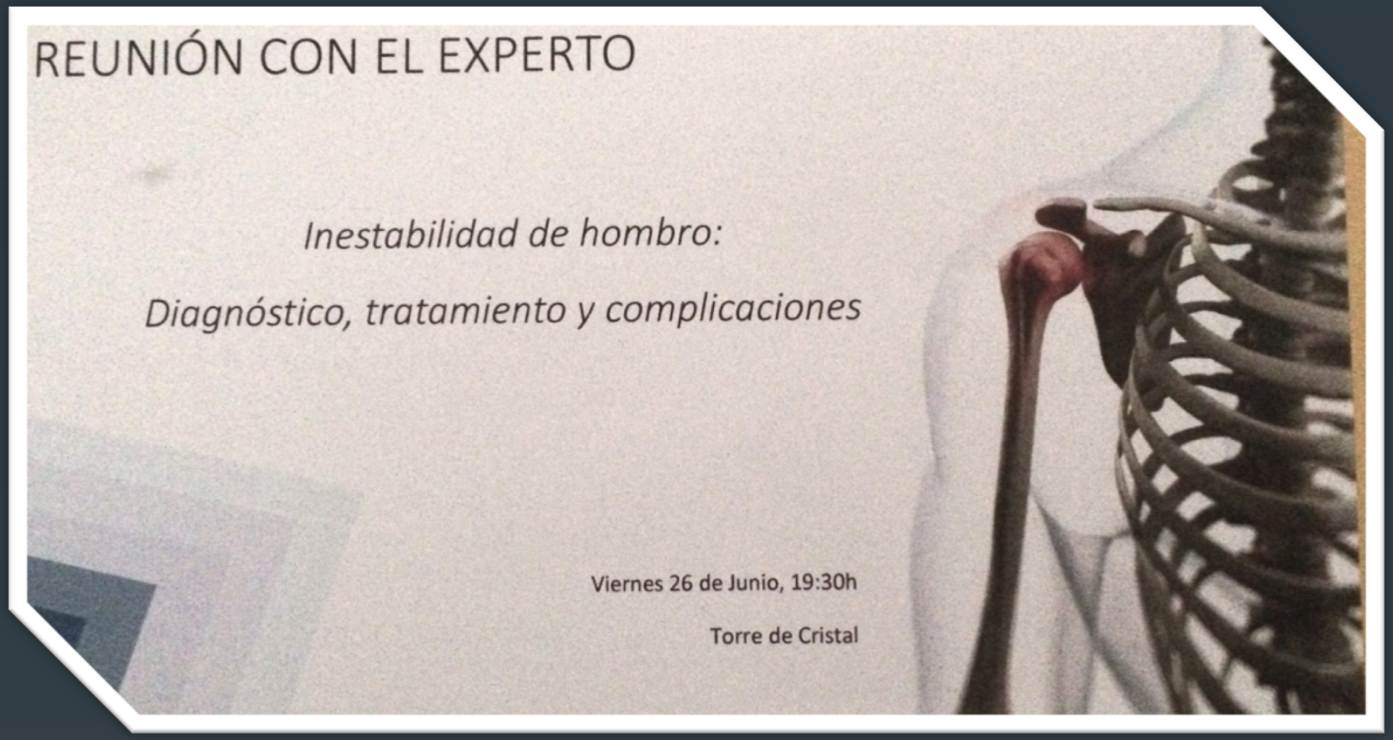


Failed anterior shoulder stabilization

Dr. Juan D Ayala / Dr. Manuel Pérez-España
Hospital San Rafael / Hospital Virgen del Mar
Madrid. 26 de Junio de 2015.

instability recurrence

- Success / failure
- Patient study
- What failed?
- How to manage it?

what success is?

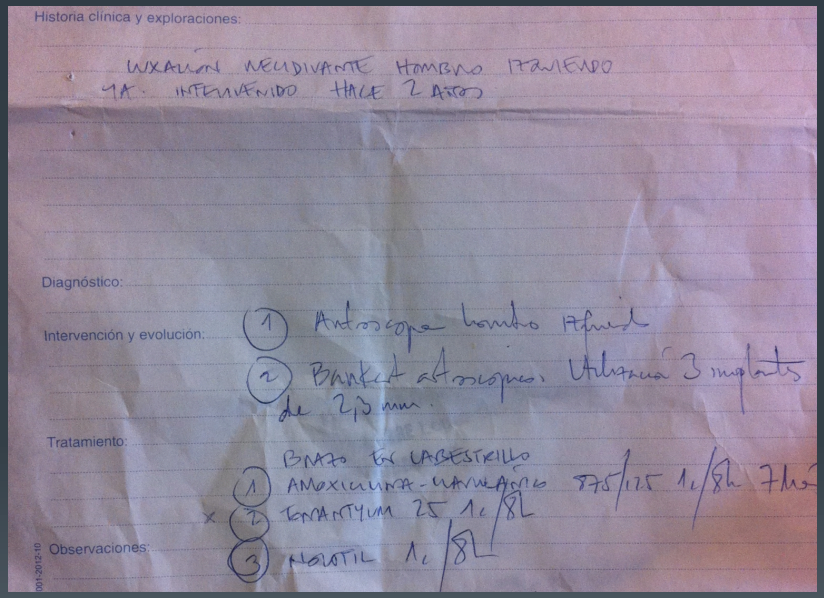
What a fail is?

- New dislocation
- Instability
- Stiffness

Patient study

- First episode

- Surgical report



Medical records
Left shoulder recurrent dislocation operated 2 years ago.

intervention:
Left shoulder arthroscopy, arthroscopic Bankart using three 2.3mm implants

Surgical report

MEDICAL HISTORY:
Patient with recurrent dislocation of his left shoulder, the first episode in 2013, reduced hospital, then another 5 episodes.
Physical examination and testing compatible image anterior labrum injury, small anterior glenoid bone defect and large Hill-Sachs lesion.
Surgical treatment is decided.

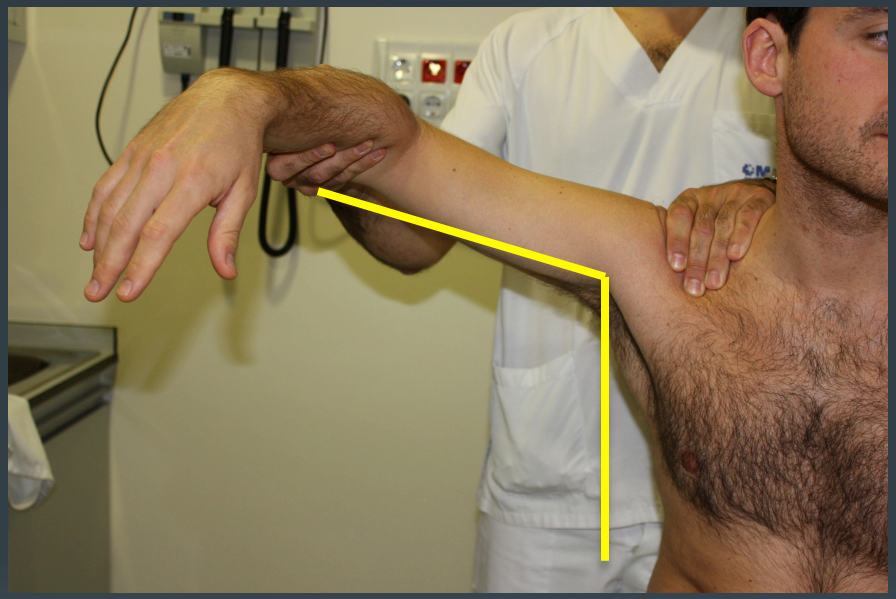
SURGERY: September 11, 2014
Patient in the lateral decubitus, a soft tissue traction table
Left shoulder arthroscopy with the following findings:
Glenohumeral: anterior and anterior labral lesion medialisation lower margin of labrum from 6 to 9 and structuring
the same of 9 to 11. Important Hill-Sachs lesion with dynamic put down. We proceed to refresh the Hill-Sachs lesion, 1 Screw 5.5mm implant placed
Biocork double suture bottom of the injury and 3mm titanium implant with a suture upper zone.
Last suture is carried through and infraspinatus capsule, not knotted sutures. In the anterior labrum is detached medialized
finding small bone fragment in medial glenoid area, bloody footprint insertion in glenoid neck to the edge of it.
anterior labrum repair is performed by 4 implants BiosutureTAC (7-8-9-10 clock face), right labroplastia from 6 to 9 and
more precarious 9 to 11 in relation to the previous defecit capsulolabral tissue reconstruction.
Finally it comes to tying humeral head implants getting Remplissage effect and proper re-centering of the head
Closing portals staple, pressure dressing, shoulder immobilizer.

POSTOPERATIVE:
The patient is discharged on the date

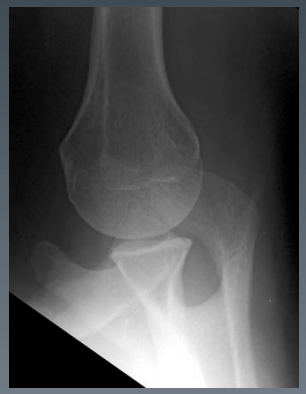
TREATMENT AND RECOMMENDATIONS ON HIGH.
1. shoulder immobilizer 6 weeks, withdraw for a shower and to move elbow
2. 1c Keral 25mg / 8h
3. If pain paracetamol 1g / 8h alternate with Keral
4. Omeprazole 20mg 1c / 24h
5. Review and cure next week

