

**Title: obstetrical brachial plexus palsy associated to a neonatal posterior dislocation of shoulder.**

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TOPIC: Workshop Clinical cases OBP

The posterior sub luxation of the shoulder is one of the most frequent sequelae in the obstetrical brachial plexus palsy; it arises gradually in the first years of life and is the consequence of a muscular imbalance between the internal and external rotators of shoulder.

We report a rare case of an obstetrical brachial plexus palsies associated to a neonatal dislocation of humeral head .

A full term baby was born, she was vertex presentation and delivered vaginally apgar scores was 9/10 at one minute and 10/10 at five minutes, her birth weight was 4500g. she's mother was 40 years old multiparas (G6,P6) .

After birth obstetrical plexus palsy was diagnosed by physical examination and physiotherapy began at the same time she was oriented to our department of pediatric surgery to be examined by the author.

Physical examination showed left upper limb palsies (C5C6palsy). a spontaneous internal rotation of the upper limb was noted as well as in important left fold, and the humeral head was palpated in the posterior side of the shoulder .

The mobility was not painful, but a distinctive 'clunk' was seen, heard and felt at passive internal and external rotation of the shoulder.

Standard radiography: absence of fracture of clavicle or humerus.

A diagnosis of dislocation of the shoulder was confirmed by the sonography.

Physiotherapy was performed and the girl was regularly controlled up to the age of three years, currently the shoulder is scored Stade V according to GILBERT and RAIMONDI, and full range of motion was recovery, but CT scan showed posterior sub luxation of humeral head associated to dysplasia glenoid.

