SANTANDER SHOULDER MEETING

Skeletal Radiol. 2007 Jan;36(1):17-22. ePub 2006 Oct 5. Distal clavicular osteolysis: MR evidence for subvinieran fracture. Kassarjian A, Llopis E, Palmer WE.

A distal clavicular subchondral fracture is a common finding in patients with imaging evidence of distal clavicular osteolysis. These subchondral fractures may be responsible for the propensity of findings occurring on the clavicular side of the acromioclavicular

The Journal of Bone and Joint Surgery (American). 2007;89:1-10.Nonoperative Treatment Compared with Plate Fixation of Displaced Midshaft Clavicular Fractures A Multicenter, Randomized Clinical Trial Canadian Orthopaedic Trauma Society

Operative fixation of a displaced fracture of the clavicular shaft results in improved functional outcome and a lower rate of malunion and nonunion compared with nonoperative treatment at one year of follow-up. Hardware removal remains the most common reason for repeat intervention in the operative group. This study supports primary plate fixation of completely displaced midshaft clavicular fractures in active adult patients.

Causas de dolor post artroscopia - SDRC - RIGIDEZ: no operar si rigidez previa, aumento riesgo en DM perimenopáusica. TTo manipulación y/o artroscopia Condrolisis: causas trauma, implantes absorbibles, bupivacaína y - epinefrina, bomba analgésica intrarticular, vaporizador ($T^a > 45^o$ lesión condral.)

J Shoulder Elbow Surg. 2004 Jan-Feb;13(1):5-12. Anterosuperior impingement of the shoulder as a result of pulley lesions: a prospective arthroscopic study. Habermeyer P, Magosch P, Pritsch M, Scheibel MT, Lichtenberg S.

In the multivariate analysis the stepwise selection procedure revealed only AC arthritis and the deep surface tear of the subscapularis (groups 3 and 4) to be significant influencing factors for an ASI. Our findings indicate that a progressive lesion of the pulley system, including partial tears of the subscapularis and supraspinatus tendons, contributes significantly to the development of an ASI. A pulley lesion leads to instability of the long head of the biceps tendon, causing increased passive anterior translation and upward migration of the humeral head, resulting in an ASI. In addition, a partial articular- side subscapularis and supraspinatus tendon tear reinforces the ASI.

Journal of Bone and Joint Surgery - British Volume, Vol 87-B, Issue 5, 677-683. Criteria for arthroscopic treatment of anterior instability of the shoulder.A PROSPECTIVE STUDY E. Calvo, MD, PhD, J. J. Granizo, MD and D. Fernández-Yruegas

Age younger than 28 years, ligamentous laxity, the presence of a fracture of the glenoid rim involving more than 15% of the articular surface, and post-operative participation in contact or overhead sports were associated with a higher risk of recurrence,

Journal of Bone and Joint Surgery - British Volume, Vol 89-B, Issue 11, 1470-1477.The instability severity index scoreA SIMPLE PRE- OPERATIVE SCORE TO SELECT PATIENTS FOR ARTHROSCOPIC OR OPEN SHOULDER STABILISATION F. Balg, MD, FRCSC, Associate Professor1; and P. Boileau, MD

Patient age under 20 years at the time of surgery; involvement in competitive or contact sports or those involving forced overhead activity; shoulder hyperlaxity; a Hill- Sachs lesion present on an anteroposterior radiograph of the shoulder in external rotation and/or loss of the sclerotic inferior glenoid contour.

Journal of Bone and Joint Surgery - British Volume, Vol 89-B, Issue 9, 1188-1196. Is arthroscopic surgery for stabilisation of chronic shoulder instability as effective as open surgery?A SYSTEMATIC REVIEW AND META-ANALYSIS OF 62 STUDIES INCLUDING 3044 ARTHROSCOPIC OPERATIONS J. Hobby, MD, D. Griffin, M. Dunbar, MRCS, P. Boileau

A systematic search of the literature published between January 1985 and February 2006 identified 62 studies which reported the results of arthroscopic procedures for chronic anterior shoulder instability or comparisons between arthroscopic and open surgery. These studies were classified by surgical technique and research methodology, and when appropriate, were included in a meta-analysis. The failure rate of arthroscopic shoulder stabilisation using staples or transglenoid suture techniques appeared to be significantly higher than that of either open surgery or arthroscopic stabilisation using suture anchors or bio-absorbable tacks. Arthroscopic anterior stabilisation using the most effective techniques has a similar rate of failure to open stabilisation after two years.