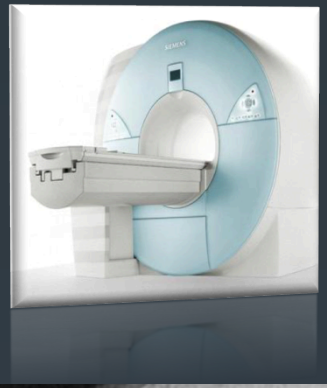
- Event recurrence

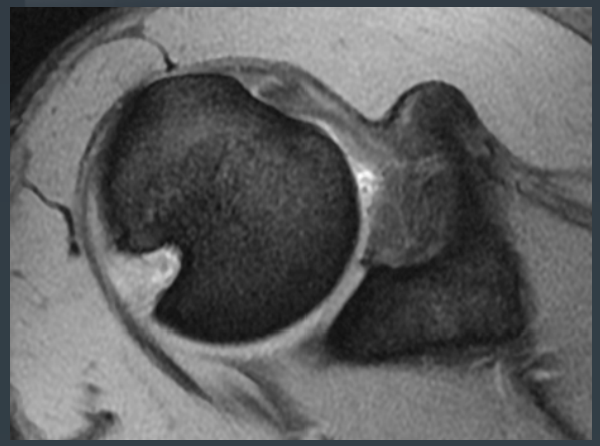
- Clinical evaluation

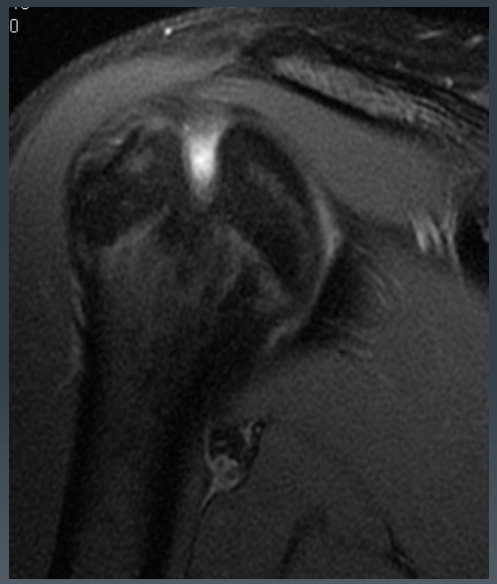


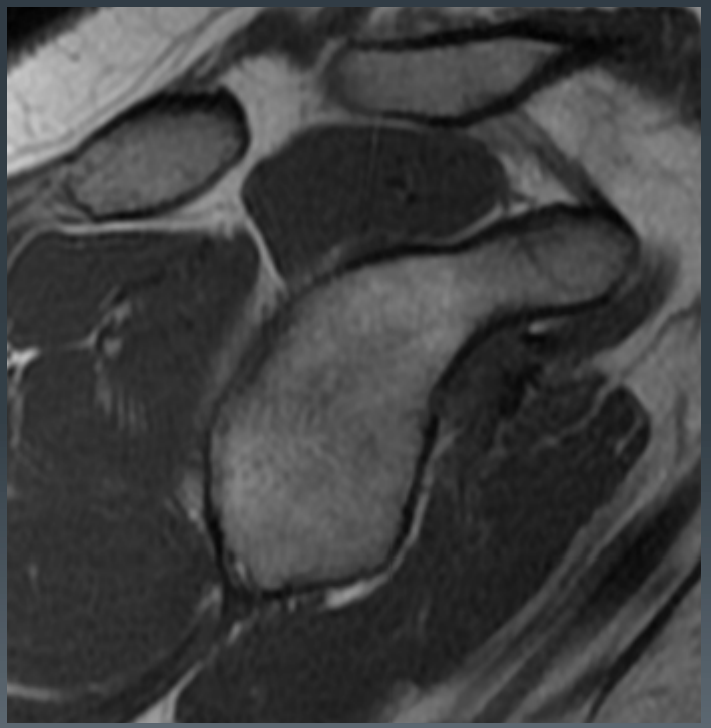
- imaging

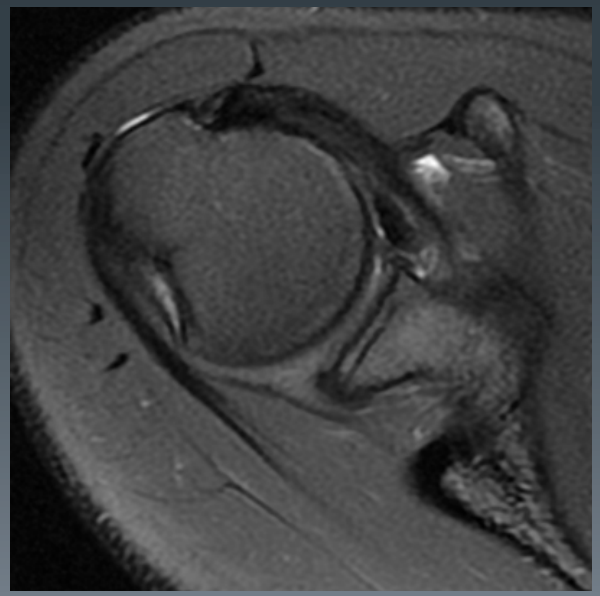








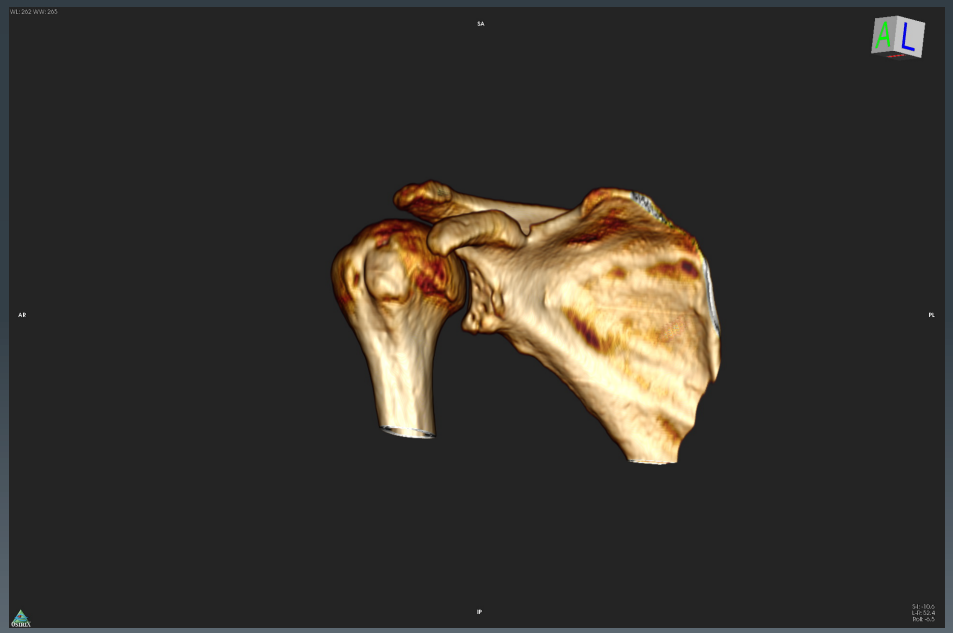


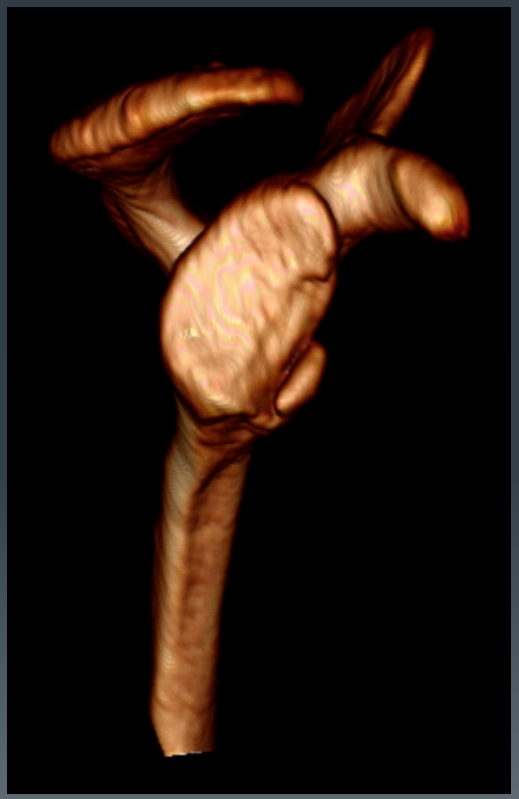


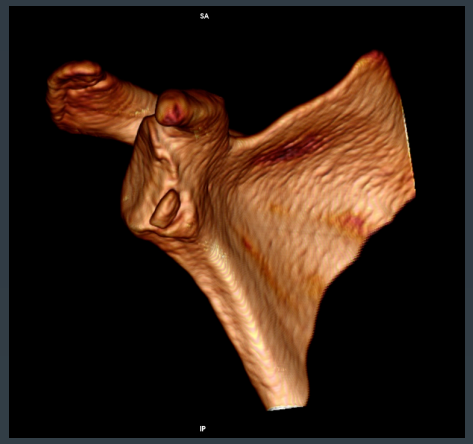

Type:DERIVED/PRIM
RefPhys:Madruga Carpintero

OsiriX Imaging Software

Advanced Open-Source PACS Workstation DICOM Viewer



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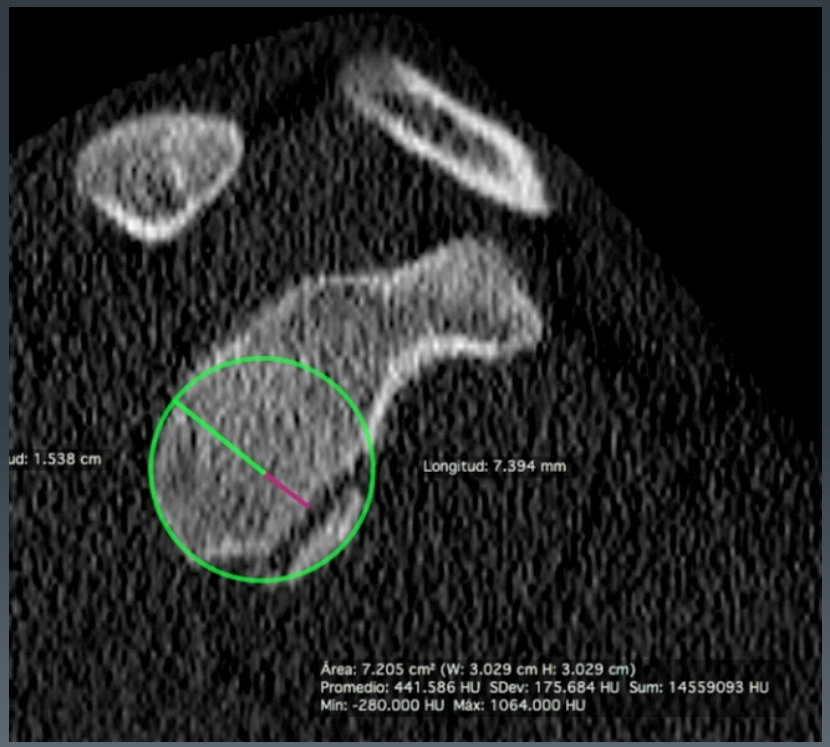
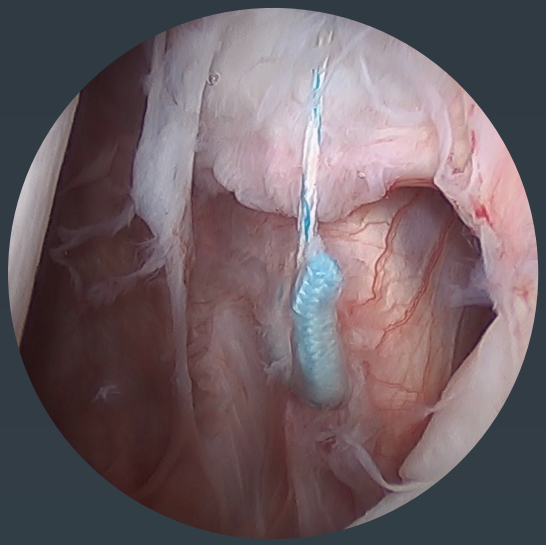
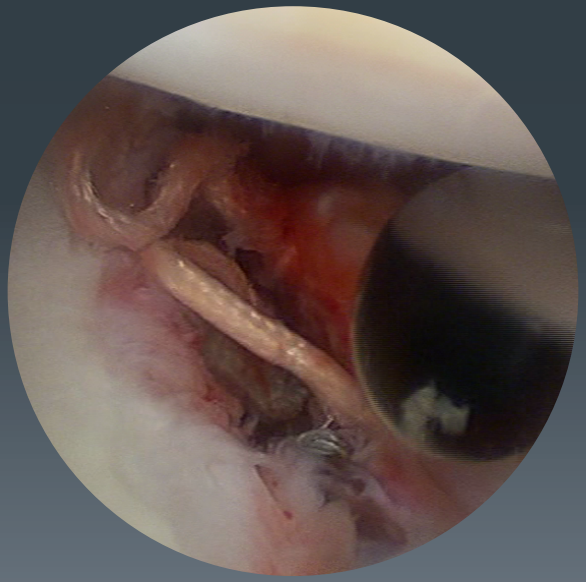

ud: 1.538 cm
Longitud: 7.394 mm
Área: 7.205 cm² (W: 3.029 cm H: 3.029 cm)
Promedio: 441.586 HU SDev: 175.684 HU Sum: 14559093 HU
Mín: -280.000 HU Máx: 1064.000 HU


monster
USA





Karim Abouali J. Arthroscopy: The Journal of Arthroscopic and Related Surgery, 2013. Vol 29, No 9

- Why in a minor trauma?
  - Missing residual defect
  - Technical error

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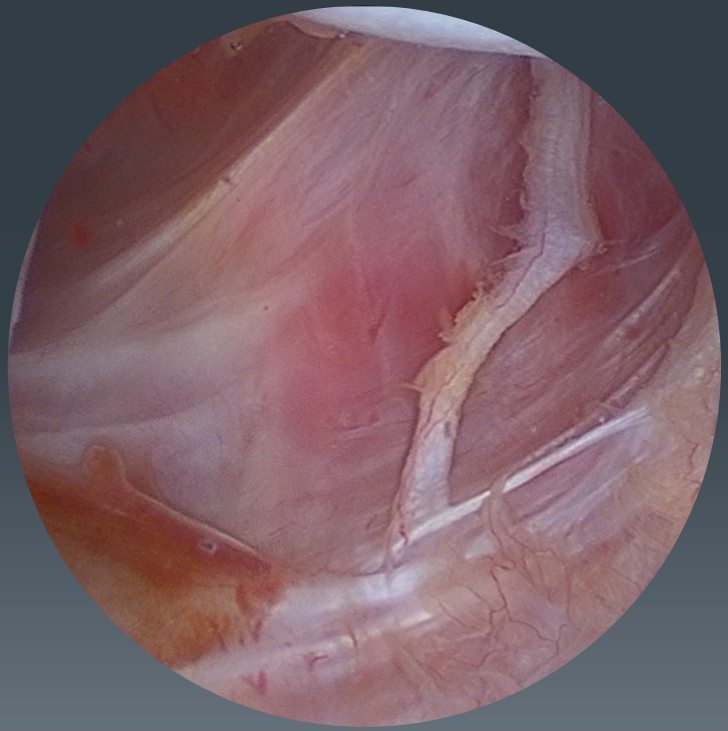

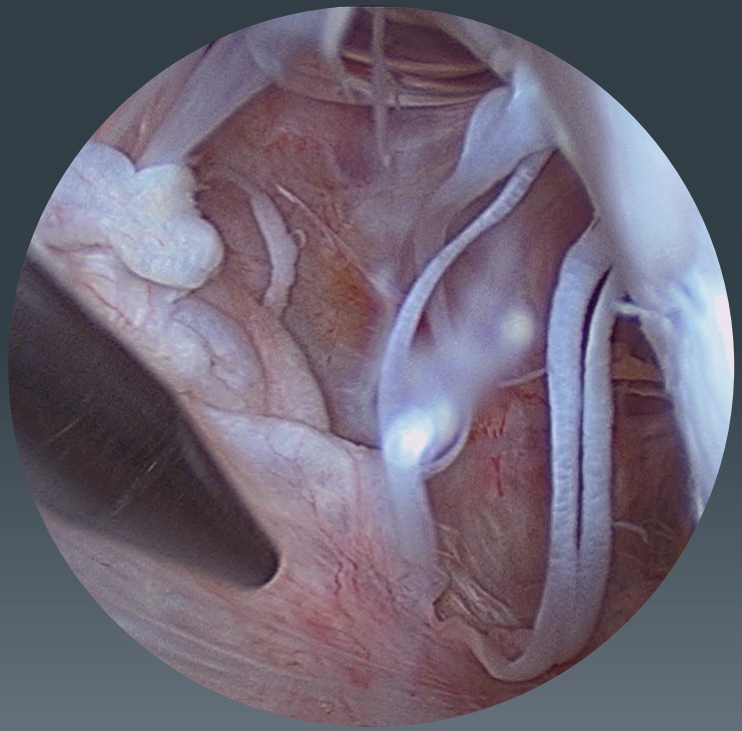

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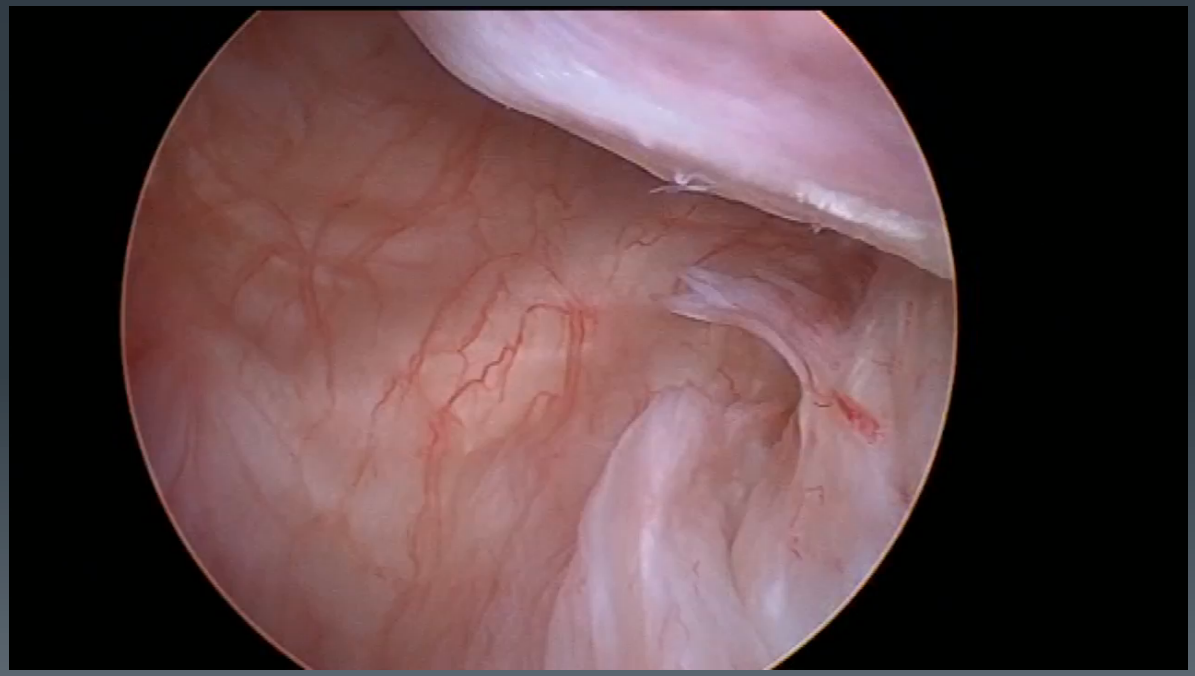

