-ray revealed bilateral sub-capital fractures of the femoral necks, which were subsequently treated by internal fixation using Howes screws.

DISCUSSION

Fractures and dislocations uncommonly complicate fits. In this case, it was not realised that his inability to move his limbs was not due to a neurological deficit but to trauma. Because of this, the fractures were initially overlooked.

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A multitude of different fractures and dislocations have been reported following epileptic seizures.

Posterior dislocation of the shoulder joint is the most common type of dislocation associated with epileptic seizures, though anterior dislocation has been described (Sadhra, 1984).

Fractures of the femoral neck are rare but recognised and, in one series, seven out of 30 cases were bilateral (Gissane, 1940). There are also a few case reports of acetabular fracture (Duss, 1986).

Compression fractures of the vertebrae are well recognised and 16% of epileptics have compression fractures. No correlation has been shown with osteomalacia secondary to anti-convulsant therapy (Vasconcelos, 1973; Pederen, 1976).

If the bone structure is abnormal, for example, due to renal osteodystrophy or osteomalacia, then unusual and multiple fractures may occur such as acetabular fracture, bilateral humeral fractures and multiple compression fractures of vertebrae, as in one case report (Duss, 1986).

In this case, though there was no existing bone pathology, such a combination of fractures and dislocations occurred. We have also been unable to find a similar combination of post ictal injuries in the literature.

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