Arthroscopy .Volume 16, Issue 7, Pages 677-694 (October 2000) Traumatic glenohumeral bone defects and their relationship to failure of arthroscopic Bankart repairs: Significance of the inverted-pear glenoid and the humeral engaging Hill-Sachs lesión Stephen S. Burkhart, M.D., Joe F. De Beer, M.D.

Arthroscopic Bankart repairs give results equal to open Bankart repairs if there are no significant structural bone deficits (engaging Hill-Sachs or inverted-pear Bankart lesions). (2) Patients with significant bone deficits as defined in this study are not candidates for arthroscopic Bankart repair. (3) Contact athletes without structural bone deficits may be treated by arthroscopic Bankart repair. However, contact athletes with bone deficiency require open surgery aimed at their specific anatomic deficiencies. (4) For patients with significant glenoid bone loss, the surgeon should consider reconstruction by means of the Latarjet procedure, using a large coracoid bone graft.

Arthroscopy. 2007 Feb;23(2):211-5. Minor shoulder instability. Castagna A, Nordenson U, Garofalo R, Karlsson J.

We present "minor instability," which is a pathological condition causing a dysfunction of the glenohumeral articulation, especially in combination with microtrauma, repetitive or not, or after a period of immobilization or inactivity. The major pathological process can be identified at the level of the anterior superior labrum, in particular the MGHL complex, and appears as hyperemia, fraying, stretching, loosening, thinning, hypoplasia, or even absence.

Arthroscopy. 2009 Nov;25(11):1343-8. Arthroscopic double-pulley remplissage technique for engaging Hill-Sachs lesions in anterior shoulder instability repairs. Koo SS, Burkhart SS, Ochoa E.

The procedure aims to convert a bony intra-articular defect into an extra-articular defect by insetting the infraspinatus into the Hill-Sachs lesion.

Injury. 2008 Mar;39(3):319-22. Allograft reconstruction of segmental defects of the humeral head associated with posterior dislocations of the shoulder. Martinez AA, Calvo A, Domingo J, Cuenca J, Herrera A, Malillos M

The Journal of Bone and Joint Surgery (American) 82:304-14 (2000) Clinical Outcome After Structural Failure of Rotator Cuff Repairs* BERNHARD JOST, M.D. , CHRISTIAN W. A. PFIRRMANN, M.D. and CHRISTIAN GERBER, M.D.

The clinical outcome was significantly correlated with the size of the postoperative tear, the stage of postoperative fatty muscle degeneration of the infraspinatus and subscapularis, the postoperative acromiohumeral distance, and the degree of postoperative glenohumeral osteoarthritis ($p < 0.05$).

Am J Sports Med. 2010 Jan;38(1):35-9. Epub 2009 Sep 14. The long-term outcome of recurrent defects after rotator cuff repair. Dodson CC, Kitay A, Verma NN, Adler RS, Nguyen J, Cordasco FA, Altchek DW.

At an average of 7.9 years, patients with recurrent defects after rotator cuff repair still had an improvement in terms of pain, function, and satisfaction. However, the rotator cuff defect significantly increased in size, and there was a progression of strength deficits. These findings suggest that patients with recurrent defects can remain asymptomatic over the long term but will predictably lose strength in the involved extremity. Furthermore, the study demonstrated that defects after rotator cuff repair increase in size but often remain asymptomatic.

Clin Orthop Relat Res. 2010 Jan 5. [Epub ahead of print] Indications for Reverse Total Shoulder Arthroplasty in Rotator Cuff Disease. Drake GN, O'Connor DP, Edwards TB.

