

MICOD – 07/02/2024

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# MI-COD

MSS INDIA- Case Of the Day





## Answers:

1. Pseudosubluxation of Humeral Head  
(You are absolutely correct if you report it as Subluxation 😊 )
2. Differential Diagnosis of posttraumatic Pseudosubluxation of Humeral Head:
  - Brachial Plexus Injury
  - Axillary nerve injury (Deltoid atony)
  - Large joint effusion
  - Capsular injury

**Back To Our Patient...**

R



### History:

- 40 yr/M with had a fracture dislocation of the proximal humerus following a fall from the train.
- Open reduction & internal fixation of the fracture was done on the same day.

- Nerve conduction study done 1 month post-operatively, when the patient was not moving the operated arm.

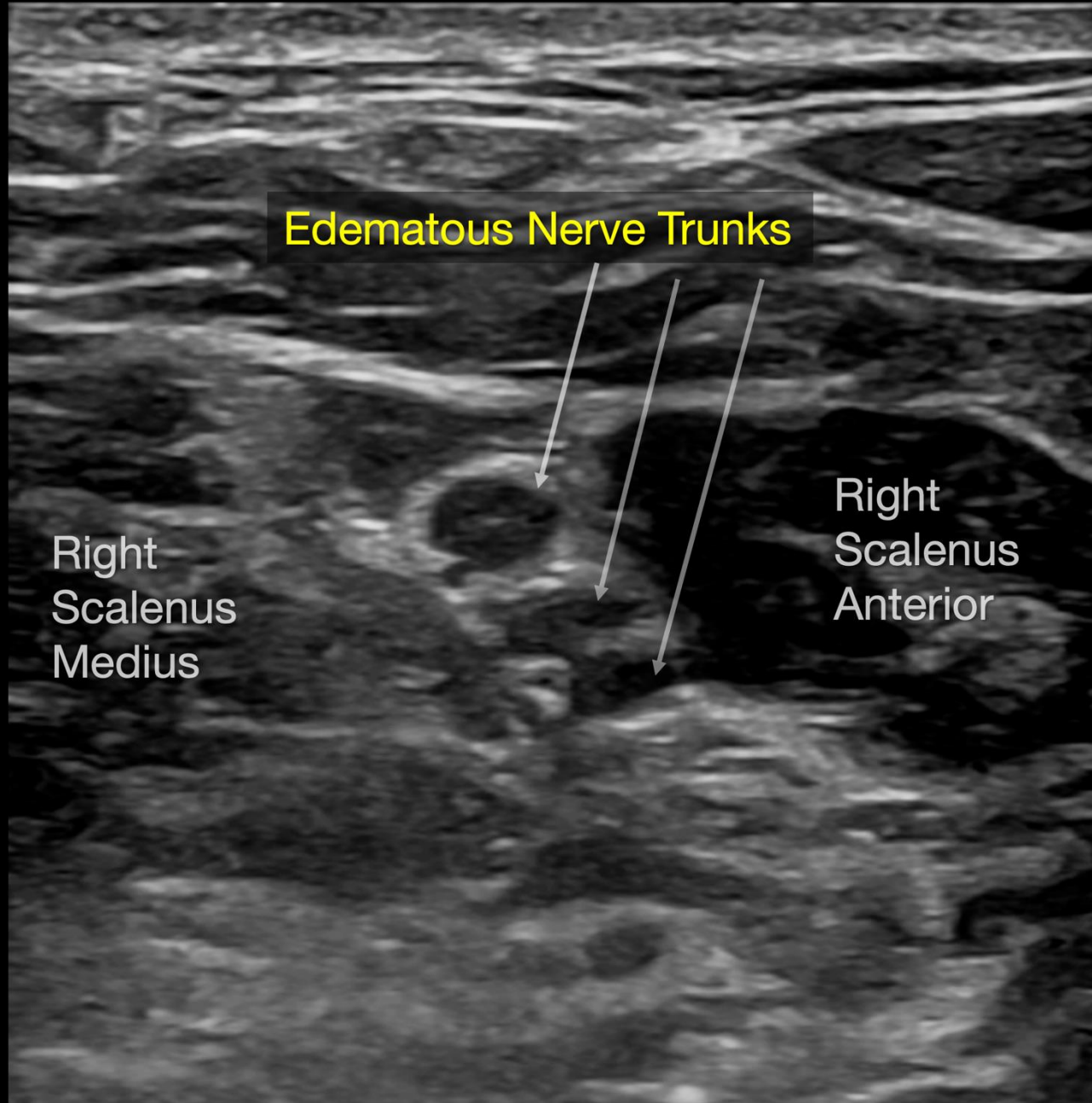
IMPRESSION:

