

Bilateral brachial plexus paralysis: a rare presentation after a fall

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A 60-year-old man presented to the accident and emergency department with complete bilateral paralysis and paraesthesia of his upper limbs after sustaining a fall while being intoxicated. The neurological exam revealed muscle power of 0/5 on the Medical Research Council (MRC) scale in all upper limb muscle groups, and a complete loss of sensation in all dermatomes from C5–T1. Magnetic resonance imaging scans of the chest revealed bilateral oedema in both axillary regions with extensive swelling in the shoulder muscles and an avulsion fracture of the left proximal humerus (**Figure 1**). This patient was discharged to the neuro-physiotherapy rehabilitation unit.

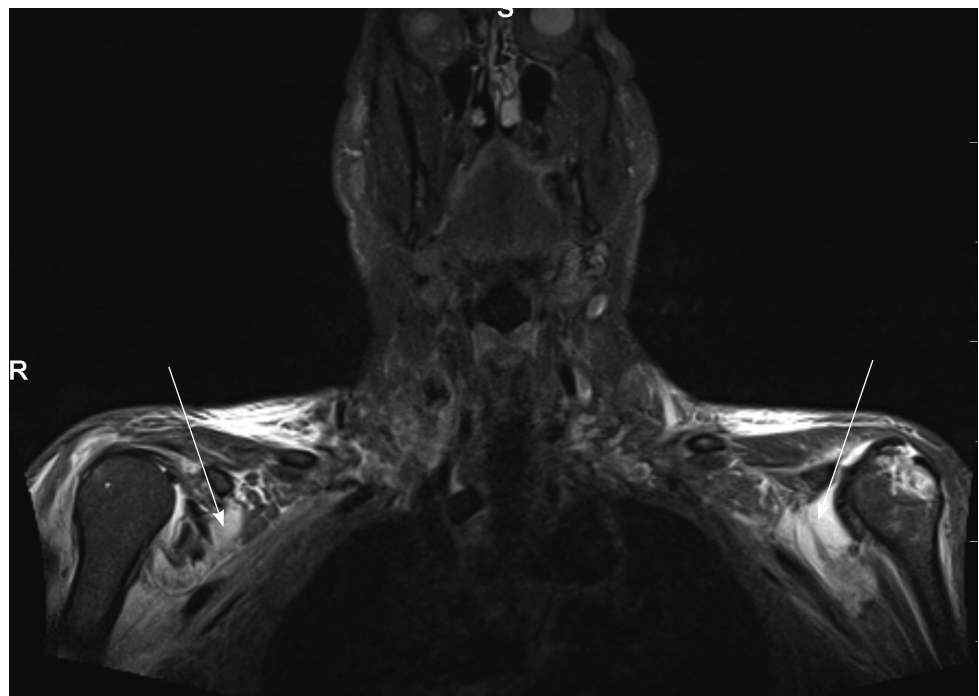


Figure 1. Magnetic resonance image of the right and left brachial plexi showing oedema with extensive swelling in the shoulder muscles (arrows).

Bilateral brachial plexus injuries are rare and can be associated with a poor functional outcome if not addressed in a timely manner. Spontaneous and complete recovery may occur in cases of neuropraxia, whereas severe compression might not result in favourable outcomes (Thatte et al, 2013). Severe oedema of the soft tissues in the axillary region can lead to compartment syndrome, warranting prompt surgical intervention to avoid permanent disability.

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Reference

Thatte MR, Babhulkar S, Hiremath A. Brachial plexus injury in adults: diagnosis and surgical treatment strategies. *Ann Indian Acad Neurol.* 2013;16(1):26–33. <https://doi.org/10.4103/0972-2327.107686>

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