In short-term followup the RTSA relieves symptoms and restores function for patients with cuff tear arthropathy and irreparable rotator cuff tears with pseudoparalysis (preserved deltoid contraction but loss of active elevation). Severely impaired deltoid function, an isolated supraspinatus tear, and the presence of full active shoulder elevation with a massive rotator cuff tear and arthritis are contraindications to RTSA.

J Shoulder Elbow Surg. 2008 Nov-Dec;17(6):863-70. The role of anterior deltoid reeducation in patients with massive irreparable degenerative rotator cuff tears. Levy O, Mullett H, Roberts S, Copeland S

Knee Surg Sports Traumatol Arthrosc. 2009 Oct 14. Arthroscopic tuberoplasty for subacromial impingement secondary to proximal humeral malunion. Calvo E, Merino-Gutierrez I, Lagunes I

This article reports a technique of arthroscopic tuberoplasty based on combined intra- and extra- articular transtendinous abrasion of the proximal end of the greater tuberosity for malunions with severe upward displacement of the greater tuberosity.

Arthroscopy. 1995 Feb;11(1):52-6. Scapulothoracic anatomy for the arthroscopist. Ruland LJ 3rd, Ruland CM, Matthews LS

J Bone Joint Surg Am. 2009 Sep;91(9):2251-62. Snapping scapula syndrome. Lazar MA, Kwon YW, Rokito AS.

Snapping scapula syndrome arises from either a soft-tissue or a skeletal anomaly within the scapulothoracic space that creates a cracking sound during scapulothoracic motion that patients associate with pain. Nonoperative measures consisting of supervised physical therapy, anti-inflammatory medications, and therapeutic injections are the mainstay of treatment. Open, arthroscopic, and combined operative approaches have been described for the treatment of refractory cases, with good overall outcomes in many relatively small case series. However, the optimal operative approach has yet to be determined.

Clin Orthop Relat Res. 2004 Jun;(423):99-105. The painful scapulothoracic articulation: surgical management. Lehtinen JT, Macy JC, Cassinelli E, Warner JJ

combined open and arthroscopic approach was the most effective, and surgical treatment is an acceptable method for treatment of refractory painful scapulothoracic bursitis.

J Shoulder Elbow Surg. 2004 Nov-Dec;13(6):604-13. Minimum fifteen-year follow-up of Neer hemiarthroplasty and total shoulder arthroplasty in patients aged fifty years or younger. Sperling JW, Cofield RH, Rowland CM

Among the hemiarthroplasties, there were 6 excellent (10%), 19 satisfactory (30%), and 37 unsatisfactory results (60%). Among total shoulder arthroplasties, there were 6 excellent (21%), 9 satisfactory (31%), and 14 unsatisfactory results (48%). The estimated survival rate for hemiarthroplasty was 82% (95% CI, 74%-92%) at 10 years and 75% (95% CI, 64%-86%) at 20 years. The estimated survival rate for total shoulder arthroplasty was 97% (95% CI, 91%-100%) at 10 years and 84% (95% CI, 68%-98%) at 20 years.

J Bone Joint Surg Am. 2009 May;91(5):1109-19. Humeral head arthroplasty and meniscal allograft resurfacing of the glenoid. Wirth MA.

Lateral meniscal allograft resurfacing of the glenoid can protect the glenoid from erosion, can minimize glenohumeral subluxation, and is associated with significant pain relief and improved function for two to five years when used in conjunction with hemiarthroplasty in younger patients with glenohumeral arthritis. However, the progressive decrease in glenohumeral joint space noted radiographically raises concern for both the long-term functional outcome and the durability of the glenoid bone-sparing effect.

J Bone Joint Surg Am. 2009 May;91(5):1228-38. Shoulder resurfacing.Burgess DL, McGrath MS, Bonutti PM, Marker DR, Delanois RE, Mont MA.

Resurfacing appears to be a viable option for shoulder replacement, especially in young patients.