This Nerve Conduction study & EMG is suggestive of Pan Brachial Plexus injury with site of lesion at Lower & Middle trunks level more than Upper Trunk level with no evidence of reinnervation. Kindly repeat study after 2-4 months if clinically indicated.

- **Brachial Plexus injury missed pre-surgery !!!**



- Patient referred for Ultrasound 1 month post-operative period to assess the brachial plexus.
- Pre-ultrasound radiograph shows pseudosubluxation (Discontinuity of Gothic Arch) of the humeral head.



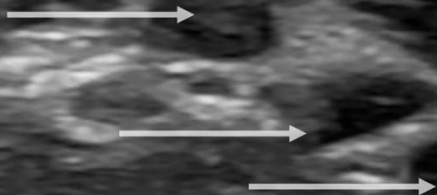
Edematous Nerve Trunks

Right  
Scalenus  
Medius

Right  
Scalenus  
Anterior

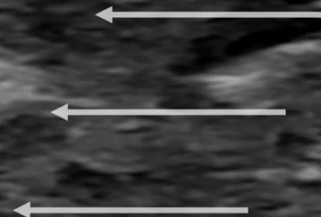
Symptomatic Side

Right  
Scalenus  
Anterior

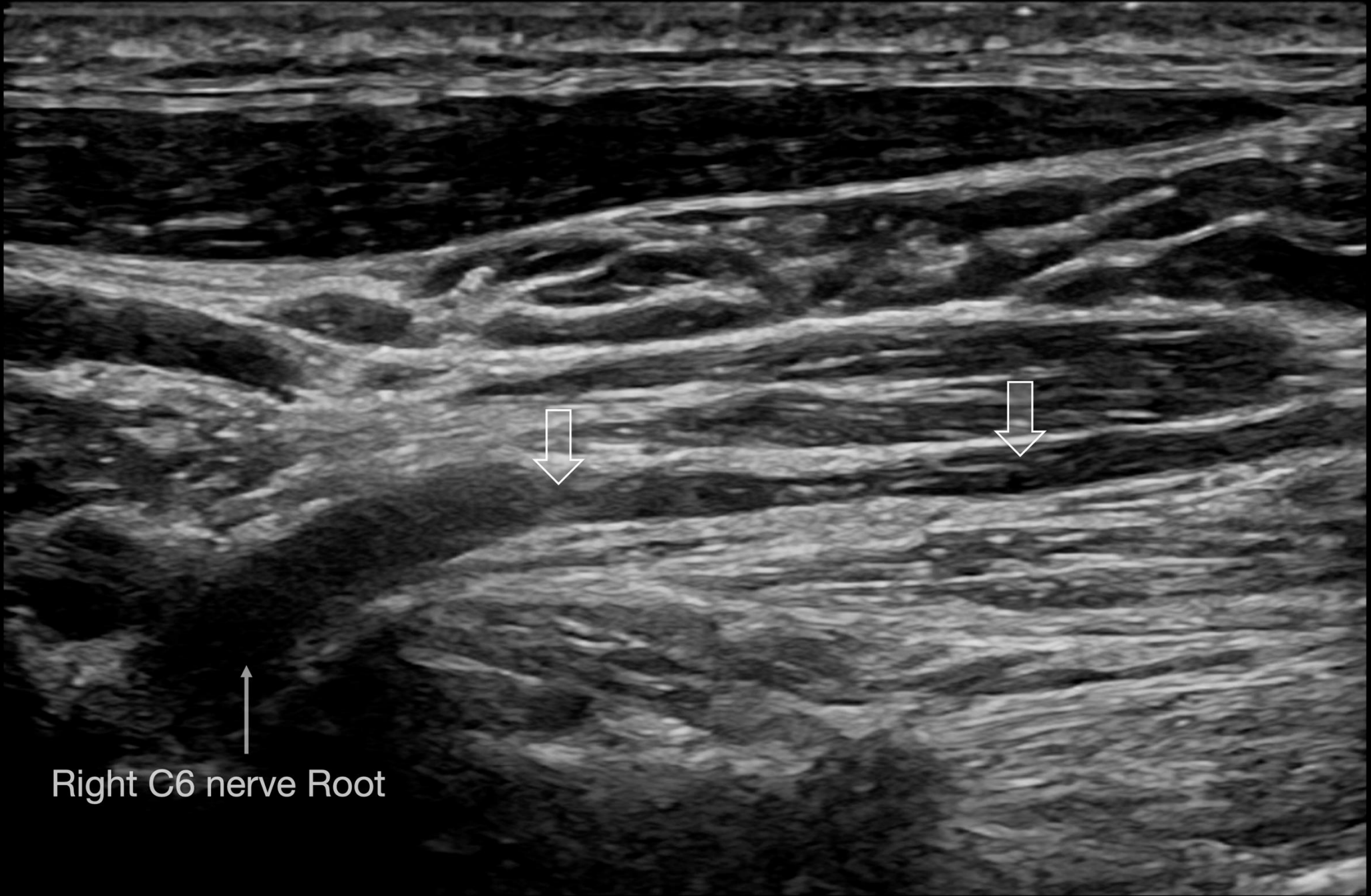


