Neonatal clavicle dislocation

Giampiero Beluffi · Chiara Sileo

Received: 4 December 2008 / Revised: 22 January 2009 / Accepted: 28 January 2009 / Published online: 13 March 2009
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A newborn boy was referred to our institution from an outside hospital. Vaginal delivery had been difficult and the baby required tracheal intubation for 10 min to treat mild respiratory distress. On clinical inspection the left arm was swollen and motionless. A chest radiograph showed no signs of lung disease, but did show left clavicle dislocation (Fig. 1). This finding was accentuated by slight rotation of the chest as evidenced by the asymmetric appearance of the ribs. The clavicle was nearly vertical in orientation and the scapula was in a higher position than normal. There were no signs of fracture or other thoracic bony abnormalities. Manual reduction was successfully performed by the orthopaedic consultant. At discharge, arm movement was within normal limits and no hand or forearm motility deficits were detectable.

Neonatal sternoclavicular dislocation, either anterior or posterior, is a very rare finding [1], and is usually a complication of delivery. It can be seen in association with a fracture of the clavicle and be complicated by dislocation of a fragment into the mediastinum, requiring surgical repair [2].

Fig. 1 The left clavicle is dislocated and nearly vertical. Higher position than usual of the left scapula

References

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G. Beluffi (✉) · C. Sileo
Department of Radiodiagnosis, Section of Paediatric Radiology,
Fondazione IRCCS Policlinico S. Matteo,
Piazzale Golgi, 2,
Pavia 27100, Italy
e-mail: g.beluffi@smatteo.pv.it