An obese 33 year old woman presented to the accident and emergency (A&E) department following a fall down a flight of stairs. She complained of excruciating left elbow pain. There was an obvious deformity and an X-ray confirmed a posterior dislocation of the elbow with a displaced fracture of the radial head (fig 1, left panel). The patient was referred to orthopaedics and booked for theatre. The casualty officer had attributed the patient’s symptoms to the elbow injury and as a result did not remove her clothing. When the patient was seen on the way to theatre by the registrar her shirt was removed. This showed asymmetry between the two shoulder regions. Although the patient did not have any significant shoulder pain, an X-ray was requested. This confirmed an anterior dislocation of the left shoulder (fig 1, right panel). Both were then reduced under general anaesthesia.

Various ipsilateral injuries may be associated with a dislocated shoulder or elbow. The combination of the two, however, is rare and to our knowledge has not previously been reported. The diagnosis of a dislocation of the shoulder in a patient with a more painful injury distally may not be straightforward. In three of 12 reported cases of dislocation of the shoulder with ipsilateral humeral shaft fracture the dislocation was initially missed. This was attributed to the pain originating from the shaft fracture overshadowing that of the dislocated shoulder. Similarly, in this case the diagnosis of the dislocated elbow was more obvious, as the pain from the elbow was more severe than that from the shoulder. In addition the clinical deformity was more pronounced and in an obese patient the shoulder dislocation may not result in a significant loss of contour. The need for a careful examination and maintenance of a high degree of suspicion following trauma to the humerus is emphasised, as an ipsilateral dislocation of the shoulder can quite easily be missed.

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