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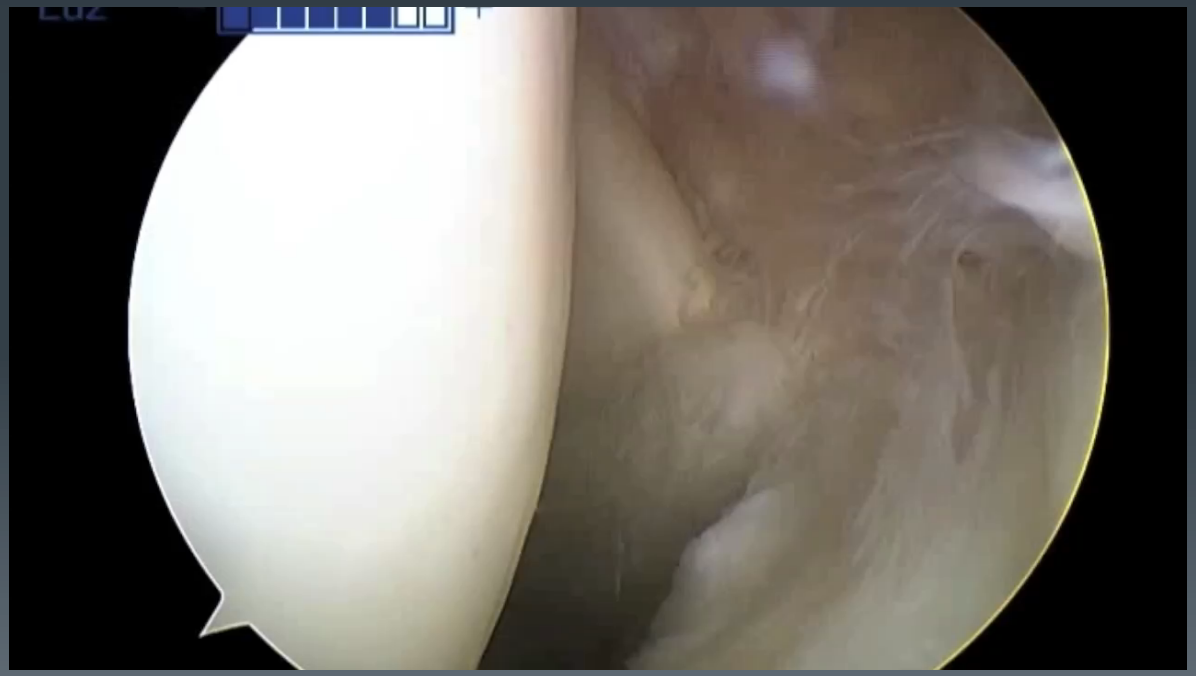

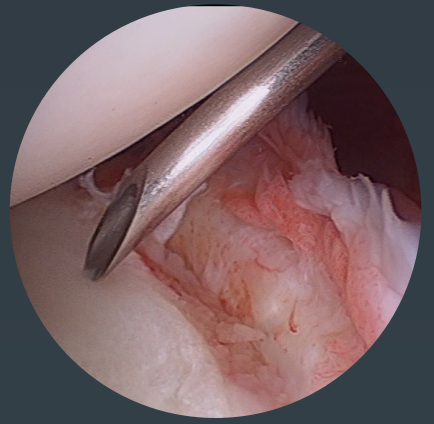

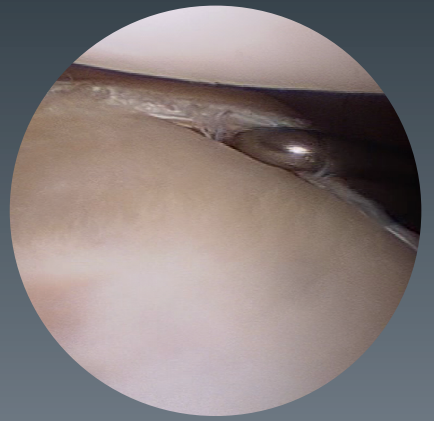

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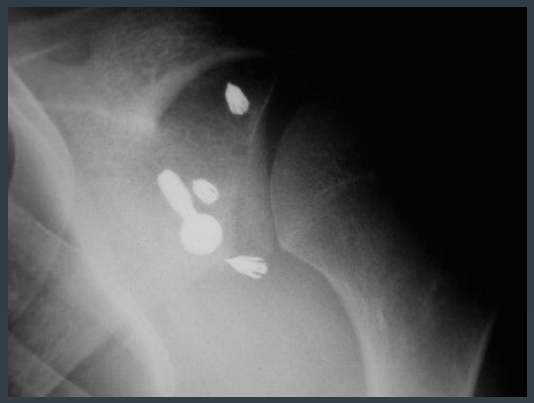
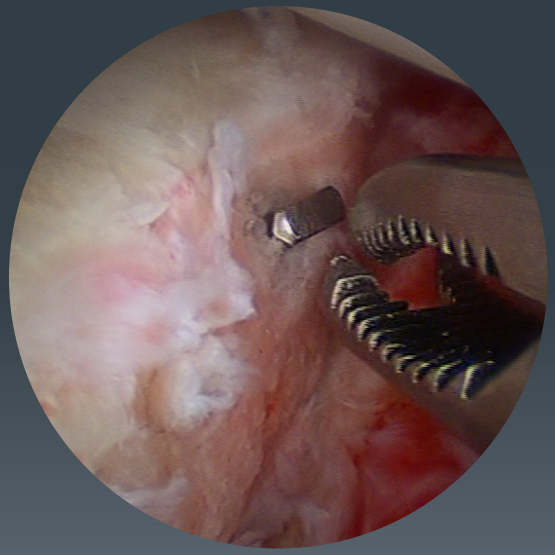
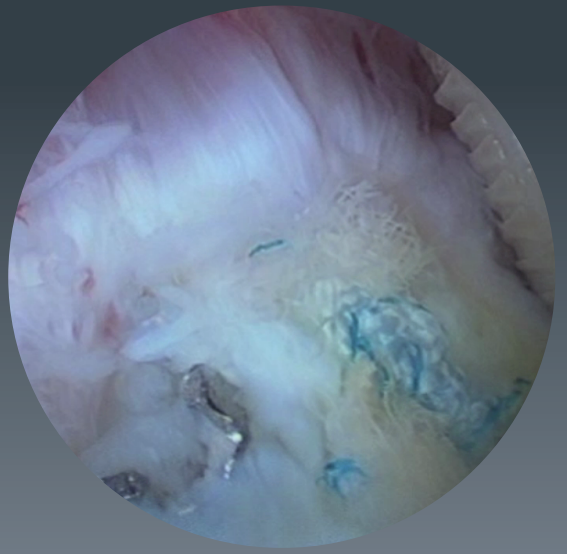
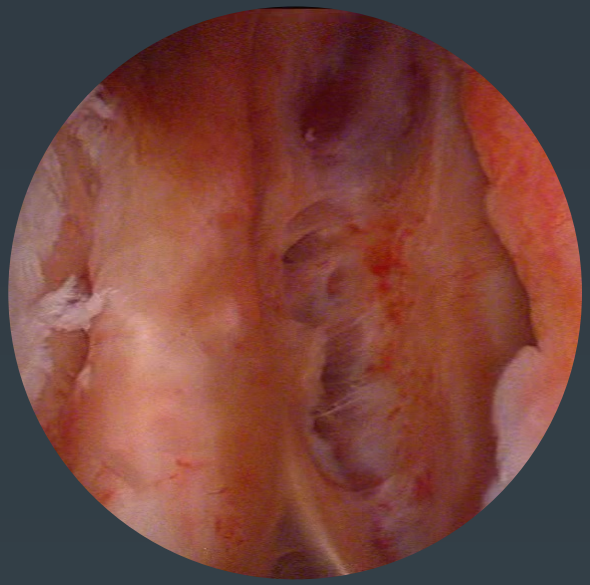
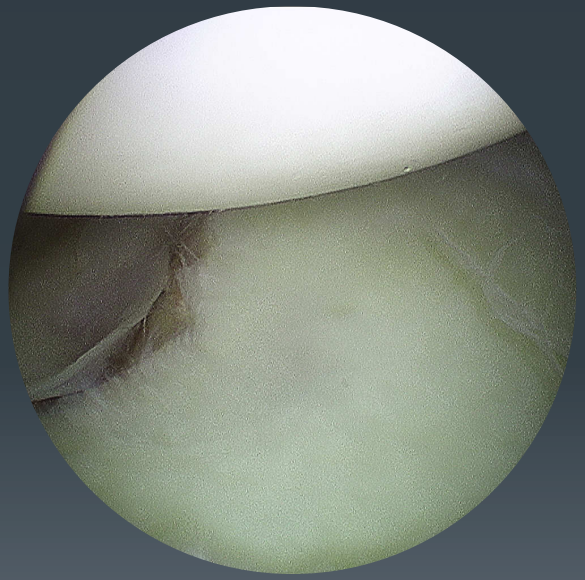


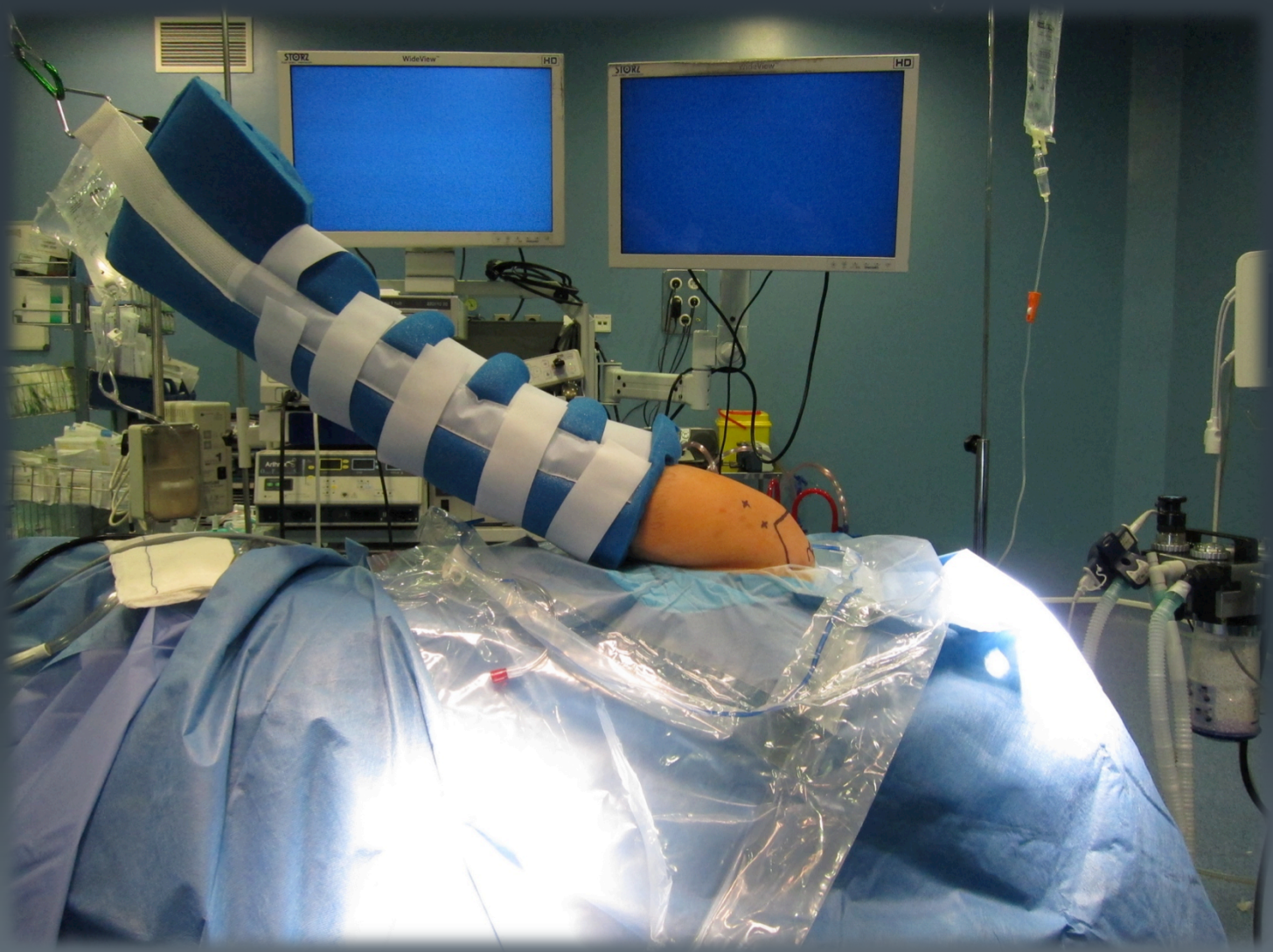




how to face them?



