Tackling An Uncommon Shoulder Injury in Adolescent Football: A Case Report

Megan Sando Dannemiller MD¹, Reagan B. Williams MS2², Marvin Sineath Jr. MD¹, Mims Gage Ochsner III MD³, Denise Holloway ATC³, Jason Hux PT³, Justin Lancaster MD⁴, Delan Gaines MD⁴

1. Memorial Health University Medical Center, Sports Medicine Fellowship, 2. Mercer University School of Medicine; 3 Chatham Orthopaedic Associates; 4. Optim Orthopedics

History

A 17-year-old high school senior QB presents with acute right shoulder instability after being tackled in the first football game of the year.

- Player suffered injury while running the ball
- Position of the arm was internally rotated and flexed to 90 degrees at the elbow
- The shoulder was manually reduced on sidelines by athletic training staff
- Only one prior shoulder instability episode after a motor vehicle episode the year prior

Physical Exam

- □ Visual inspection revealed no gross deformity, bony step off, or obvious asymmetry.
- Tenderness to palpation of anterior and lateral shoulder.
- □ Strength 4 out of 5 supraspinatus and infraspinatus likely secondary to recent injury.
- Neurovascularly intact with full sensation C5-T1 nerve roots.
- Provocative testing of the right shoulder is deferred secondary to recent dislocation injury.

Differential Diagnosis

- Shoulder instability
- Labral tear
- Rotator cuff tear
- Nerve injury
- Glenohumeral joint capsule injury
- Acromioclavicular joint injury

- fragments superior the the humeral head
- indicative of shoulder dislocation episode.





Figure 1. bony fragmentation superior to humeral head in rotator cuff distribution



This research was supported (in whole or in part) by HCA Healthcare and/or an HCA Healthcare affiliated entity. The views expressed in this publication represent those of the author(s) and do not necessarily represent the official views of HCA Healthcare or any of its affiliated entities.



Test & Results

Shoulder X-rays (Fig 1): Hill-Sachs injury with noted bony

MRI shoulder without contrast: (Fig 2) full thickness tear of the supraspinatus with avulsion fracture fragment. (Fig 3) Anterior inferior labral tear with (Fig 4) Hill-Sachs injury

Images

Figure 2. Full thickness supraspinatus tear



- tear.

- [3,4].

Return to Activity and Follow-Up

- season.

- 10.1177/0363546517752919. Epub 2018 Feb 13. PMID: 29438628.
- University, Baltimore, Maryland
- PMC8220565

Working Diagnosis

Right shoulder 2nd dislocation episode with supraspinatus avulsion injury involving the full thickness of the rotator cuff, anterior inferior labral tear with a Hill-Sachs lesion

Discussion

After review of MRI and discussion regarding options for treatment with the athlete and his family, the athlete elected for surgical repair.

He successfully underwent right shoulder arthroscopy with repair of the right labral tear and repair of the full thickness supraspinatus

This case proved to be a unique presentation as rotator cuff tears in adolescent athletes are very rare [1].

Full thickness tears are even less common, accounting for <1% of all rotator cuff tears, with limited data on the incidence of rotator cuff tears in pediatric population [2].

Most of the rotator cuff tears that do occur are traumatic in nature

Per a 2021 retrospective study of 20 athletes, age 30 and under (there is a lack of literature on adolescent populations only), who underwent arthroscopic rotator cuff repair, the more advanced the athletes (i.e professional vs recreational or competitive) the less likely return to equivalent level of play [5].

The athlete was unable to participate in remainder of football

Athlete is now 4 months post op and doing well. He is currently in PT, working with school AT, and is participating in spring sports (track and field).

He has no current plans to pursue collegiate athletics.

References

1. Zbojniewicz AM, Maeder ME, Emery KH, Salisbury SR. Rotator cuff tears in children and adolescents: experience at a large pediatric hospital. Pediatr Radiol. 2014 Jun;44(6):729-37. doi: 10.1007/s00247-014-2875-6. Epub 2014 Jan 29. PMID: 24473866

2. Azzam MG, Dugas JR, Andrews JR, Goldstein SR, Emblom BA, Cain EL Jr. Rotator Cuff Repair in Adolescent Athletes. Am J Sports Med. 2018 Apr;46(5):1084-1090. doi: Ivan S. Tarkin,*† MD, Christina M. Morganti,‡ MD, Debra A. Zillmer,§ MD, Edward G. McFarland, MD, and Charles E. Giangarra,† MD From the † University of Nebraska Medical Center/Creighton University Medical Center, Department of Orthopedic Surgery, Omaha, Nebraska, the ‡ Orthopaedic and Sports Medicine Center, Annapolis, Maryland, § M & M Orthopedics, Downer's Grove, Illinois, and IlDivision of Sports Medicine and Shoulder Surgery, Department of Orthopaedic Surgery, Johns Hopkins

Condron NB, Kaiser JT, Damodar D, Wagner KR, Evuarherhe A Jr, Farley T, Cole BJ. Rotator Cuff Repair in the Pediatric Population Displays Favorable Outcomes: A Systematic Review. Arthrosc Sports Med Rehabil. 2022 Jan 6;4(2):e775-e788. doi: 10.1016/j.asmr.2021.11.010. PMID: 35494282; PMCID: PMC9042767 5. Davey MS, Hurley ET, Scanlon JP, Gaafar M, Pauzenberger L, Mullett H. Excellent Clinical Outcomes and Rates of Return to Play After Arthroscopic Rotator Cuff Repair for Traumatic Tears in Athletes Aged 30 Years or Less. Arthrosc Sports Med Rehabil. 2021 Mar 22;3(3):e667-e672. doi: 10.1016/j.asmr.2021.01.003. PMID: 34195630; PMCID:

