

Superior sternoclavicular joint dislocation presented with shoulder motion limitation: a case report and literature review

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ABSTRACT

Introduction and importance: Sternoclavicular joint dislocation accounts for 1 percent of the human joint dislocations. Sternoclavicular joint dislocation most commonly occurs in anterior or posterior dislocation. To the best of the authors knowledge, only six cases of superior sternoclavicular joint dislocation are reported in the literature. The injury is commonly missed.

Case presentation: We present a 28-year-old athlete with upper chest pain and right shoulder range of motion limitation. On imaging, it was revealed that he had a superior sternoclavicular dislocation. He was managed with arm sling, analgesics and physiotherapy. After 3 months, he was asymptomatic and returned to his sport activity successfully.

Clinical discussion: We searched the published related studies and summarized the signs and symptoms of patients presented with sternoclavicular dislocation. Chest pain is one of the most common symptom while sternoclavicular tenderness and restriction of shoulder movement are among the most common signs of sternoclavicular dislocations. Conservative, close reduction, and open reduction and internal fixation with fiber wire have been applied for cases with superior sternoclavicular dislocation with acceptable results.

Conclusion: A high index of suspicion is needed in order not to miss sternoclavicular dislocation. In cases with no evidence of mediastinal structure compression it may be managed conservatively successfully. However, some degree of cosmetic deformity may remain at the sternoclavicular joint in those treated with conservative therapy.

PUBLICATIONS

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