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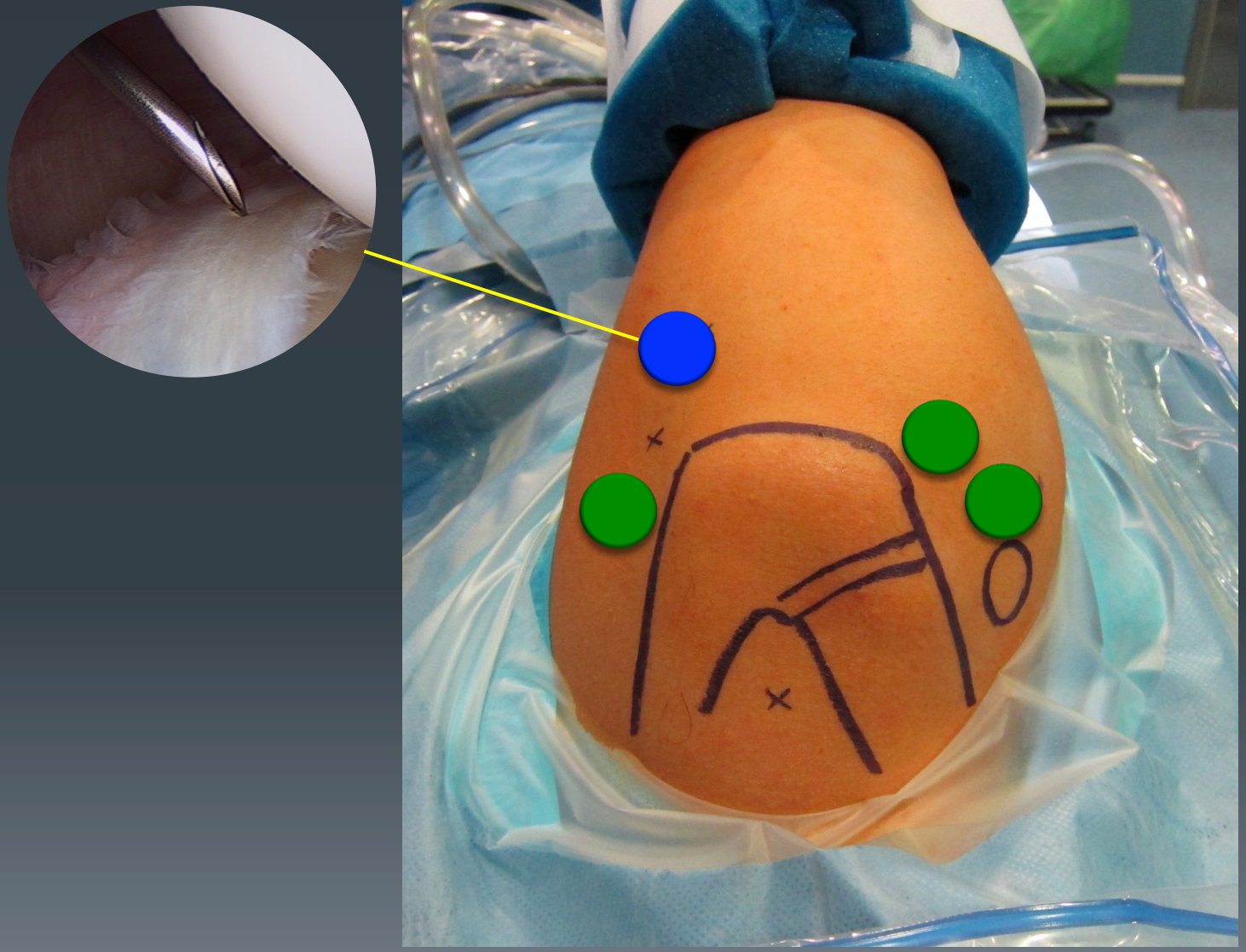
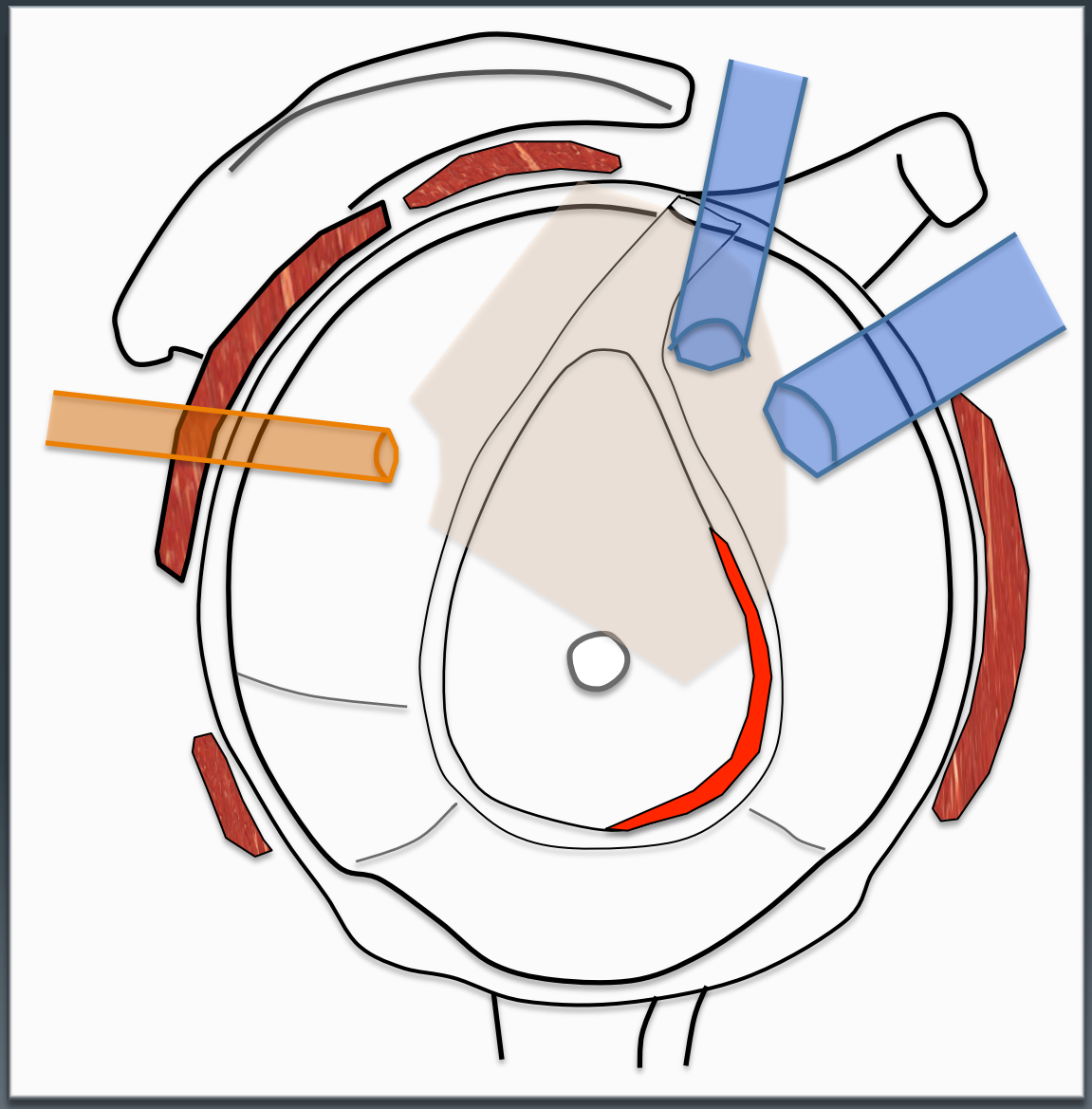
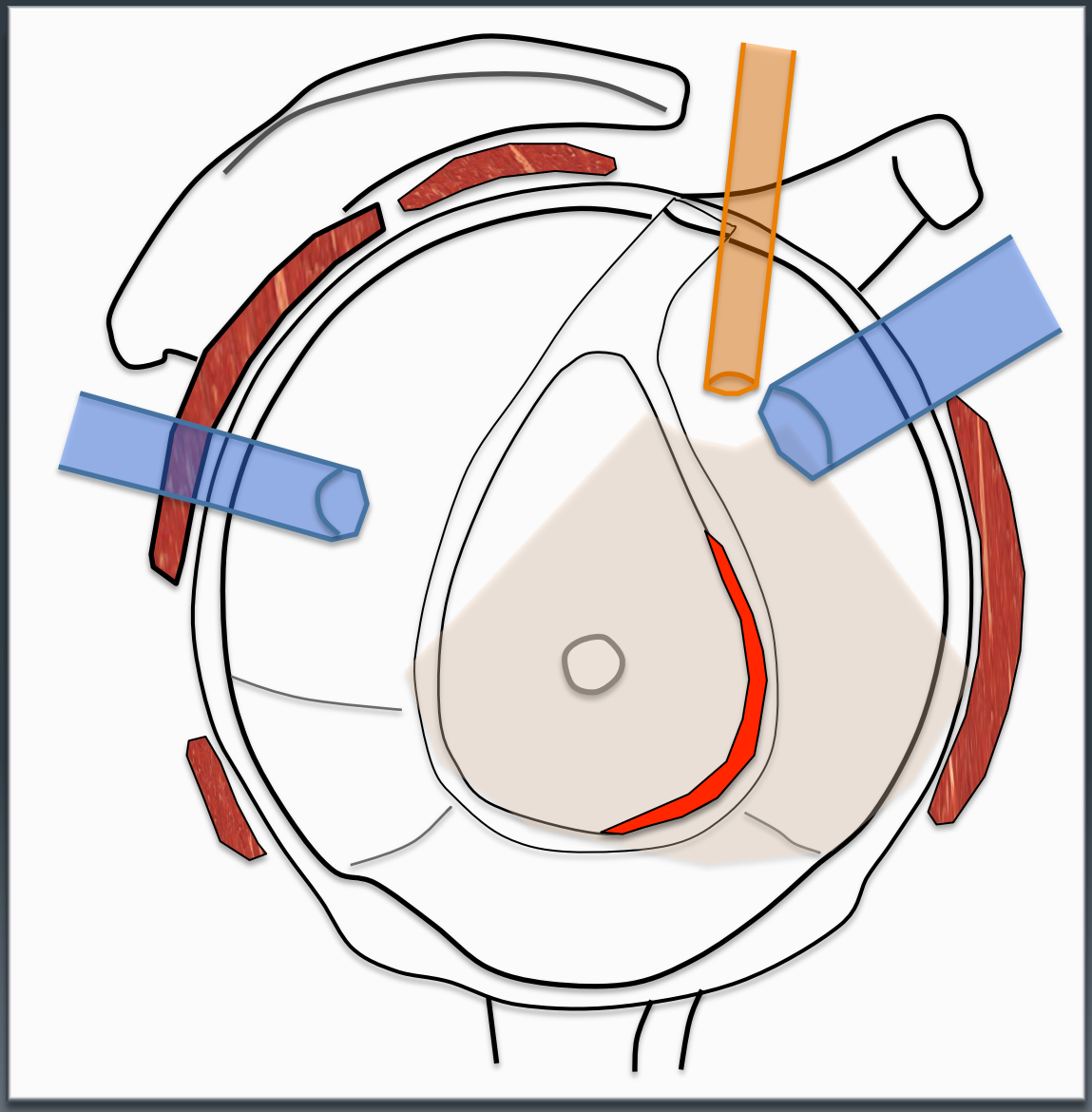
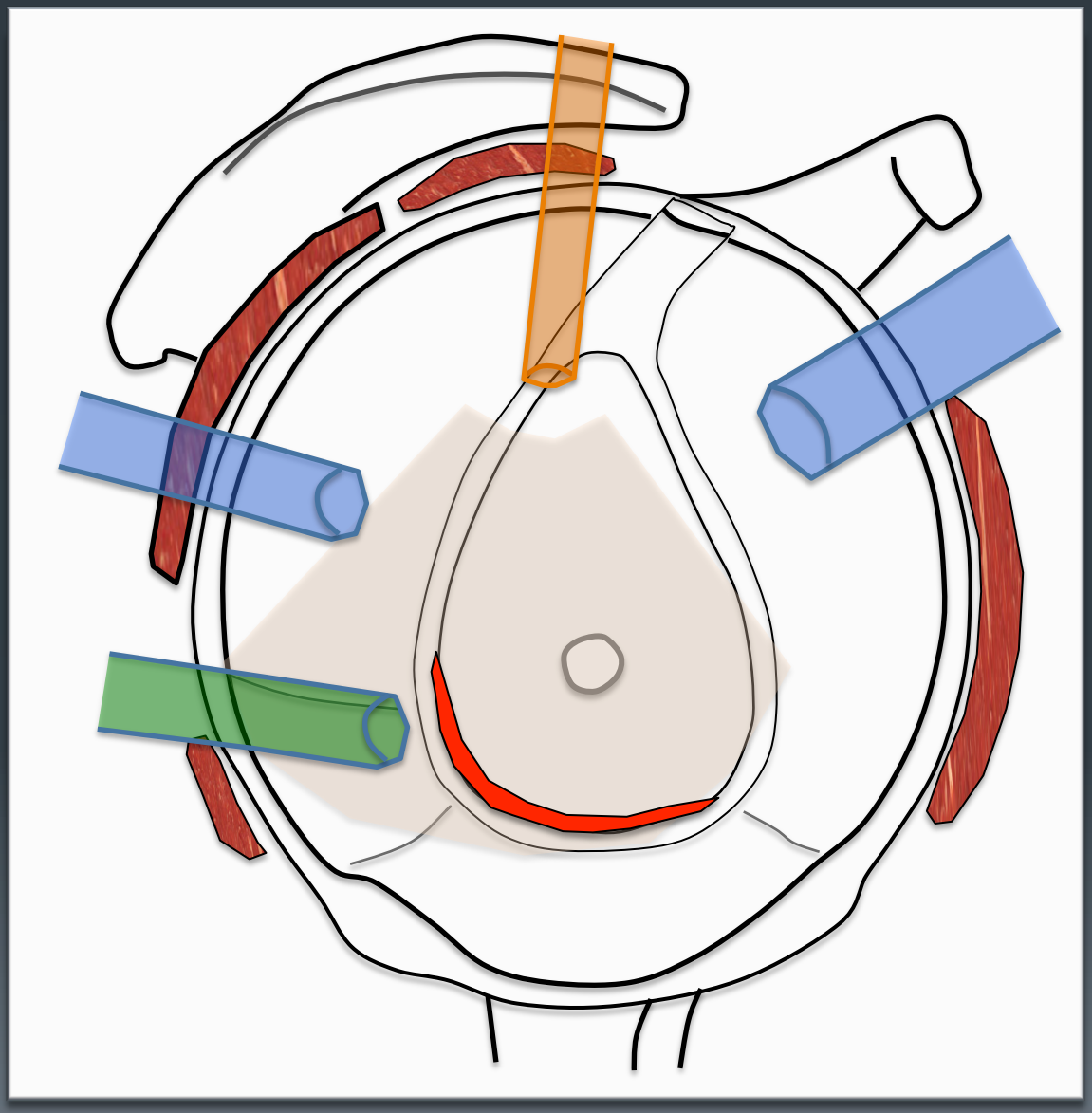
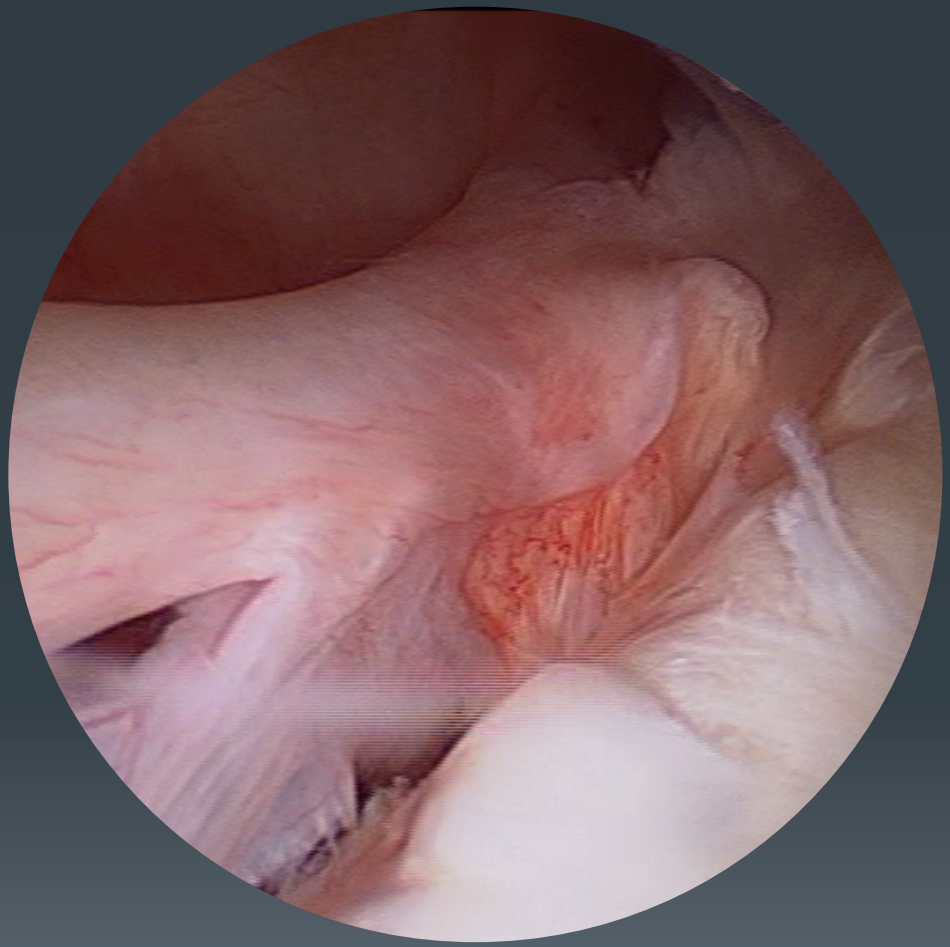
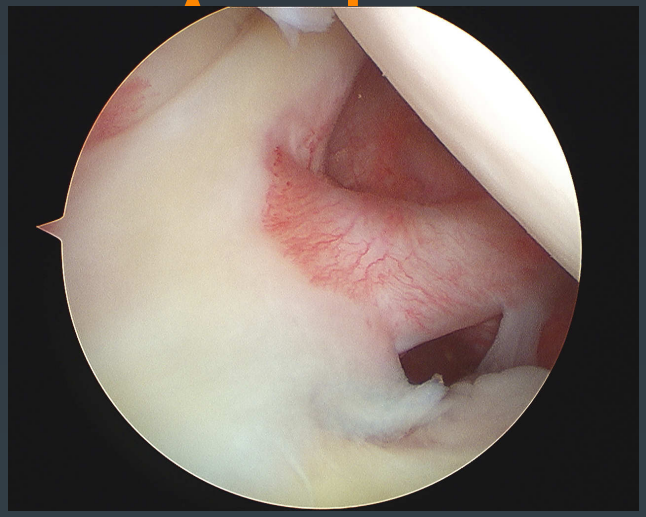


