

Clinical Image*Open Access, Volume 5***Non-traumatic bilateral posterior fracture-dislocations of the shoulders****Sandra Palma***; Pedro Pereira*Hospital Garcia de Orta, Portugal.****Corresponding Author: Sandra Palma**

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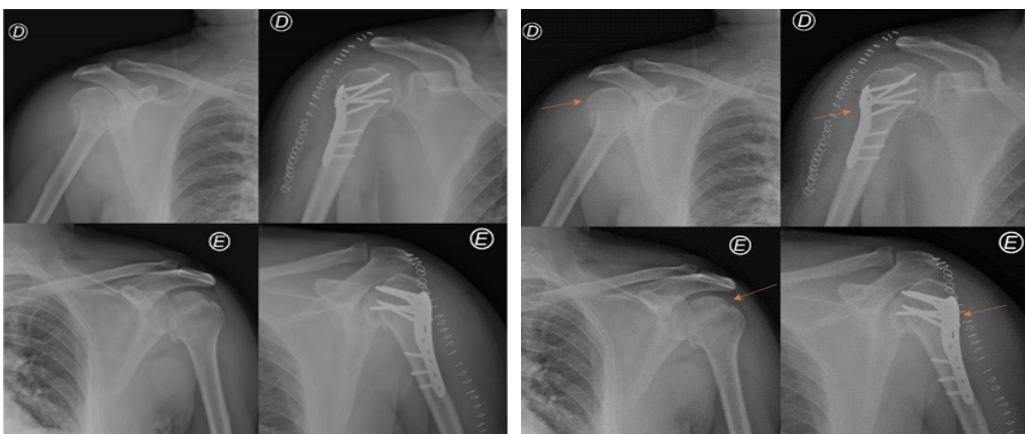
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**Figure 1:** Clinical image.**Description**

A previously healthy 50-year-old man was brought to the Emergency Department, after presenting from sleep, sudden generalized involuntary movements. After recovering consciousness, he complained of severe pain and functional limitation in shoulders. He was diagnosed comminuted fracture of the

metaphysis at the level of the surgical neck and lower-posterior dislocation of humerus bilaterally and was treated surgically. CK was elevated (3141 UI/L). The EEG and the CSF study were innocent. Brain MRI identified multiple bilateral frontals and parietal T2 hyperintensities, without restriction to diffusion. The cerebrovascular investigation established the diagnosis of antiphospho-

pholipid syndrome with secondary epilepsy. The patient started levetiracetam and warfarin, without recurrence of crisis four years later. Emergency doctors should be aware that spontaneous bilateral posterior fracture-dislocations of the shoulders detected on Xray, is highly suggestive of epileptic etiology, even on the absence of previous history of epileptic crisis. Other causes can be electrocution and extreme trauma (known as “triple E syndrome”).