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KSES 2026

The 33rd Annual
International Congress of the
Korean Shoulder and
Elbow Society

March
27(Fri) ~ 28(Sat), 2026
BEXCO, Busan, Korea

- Abstract No. : F-0092
- Category : Shoulder
- Detail Category : trauma

SHOULDER PRESERVATION AFTER TRAUMATIC POSTERIOR DISLOCATION WITH COMPLETE FOUR-TENDON ROTATOR CUFF TEAR AND BICEPS DISLOCATION: A CASE REPORT

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Introduction and Background

Traumatic posterior shoulder dislocation is uncommon, the coexistence of posterior instability with a complete four-tendon rotator cuff avulsion and medial dislocation of the long head of the biceps (LHB) is extraordinarily rare. In patients over 55 years, such an injury pattern is widely regarded as an indication for reverse shoulder arthroplasty (RSA). However, recent advances in arthroscopic reconstruction have broadened the indications for native joint preservation in complex posterior shoulder injuries. This report describes a complex, multi-structure injury in a highly active 59-year-old athlete and illustrates that comprehensive arthroscopic reconstruction can achieve early functional restoration without resorting to arthroplasty.

Material and Method

A 59-year-old mountain biker sustained a high-energy fall resulting in posterior dislocation of the dominant shoulder. He presented with extensive posterior shoulder bruising, a tender right shoulder with limited range of motion due to pain. MRI demonstrated a reverse Hill–Sachs lesion, reverse Bankart lesion, medial LHB dislocation, and complete disruption of all four rotator cuff tendons. Although RSA was discussed, the patient’s high functional demands and favourable tissue quality supported an early attempt at anatomical preservation.

A single-stage arthroscopic procedure was performed including posterior stabilization, reverse McLaughlin remplissage, biceps tenodesis, and biologically augmented double-row rotator cuff repair using bone-marrow-aspirate-enhanced suture anchors.

Results

On postoperative day 1, patient demonstrated passive forward flexion of 110°, passive abduction of 100°, with pain rated 6/10. By day 14, passive flexion improved to 120° and passive abduction to 120°, while pain decreased to 3/10. This early progress highlights that even devastating multi-structure injuries may respond well to comprehensive arthroscopic repair. Six-month functional outcomes are pending.

Conclusions

Comprehensive arthroscopic stabilization and biologically augmented reconstruction can preserve the native shoulder following catastrophic posterior instability with complete four-tendon cuff avulsion and LHB dislocation. This case broadens the indications for reconstructive management and highlights that arthroplasty is not the only viable option.