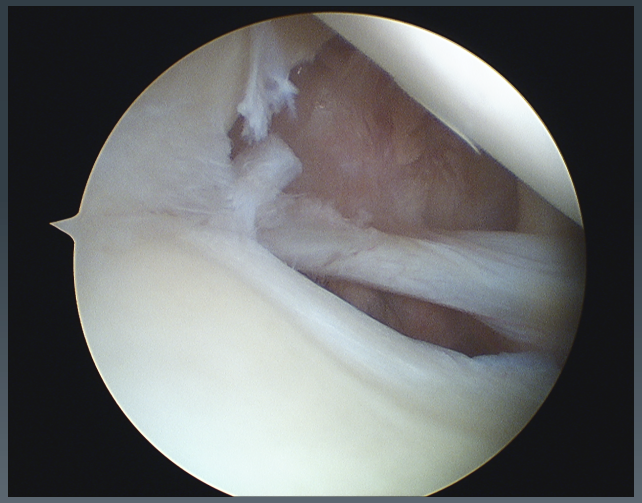








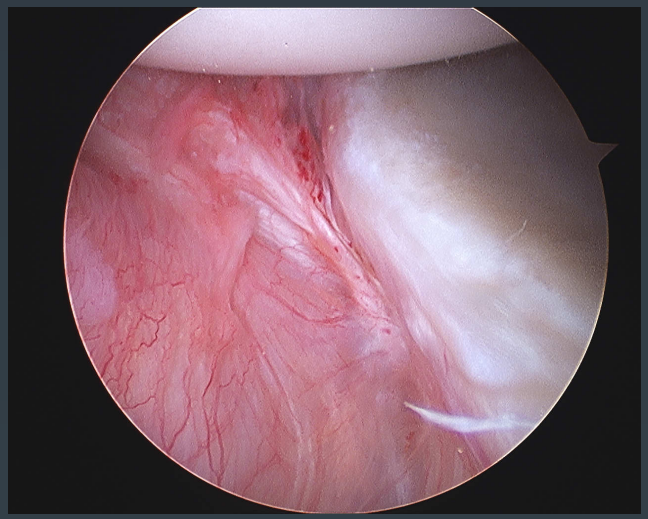


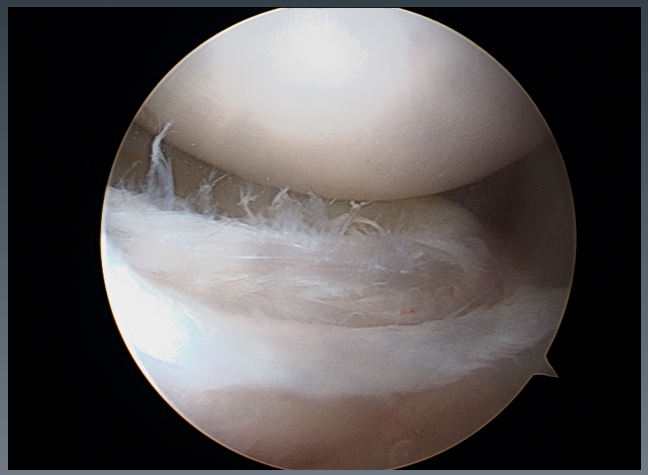


variantes, patología

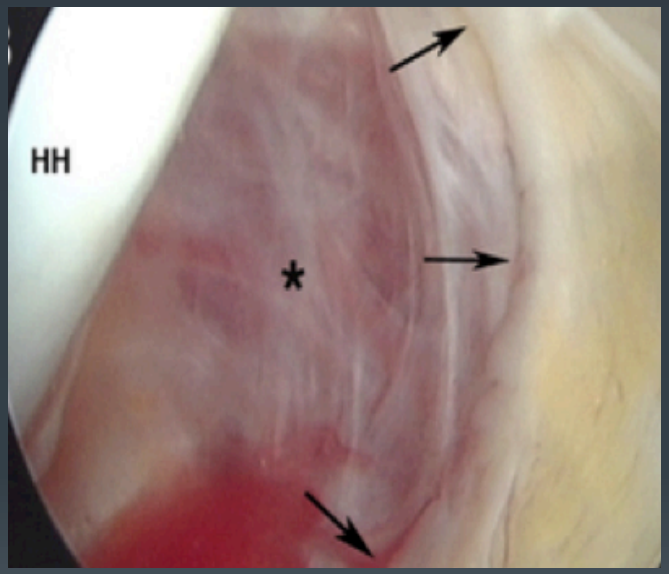
- **Labrum**
  - Labrum meniscoide, agujero sublabral, Buford
  - SLAP, pinzamiento AS, Bankart, Kim, ALPSA, Perthes, cápsula laxas sin lesión labral (43%)
  - No fijar Buford
  - Utilizar palpador
  - Portal anterior

Anatomía, variantes, patología

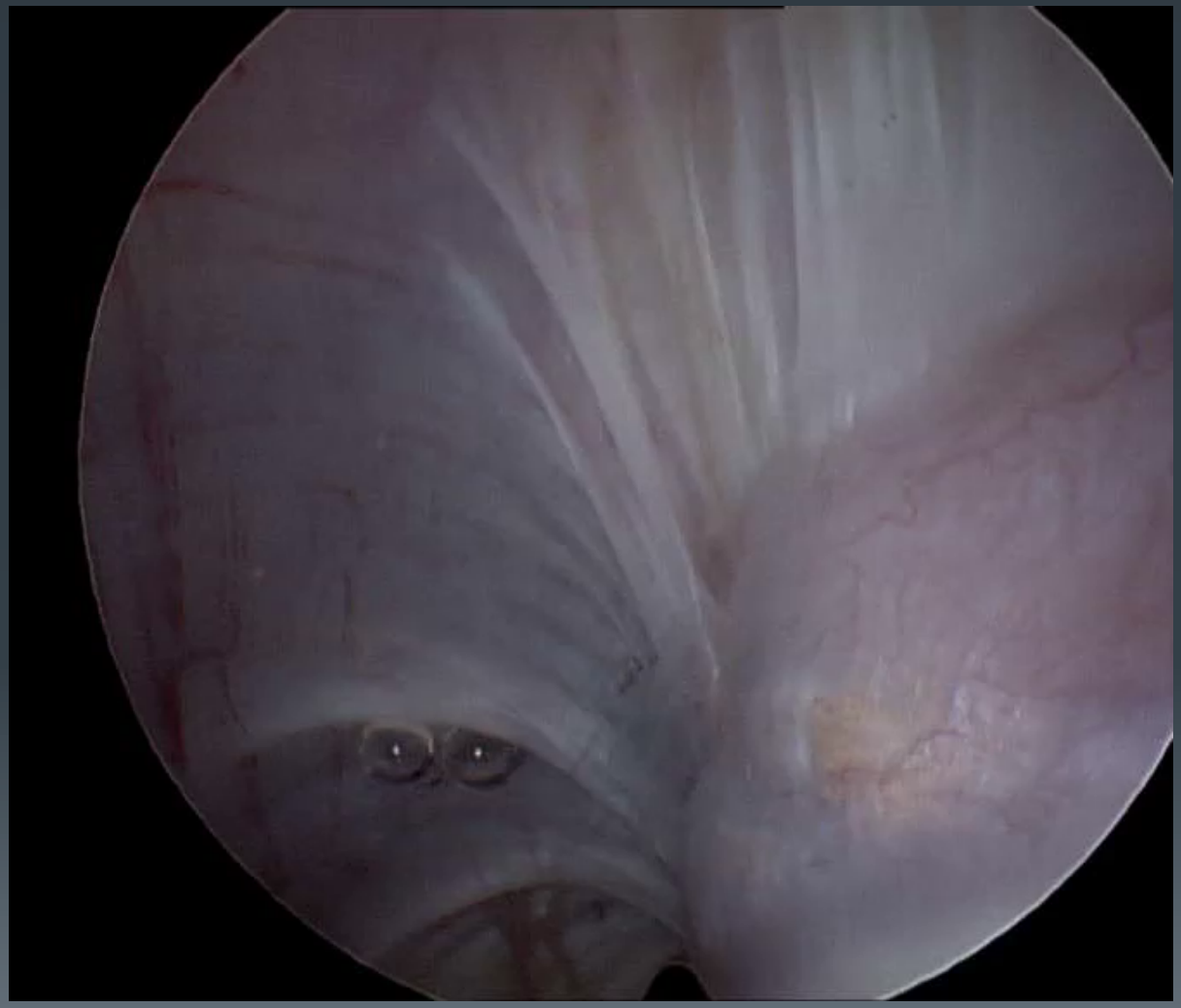


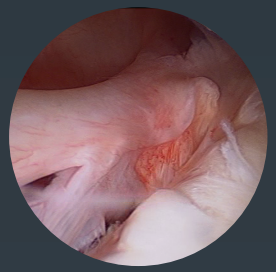


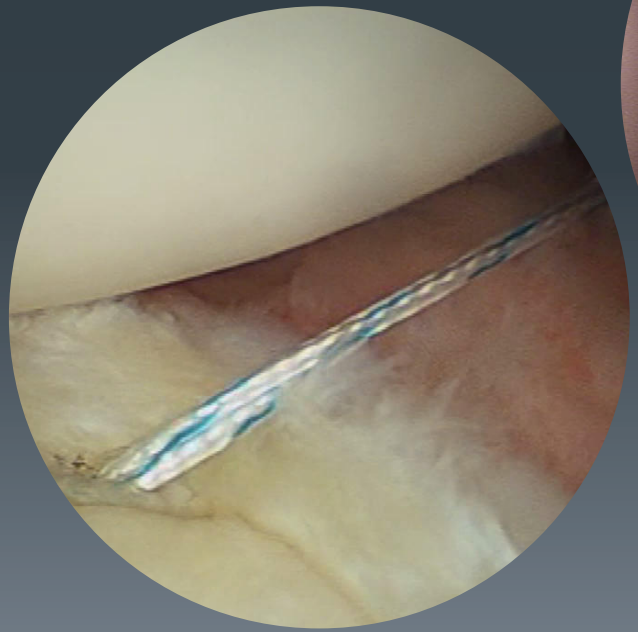
Anatomía, variantes, patología

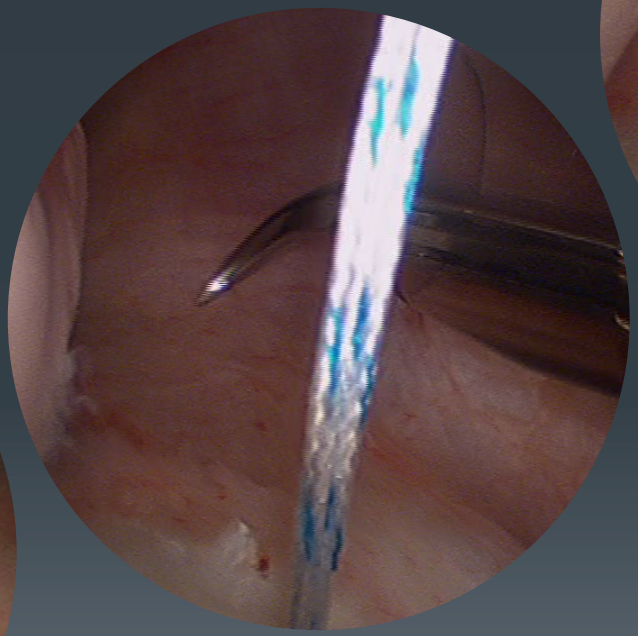


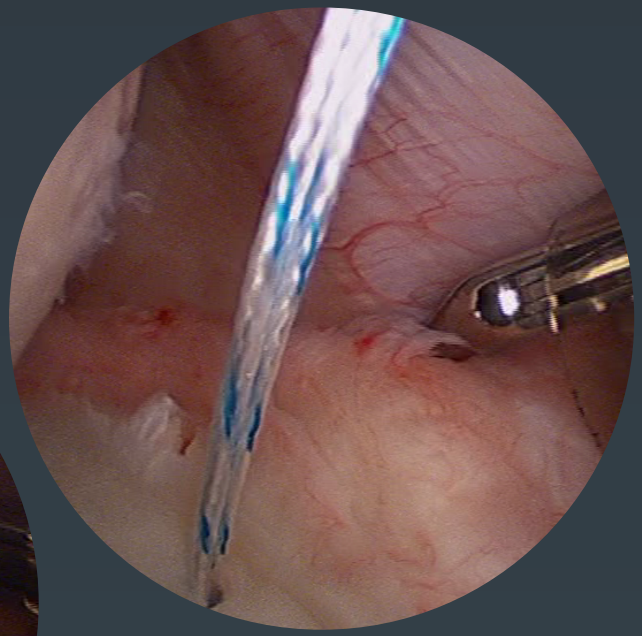
- **Cápsula y LGH**
  - LGHM. Ausente en inestabilidades
  - IR. Difícil de explorar
  - HAGL
  - “Drive through sign”
- **PLB**
  - 4 variantes del origen
  - SLAP II

