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# Polysling skin pressure necrosis—a complication of shoulder immobilisation

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#### **DESCRIPTION**

A 65-year-old man sustained a closed minimally displaced fracture of the right proximal humerus following a low-velocity road traffic accident. The alignment of the humeral head was satisfactory and the patient was treated conservatively with a polysling shoulder immobiliser (TalarMade, Universal Multi Arm Sling). He was reviewed in fracture clinic 2 weeks postinjury where the position and alignment of the fracture fragments remained satisfactory on check radiographs. Subsequent review at 4 weeks revealed a  $10\times2$  cm² grade 3 pressure sore and surrounding erythema caused by the polysling strap (figure 1). The finding was incidental and he was completely asymptomatic to the effect of the strap on his neck. Following this, the strap was adjusted and additional padding was used to relieve pressure. The wound was managed by a district



Figure 1 Grade 3 pressure sore caused by the polysling strap.



Figure 2 Resolution of the pressure sore at 3-week follow-up.

nurse with dressings which saw resolution of the pressure sore at 3 weeks (figure 2).

Polyslings are nylon slings that are commonly used to immobilise the shoulder and support the upper limb. Patients and healthcare professionals should be alerted to this potential complication and advised to assess the integrity of the skin and regularly inspect pressure areas. In this case, the patient was a healthy male with no additional risk factors for development of pressure sores. Risk assessments such as the Braden Score<sup>1</sup> can be used to identify high-risk patients. Treatment includes relief of pressure, dressings, debridement and antibiotics in cases with superimposed infection but as always prevention is better than cure.<sup>2</sup>

#### Learning points

- Immobilisation of fractures and dislocations using slings and casts can lead to the preventable complication of pressure sores.
- ▶ Risk assessment tools such as the Braden Score can be used to identify patients who are at risk of developing pressure sores.

Competing interests None.

Patient consent Obtained.

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