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Case report

Why orthopaedic surgeons should look at chest radiographs

Ashwin K. Unnithan*, Jonathan B. Hull

Orthopaedic Department, Frimley Park Hospital, Portsmouth Road, Frimley GU16 7UJ, UK

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An 85-year-old lady was admitted after falling at home trying to go to the bathroom during the night. She complained of a painful right hip and right humerus. Radiographs showed a previous left DHS, fractured right neck of femur (Fig. 1), fractured right humerus and dislocated right shoulder (Fig. 2).

After discussion in the trauma meeting the decision was made to perform a right DHS, open reduction of the shoulder dislocation and internal fixation of the humerus fracture.

Following the trauma meeting the patient was seen on the ward round. Examination of the shoulder was difficult due to the fractured humerus but the senior author was struck by the fact that shoulder examination was not as painful as would be expected based on the radiograph findings. On closer questioning the patient



Fig. 1. AP view of pelvis showing fractured right neck of femur and previous DHS.

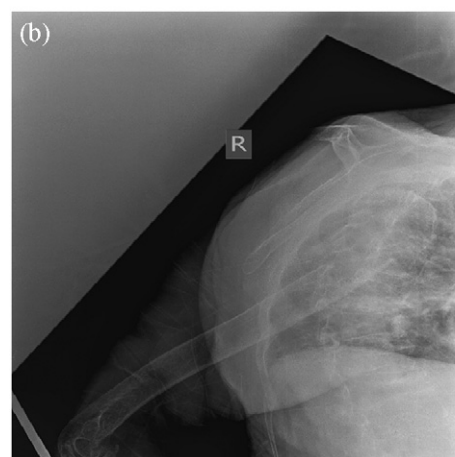
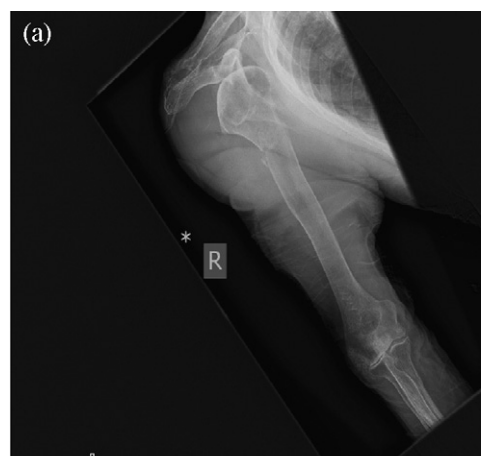


Fig. 2. (a) AP right shoulder showing humerus fracture and shoulder dislocation. (b) Lateral right shoulder view showing anterior dislocation.

* Corresponding author.

E-mail address: unnithanashwin@hotmail.com (A.K. Unnithan).

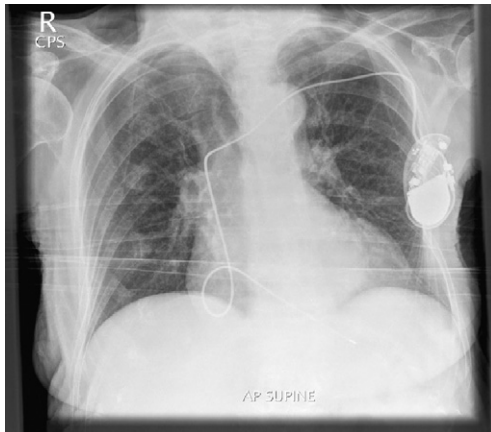


Fig. 3. Chest radiograph from 3 years previously showing anterior dislocation of the right shoulder.

reported that she had had a shoulder problem since her previous fall 3 years ago.

On review of her records the pre-operative chest radiograph (Fig. 3) from her admission 3 years ago clearly demonstrated that the shoulder dislocation had been present at least since this time.

In this age of fast tracking patients and meeting targets it is easy to forget basic principles—treat the patient not the X-ray. With the implementation of the European Working Time Directive which may affect the continuity of care, this case highlights the importance of examining patients thoroughly and looking at all available results before surgery is undertaken. Whilst orthopaedic surgeons spend a significant amount of time scrutinising radiographs, chest radiographs are largely considered the preserve of the anaesthetist.

In this case careful clinical examination prevented the patient from having an attempted open shoulder reduction, which would not have been successful.