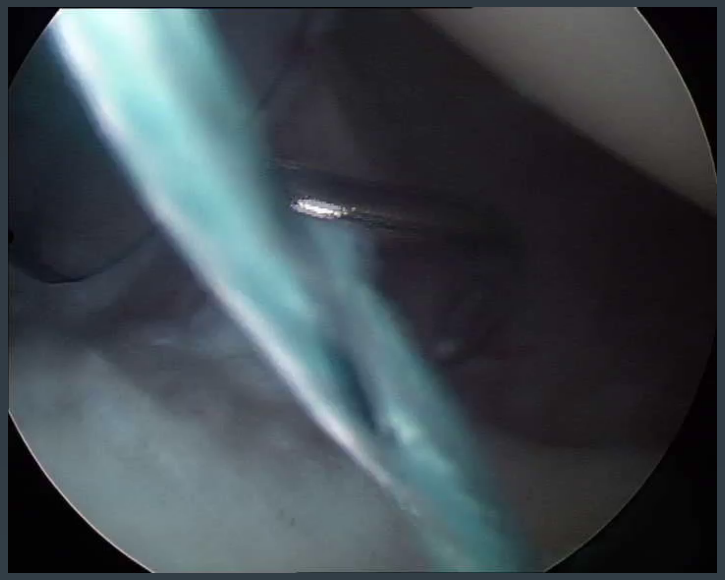


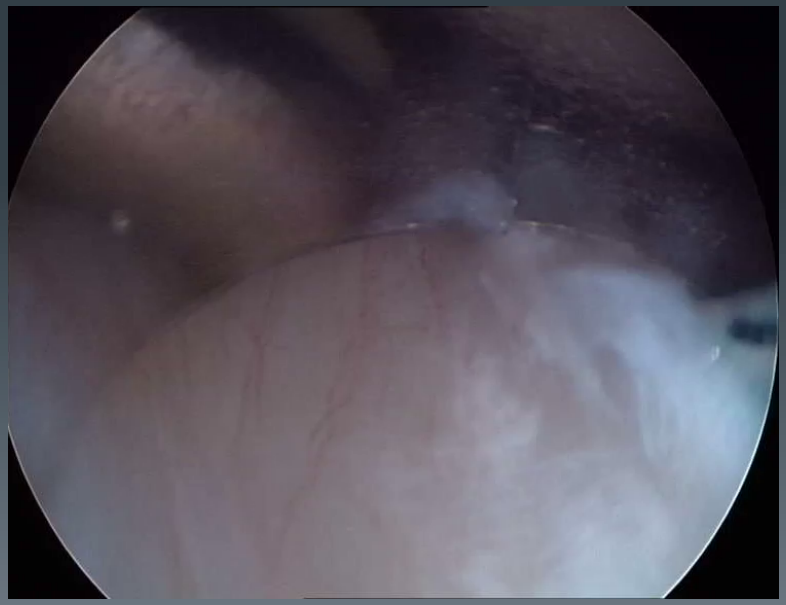


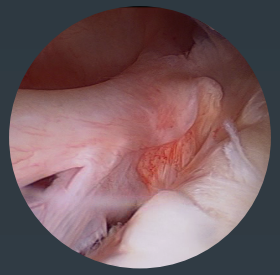


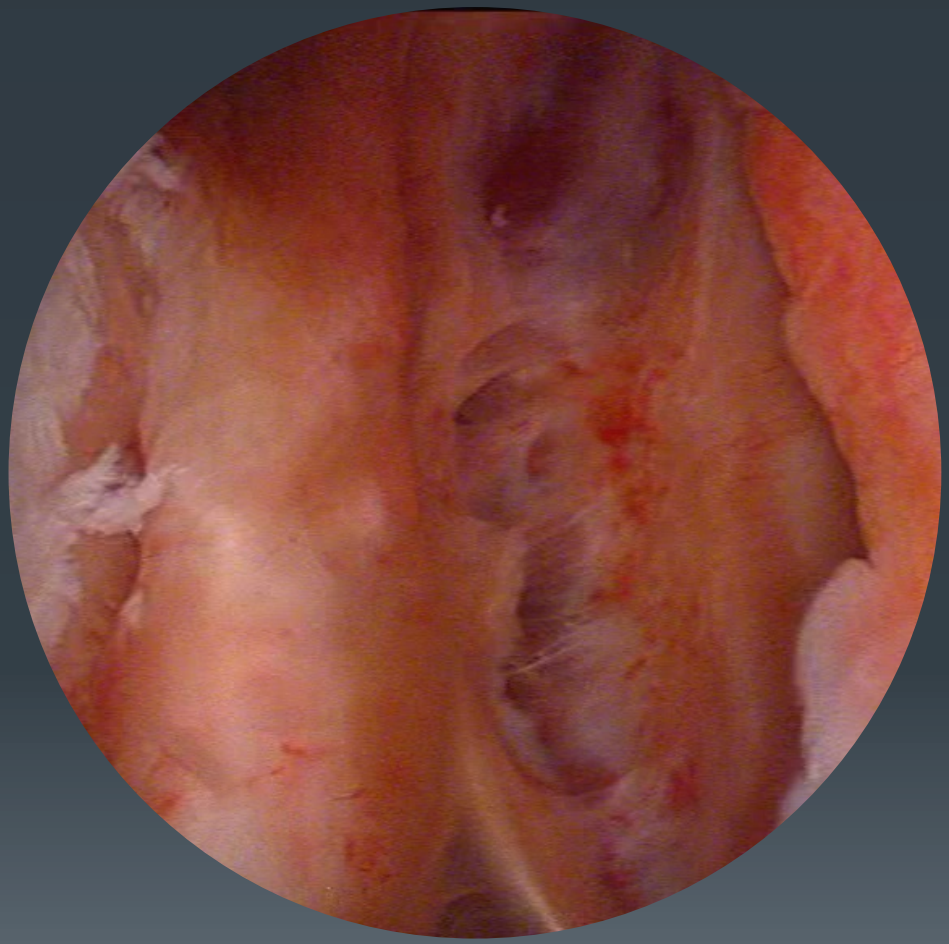


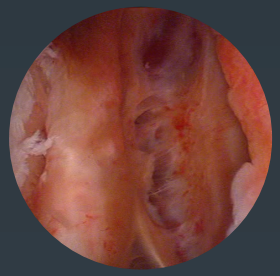


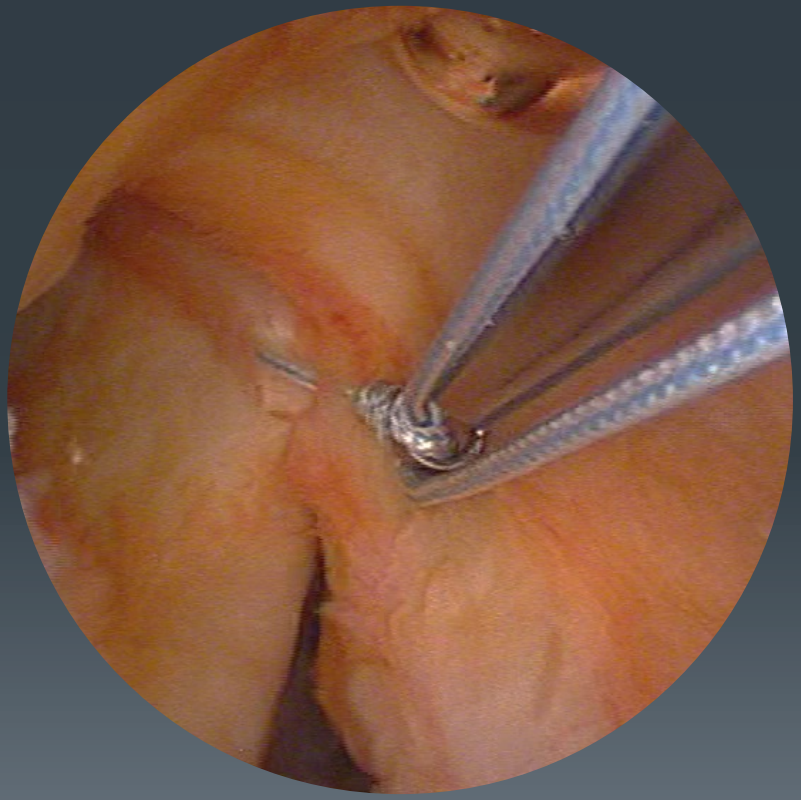


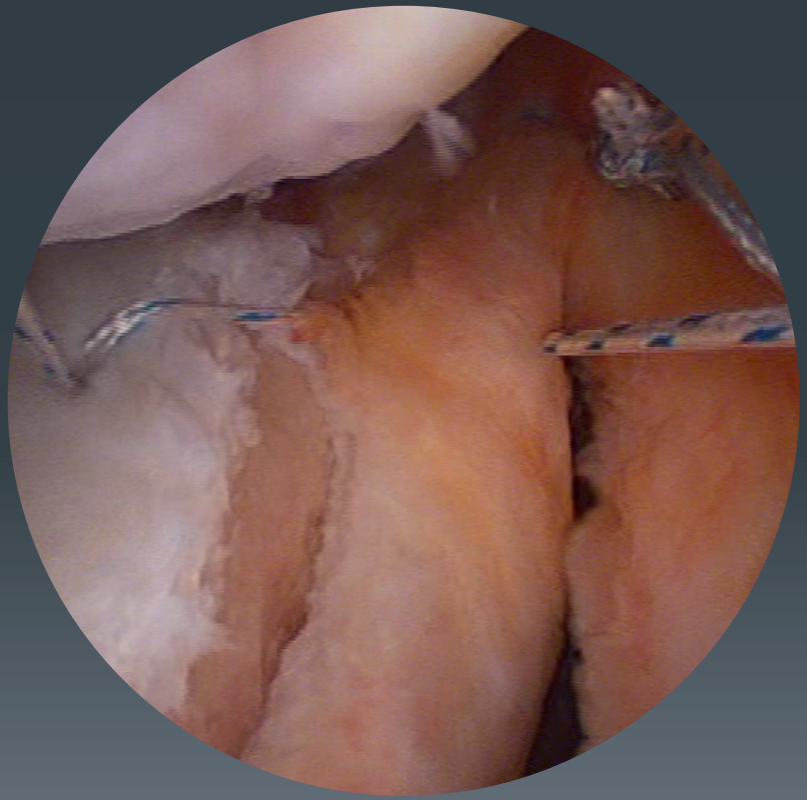


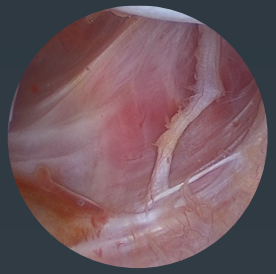


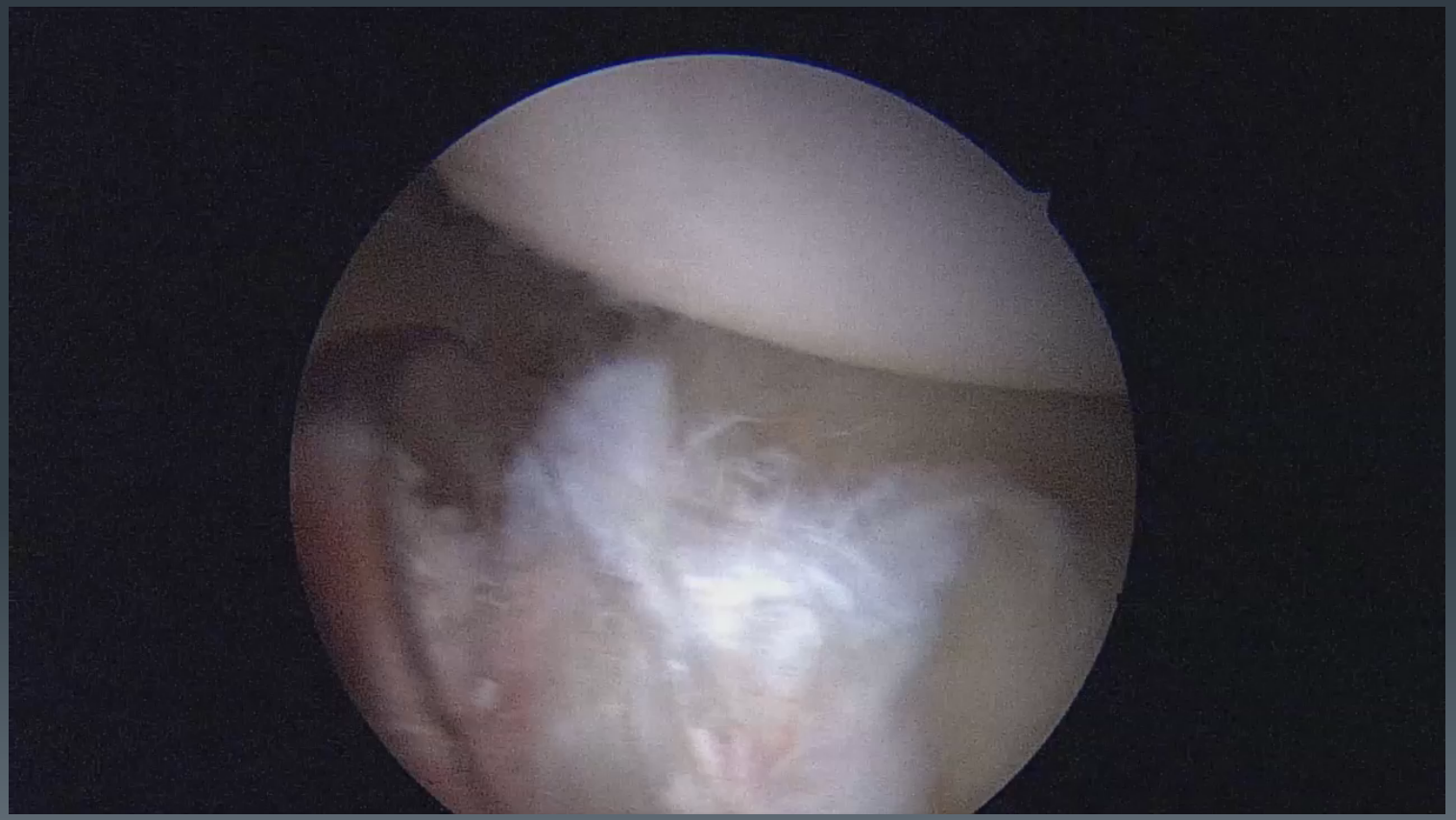


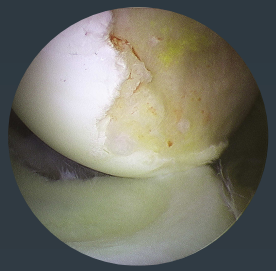


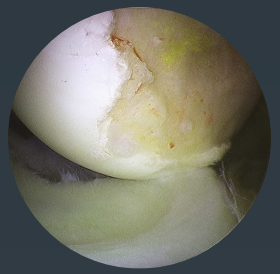


