Technique for shoulder ultrasonography in infants with congenital brachial plexus palsy

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BACKGROUND

Glenohumeral instability is a known complication of congenital brachial plexus palsy. In certain cases, muscle imbalance leads to posterior displacement of the head of the humerus on the cartilaginous glenoid, resulting in glenoid dysplasia and varying degrees of joint subluxation. Studies using ultrasonography have demonstrated that these anatomical changes occur in the early months of life and can be reversed with prompt treatment. However, the technical challenge of obtaining standard ultrasonography in a child a few weeks old is considerable. The subject is small, mobile and unable to sit unsupported. The shoulder that is being examined must be fully exposed with the upper limb free to move in order to obtain dynamic imaging. We had previously tried several methods of supporting the baby in order to facilitate the examination to no avail until it occurred to us to use a simple proprietary seating aid.

TECHNIQUE

The Bumbo® floor seat (Bumbo International Trust, Pretoria, South Africa) was designed to seat babies who are unable sit up by themselves. It stabilises the child into slight hip flexion, placing the pelvis in a slight anterior tilt, facilitating lumbar extension (Fig 1). When placed in one of these seats, the child adopts an upright position with access to the entire shoulder. The parent sits facing the child and can help to distract or comfort the baby. In very young subjects, the parent can also provide head support.

DISCUSSION

This simple technique facilitates execution of a procedure that is otherwise rather time consuming and difficult. Correctly positioning the child in one of these seats optimises acquisition of images, thereby aiding the diagnostic process.

Figure 1 Child in Bumbo® seat

Predicting a large prostate prior to transurethral resection using visible catheter length

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Prostate size is most commonly estimated prior to transurethral resection (TURP) with digital rectal examination although this can be unreliable.¹ Accurate prediction of a large gland benefits the surgeon, anaesthetist and theatre team in running a theatre list efficiently. Many patients for TURP have in-dwelling urethral catheters. We have found that in this patient group, a reduced amount of catheter

Figure 1 A reduced amount of catheter tubing protruding from the urethral meatus correlates with a large prostate found at surgery

tubing protruding from the urethral meatus correlates with a large prostate found at surgery (Fig 1). We have called this observation the Chetwood–Coker sign and suggest other urologists may find it useful before TURP.

Reference

1. Roehrborn CG. Accurate determination of prostate size via digital rectal examination and transrectal ultrasound. *Urology* 1998; **51**(4A Suppl): 19–22.