All three patients were transferred to Royal Adelaide Hospital, Adelaide, Australia, after their initial surgery and they made good recoveries.

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The modified axial view: an alternative radiograph in shoulder injuries

Sir

Posterior dislocation of the shoulder is an uncommon injury and less than 4% of all shoulder dislocations are of this type (McLaughlin, 1952). However, this injury is often missed at initial presentation. The reasons for this are twofold. Firstly, examination of the patient is often inadequate. If sought, however, the subtle physical signs can be diagnostic (Kessel, 1982; Paton, 1979). Secondly, too much reliance may be made upon the standard radiographs, which, in this condition, may be unhelpful. The antero-posterior (A.P.) radiograph may have a near normal appearance and the standard supero-inferior axial view is often impossible to perform because of the difficulty in abducting the arm. The trans-thoracic view is unhelpful or may actually mislead as this projection does not clearly demonstrate the relationship between the glenoid and the humeral head.

In an effort to improve the diagnosis of this condition, we have used the modified axial view (Wallace & Hellier, 1983). To perform this view, the trunk is rotated through 30° towards the injured side. The patient sits with his back to the X-ray table with his arm in a sling and his elbow on the table top. The cassette is placed horizontally behind the arm and the X-ray tube angled 30° from the vertical. The result is a slightly magnified view of the gleno-humeral joint. Figure 1 shows the view obtained in a case of posterior dislocation and Fig. 2 the post-reduction view.

It seemed to us that the value of the modified axial view was not widely appreciated.

Fig. 1 Modified axial view of posterior dislocation of the shoulder.

Fig. 2 Modified axial view after reduction of dislocation.

We asked the Consultants in 80 accident and emergency departments which radiographic views were taken routinely in injured shoulders. Sixty-two replies were received. Fifty-nine Departments used the standard A.P. technique with another view or views, most commonly the standard axial view (54 departments), the trans-thoracic view (32 departments) or the lateral scapula view (12 departments). Different departments used various combinations of these views. Three departments did not use a standard A.P. view as one of their initial radiographs. Only one department used the modified axial view.

We feel that junior accident and emergency staff will continue to miss the diagnosis of posterior dislocation, both clinically and on the standard radiographs. The modified axial view is a radiographic method that is easy to perform and comfortable for the patient. It can be performed whilst the patient wears his/her sling. If it were used routinely as the standard second view in conjunction with an antero-posterior view in the acutely injured shoulder, then the missed posterior dislocation could become a thing of the past.

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Erratum

Due to an oversight during the production of *Archives of Emergency Medicine* Vol. 4, No. 3 (September 1987), Mr David Olney was not credited as co-author of the Letter to the Editor 'The modified axial view: an alternative radiograph in shoulder injuries (pp. 201–3). The editor and publishers regret this omission.