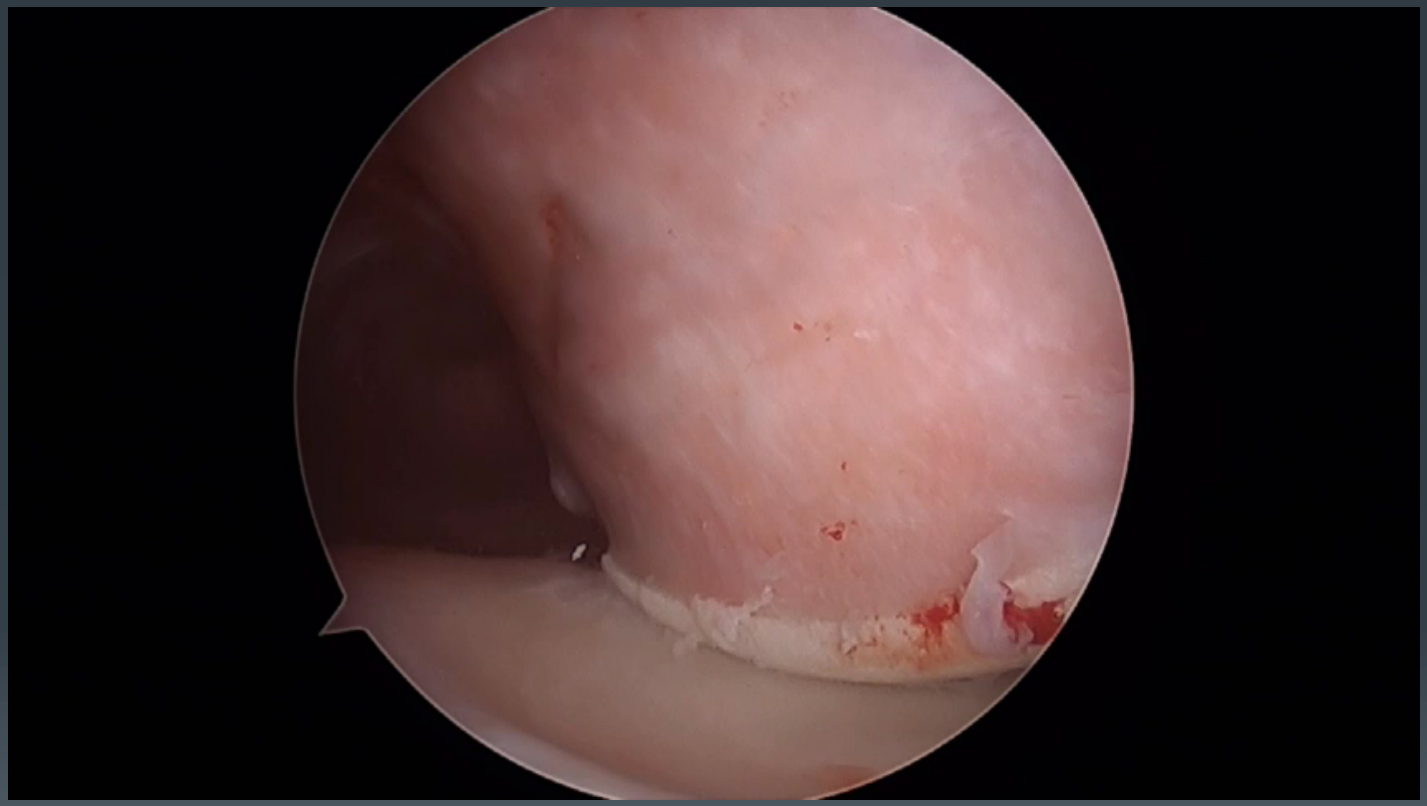


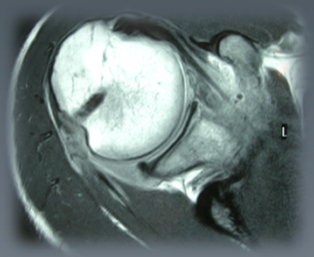


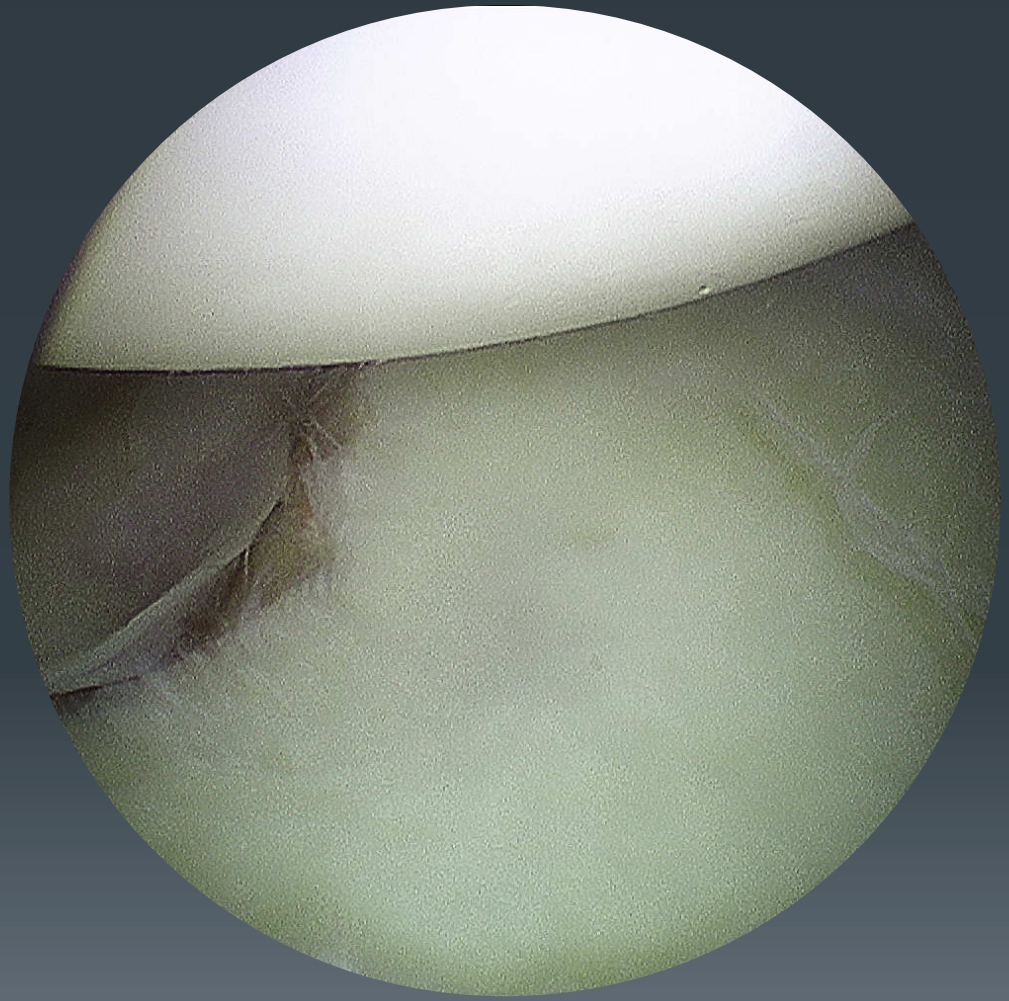


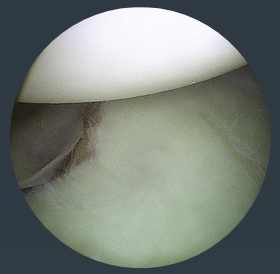








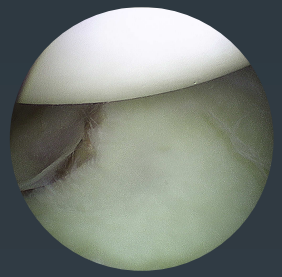


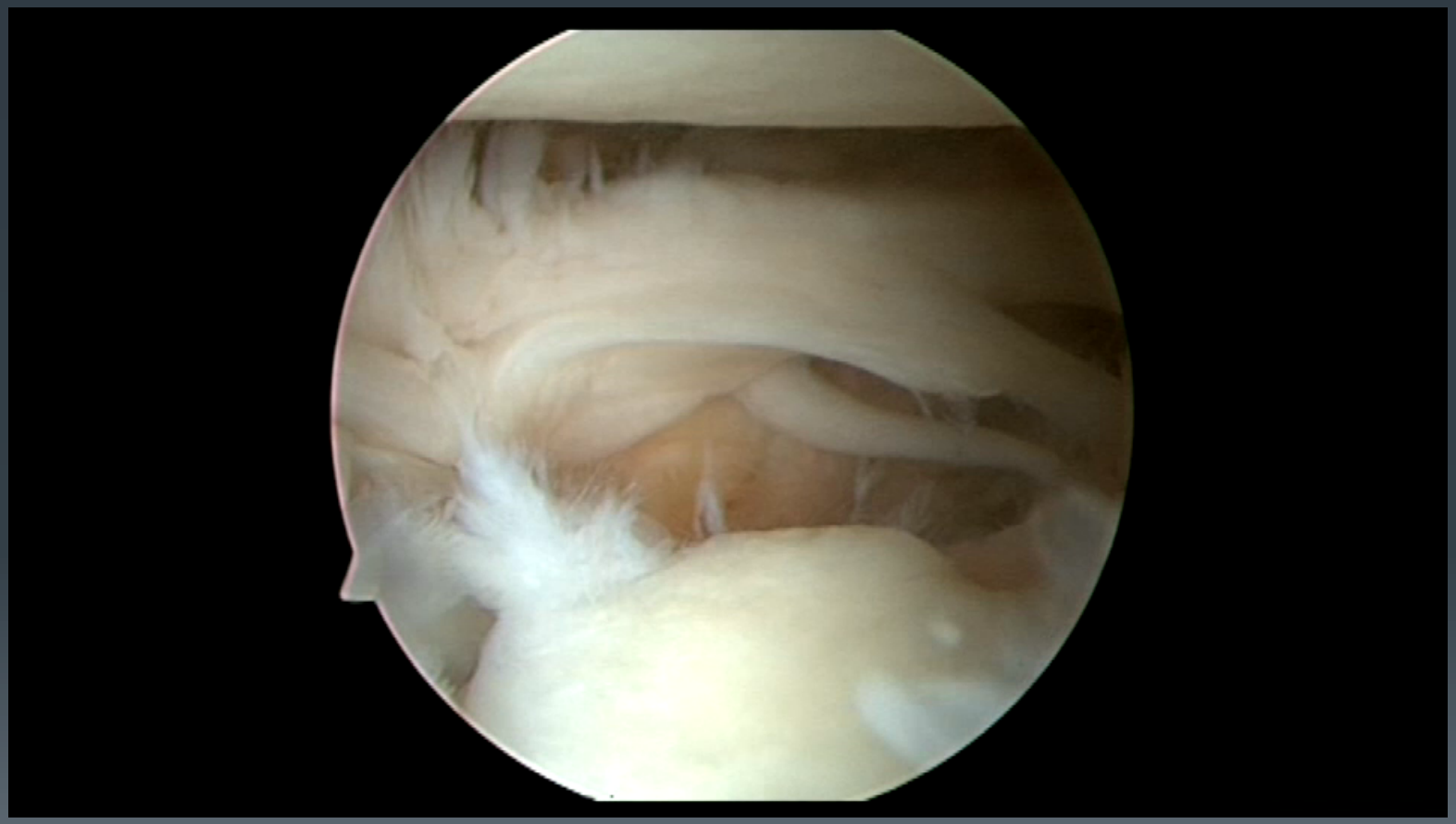


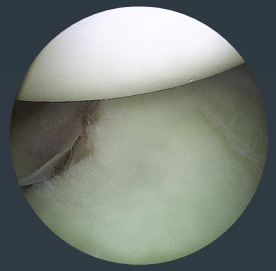

B
R

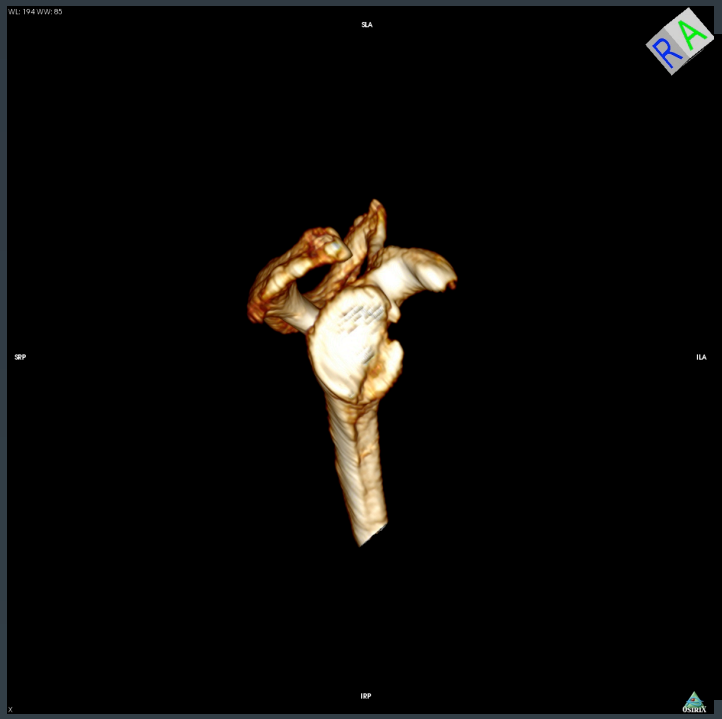

Area: 6.799 cm2
Mean: 361.784 SDev: 87.905 Sum: 3087489
Min: -469.000 Max: 1474.000