Asymptomatic Side

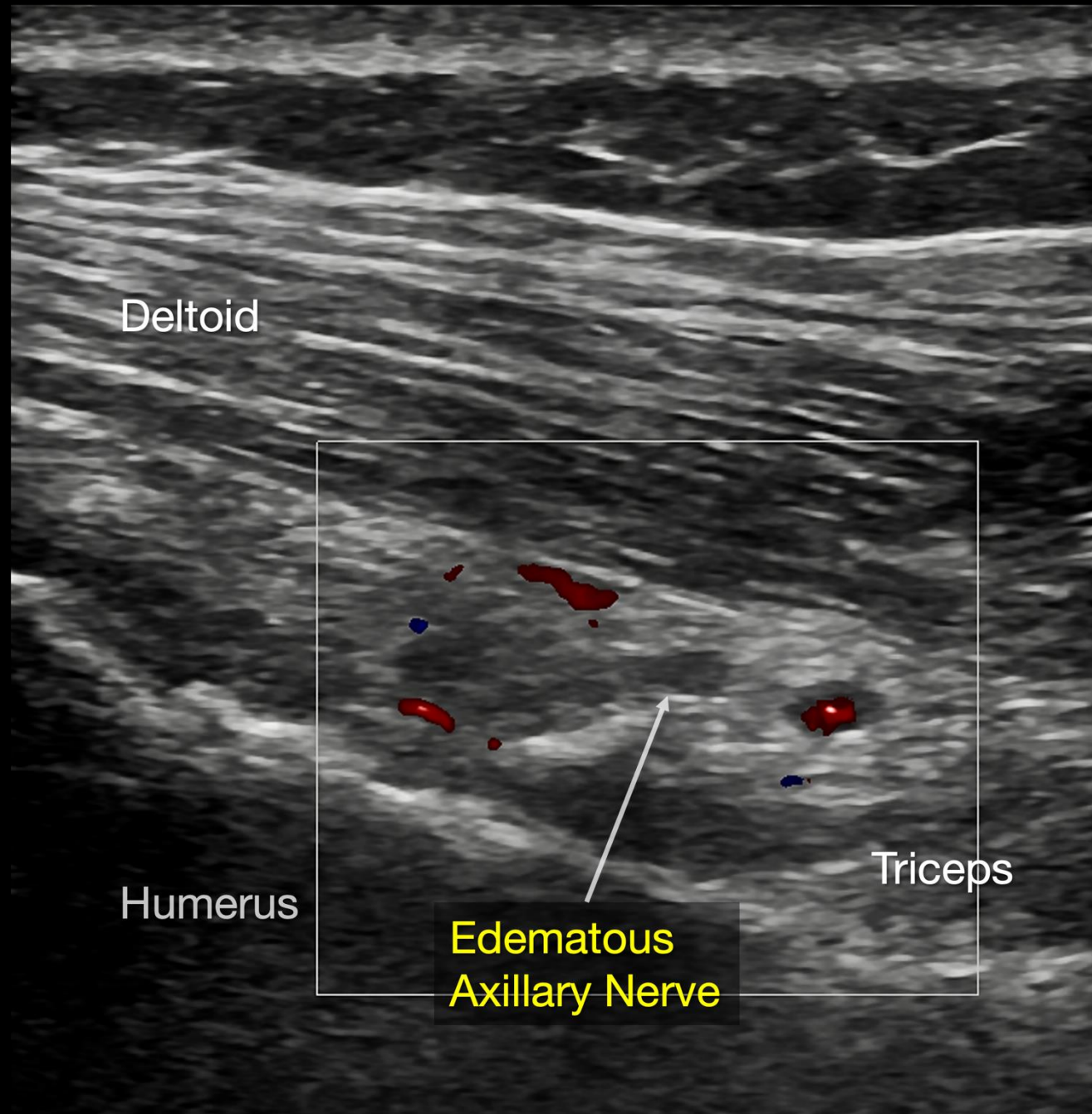
Left  
Scalenus  
Anterior







Right C6 nerve Root

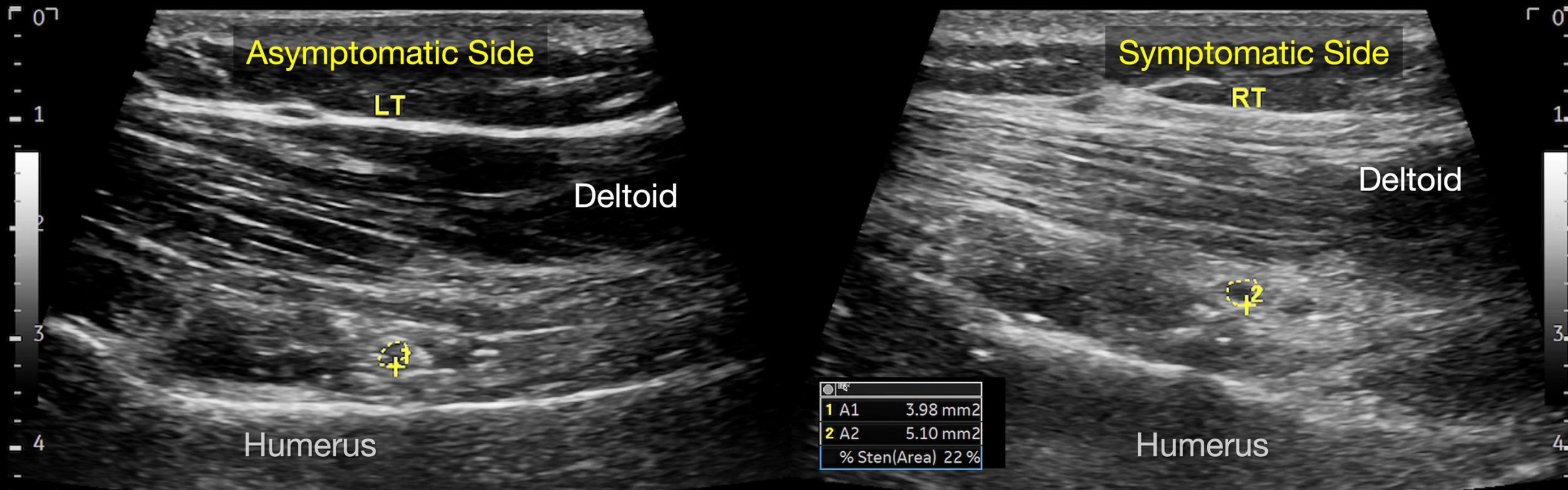


Deltoid

Humerus

Triceps

Edematous  
Axillary Nerve



- **Thickened ipsilateral axillary nerve (axonotmesis) at the level of Quadrilateral Space.**
- **Denervation edema in the ipsilateral deltoid.**