INTRODUCTION:
Shoulder dislocations are commonly encountered in the emergency department. Usually occurs unilaterally, however bilateral shoulder dislocation are rare occurrence. We report a case of a 22-year-old male with underlying seizure who sustained bilateral anterior shoulder dislocation following seizure.

MATERIALS & METHODS:
A 22-year-old male had seizures where he fell with extended arms. Upon regaining consciousness, the patient complained of bilateral shoulder pain with limited range of motion. Both shoulders were abducted and externally rotated with loss of deltoid fullness. Range of motion was limited by pain. No neurological deficit was elicited. Bilateral humeral heads are palpable in the anterior part of the shoulder joints. Patient was diagnosed clinically with bilateral anterior shoulder dislocations. Shoulder radiographs showed bilateral anterior shoulder dislocations(Fig.1). We proceeded to close manual reduction of the dislocated shoulders individually under sedation. Reduction of both dislocated shoulders was successful on first attempt which was confirmed with post reduction radiographs (Fig. 2) Neurovascular status post reduction was intact bilaterally. Both shoulders were immobilized for 3 weeks and patient was discharged home from the emergency department after observation for any further fitting episodes.

RESULTS:
3 weeks post reduction, patient did not complaint of any pain and was able to perform his daily activities. Physical examination showed normal shoulder range of motion without any instability.

DISCUSSION:
Seizures are a common cause of bilateral shoulder dislocations. Posterior shoulder dislocation usually follows a seizure in view of strong muscle contractions of the internal rotators overcoming the weaker external rotators. Anterior shoulder dislocations are commonly caused by forceful trauma. Dunlop et al reported 44 cases of bilateral anterior shoulder dislocation. As in our case, the injuries were sustained when patient fell over with extended arms and the impact was on both shoulders simultaneously.

CONCLUSION:
Anterior shoulder dislocation should be considered in patients with seizure in view of possibility of trauma during the episode. Recurrence may be a challenge if seizure is uncontrolled.

REFERENCES: