



Chronic Neglected Anteroinferior Shoulder Dislocation Managed with Open Reduction, Latarjet Procedure, and Rotator Cuff Repair in an Elderly Patient: A Case Report

Mohammed Gabra ¹

***Correspondence to:** Mohammed Gabra.

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Abstract

Introduction: *Chronic anterior shoulder dislocations are rare and present significant management challenges, particularly in elderly patients with associated soft tissue contracture and bony defects.*

Presentation of Case: *We report a 70-year-old female with diabetes mellitus and hypertension who presented four months following trauma with a fixed anterior shoulder dislocation. Imaging revealed a bony Bankart lesion. The patient underwent open reduction, subscapularis lengthening, Latarjet procedure, and rotator cuff repair.*

Discussion: *Chronic dislocations are associated with capsular contracture, glenoid bone loss, and rotator cuff pathology. The Latarjet procedure provides both static and dynamic stabilization, while addressing soft tissue contracture and cuff pathology is essential for optimal outcomes.*

Conclusion: *A combined surgical approach can provide satisfactory functional outcomes in chronic neglected shoulder dislocations, even in elderly patients.*

Keywords: *Chronic shoulder dislocation; Latarjet procedure; Bankart lesion; rotator cuff tear; open reduction.*

Introduction

Chronic anterior shoulder dislocations, defined as unreduced dislocations persisting for more than three weeks, are uncommon and often associated with complex pathological changes including capsular contracture, glenoid bone loss, and rotator cuff tears. Management strategies vary depending on chronicity and associated pathology. The Latarjet procedure is widely used in cases with significant anterior glenoid bone loss, providing both a bony block and dynamic sling effect for stability. This case report is presented in line with the SCARE 2020 criteria.

Presentation of Case

A 70-year-old female with a medical history of diabetes mellitus and hypertension presented with right shoulder pain, deformity, and severe restriction of movement following a fall four months prior to presentation. **Clinical Findings** The right upper limb was held in a fixed abducted position.

Range of motion:

- Forward flexion: 30° (fixed)
- External rotation: 0°
- Internal rotation: fixed

Diagnostic Assessment

Plain radiographs demonstrated an anterior shoulder dislocation. Computed tomography confirmed the diagnosis and revealed a bony Bankart lesion.



Therapeutic Intervention

After obtaining informed consent, the patient underwent:

- Open reduction
- Subscapularis lengthening
- Latarjet procedure
- Rotator cuff repair

Intraoperative Findings

Reduction was initially not achievable due to soft tissue contracture. Subscapularis lengthening allowed successful reduction; however, the joint remained unstable.

Surgical Technique

A coracoid osteotomy was performed, and the graft was fixed to the anterior glenoid following preparation of the glenoid surface, achieving stable reduction. Further intraoperative assessment revealed a supraspinatus tear with tendon retraction and good tissue quality. A transosseous rotator cuff repair was performed.

Follow-up and Outcomes

At four months postoperatively, the patient demonstrated:

- Abduction: 70°
- Forward flexion: 70°
- External rotation: 40°
- Internal rotation: to hip

There were no episodes of redislocation, and the patient reported improved functional status



Discussion

Chronic anterior shoulder dislocations present significant challenges due to prolonged soft tissue contracture, glenoid bone deficiency, and associated rotator cuff pathology. The presence of a bony Bankart lesion significantly contributes to instability and often necessitates surgical stabilization.

The Latarjet procedure is particularly effective as it provides:

- A static stabilizing bony block
- A dynamic sling effect via the conjoint tendon

Subscapularis contracture is a critical barrier to reduction and must be addressed surgically. Rotator cuff repair is especially important in elderly patients, as it contributes to improved functional outcomes and shoulder biomechanics. This case demonstrates that even in delayed presentations, a combined surgical approach can achieve satisfactory results.

Conclusion

Chronic neglected anterior shoulder dislocations require a comprehensive surgical approach addressing both bony and soft tissue pathology. The combination of open reduction, subscapularis lengthening, Latarjet procedure, and rotator cuff repair can result in good functional outcomes, even in elderly patients.

Declarations

Ethical Approval

Not applicable (case report).

Consent

Written informed consent was obtained from the patient for publication of this case report and accompanying images.

Author Contribution Dr. Mohammed Gabra: Study concept, surgery, data collection, manuscript writing.

Registration of Research Studies Not applicable.

Guarantor Dr. Mohammed Gabra.

Provenance and Peer Review

Not commissioned, externally peer-reviewed.

Conflict of Interest None declared.

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