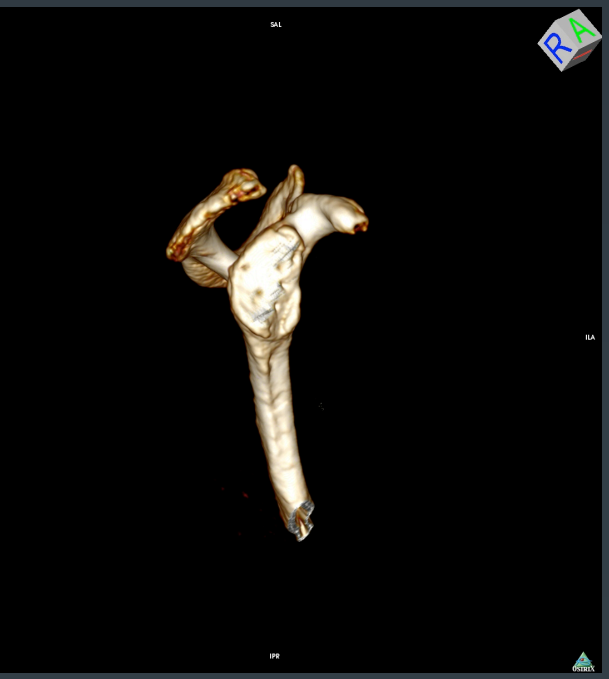

WL: 194 WW: 85
LSA
R A
SPR
IAL
RIP

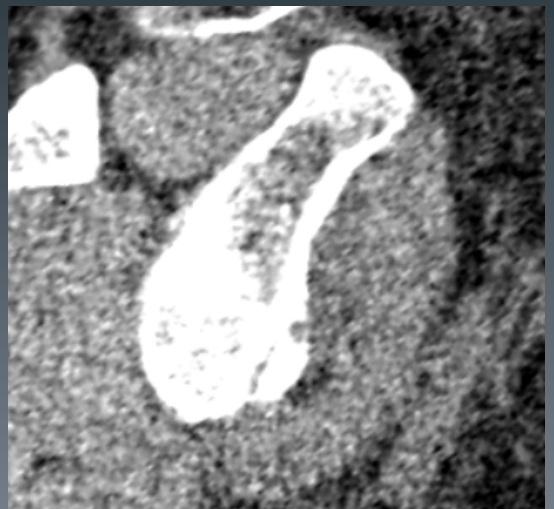


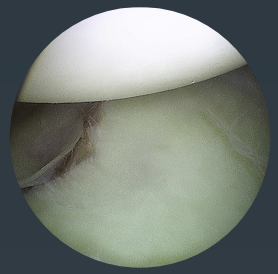


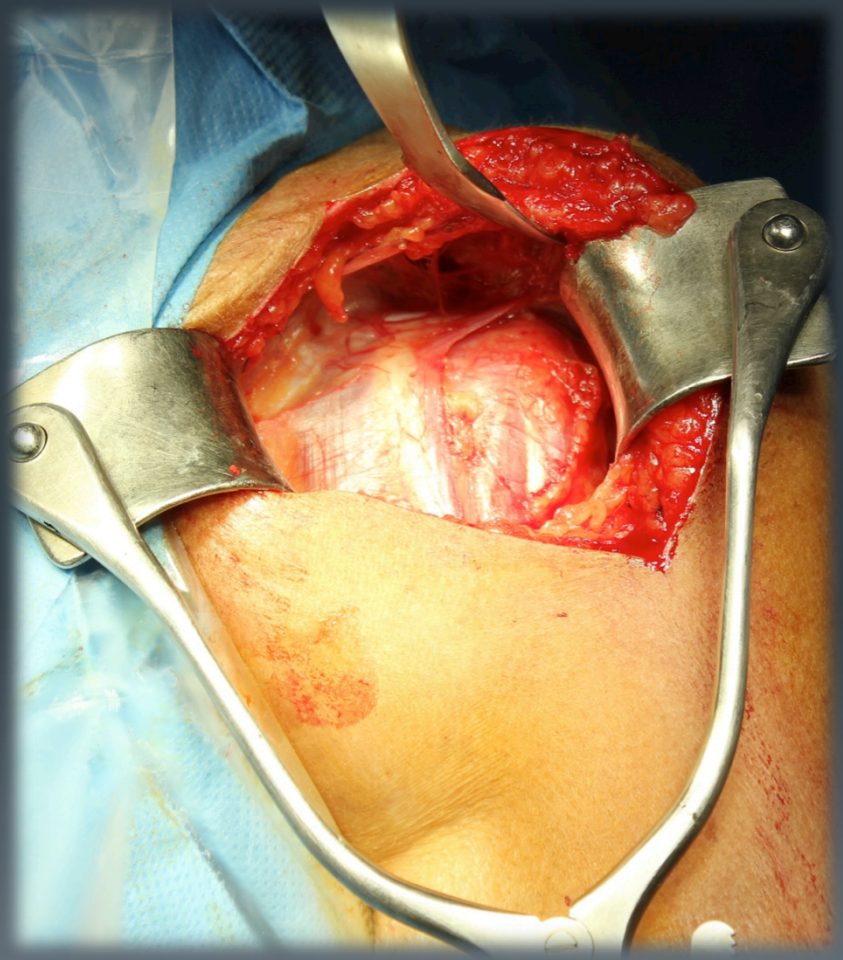


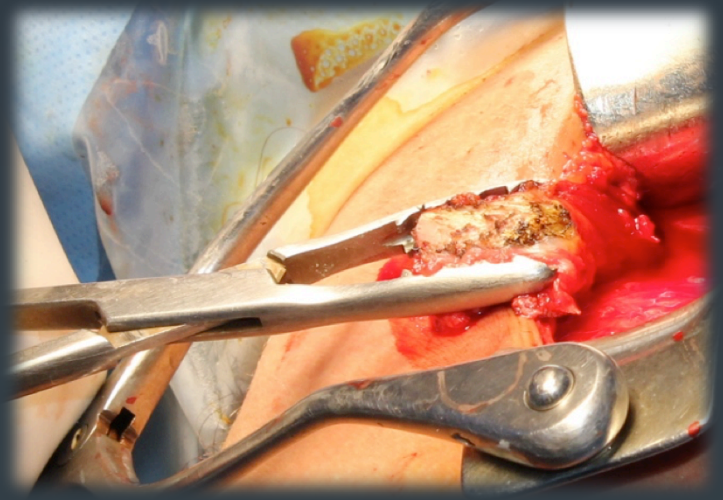

WL: 194 WW: 80
SLA
SRP
IRP
ILA
R
A

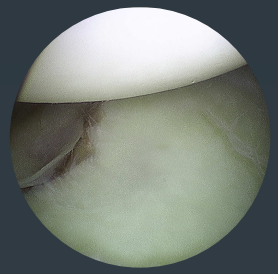

SAL
ILA
IPR
R
A

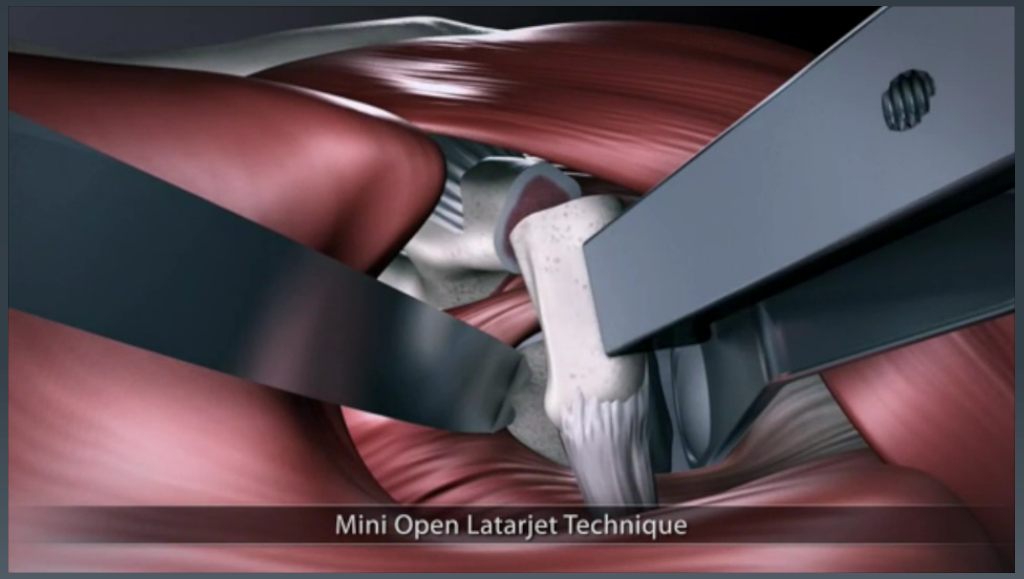


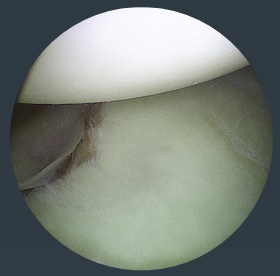


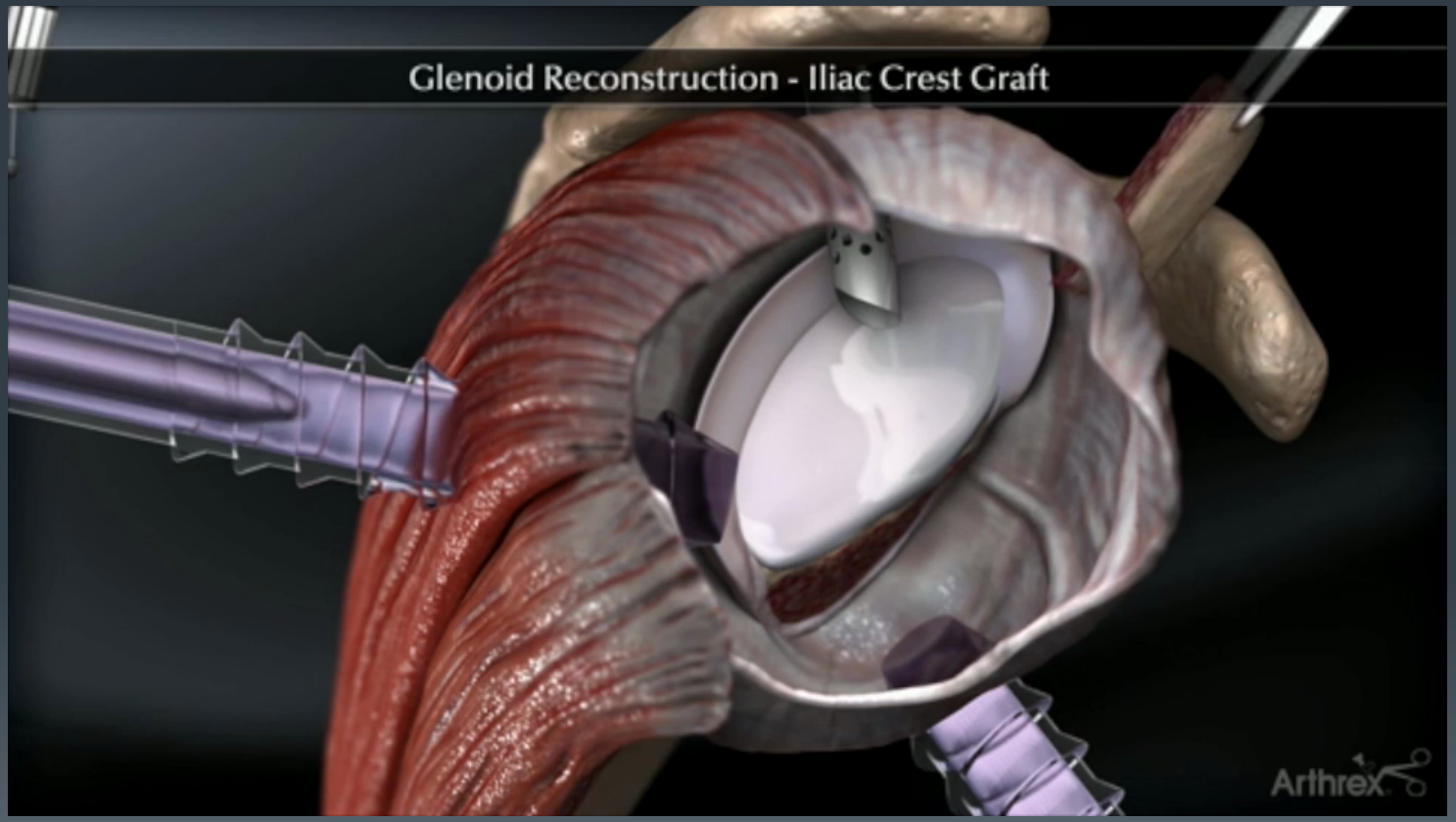







Mini Open Latarjet Technique



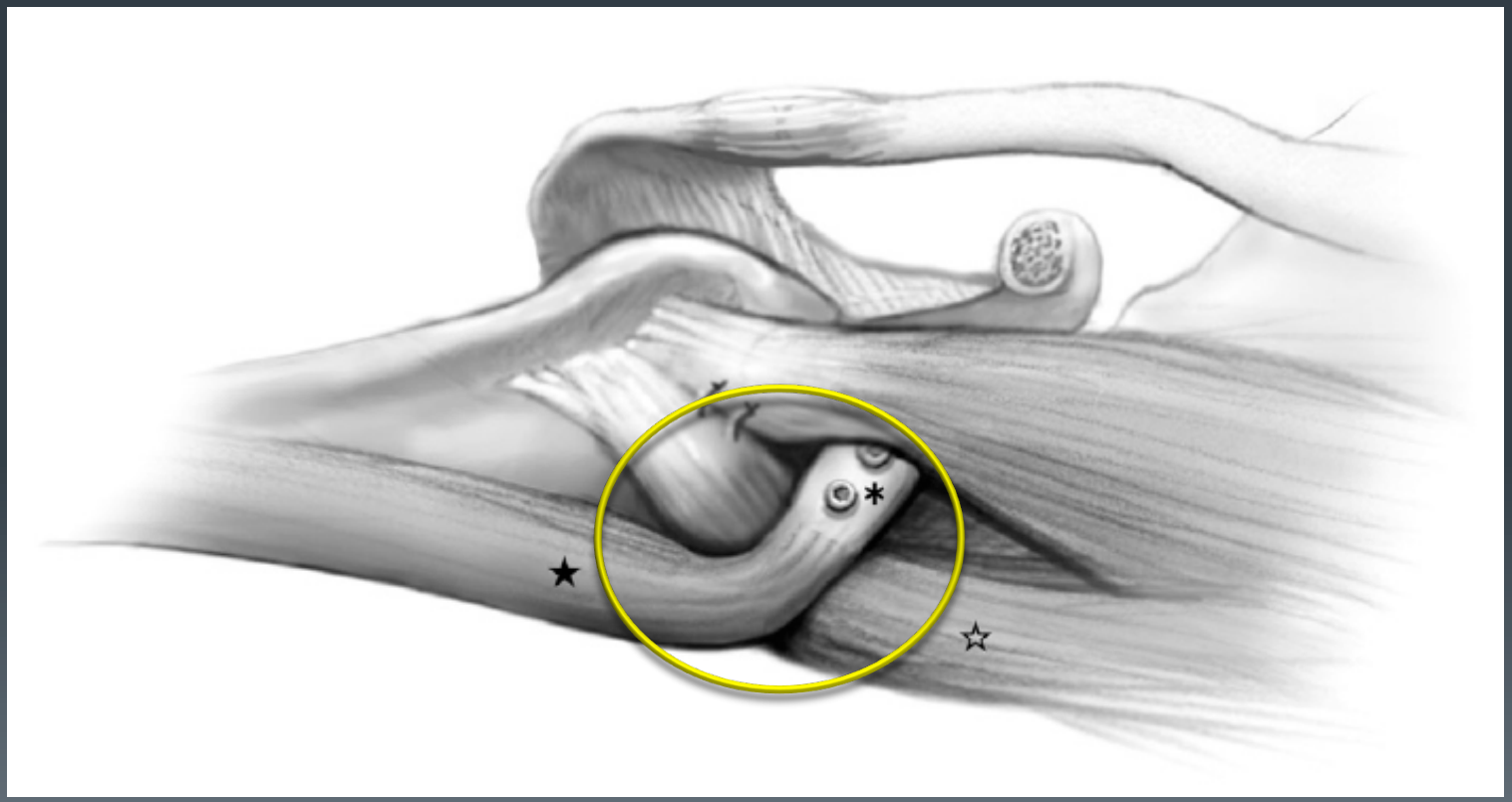

Glenoid Reconstruction - Iliac Crest Graft
Arthrex

The Stabilizing Mechanism of the Latarjet Procedure

A Cadaveric Study

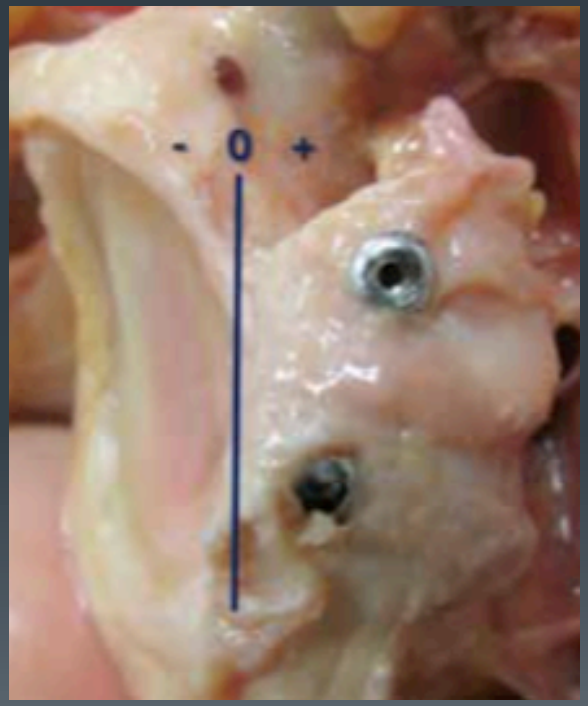
Nobuyuki Yamamoto, MD, PhD, Takayuki Muraki, PhD, Kai-Nan An, PhD, John W. Sperling, MD, Robert H. Cofield, MD, Eiji Itoi, MD, PhD, Gilles Walch, MD, and Scott P. Steinmann, MD

Investigation performed at the Mayo Clinic, Rochester, Minnesota

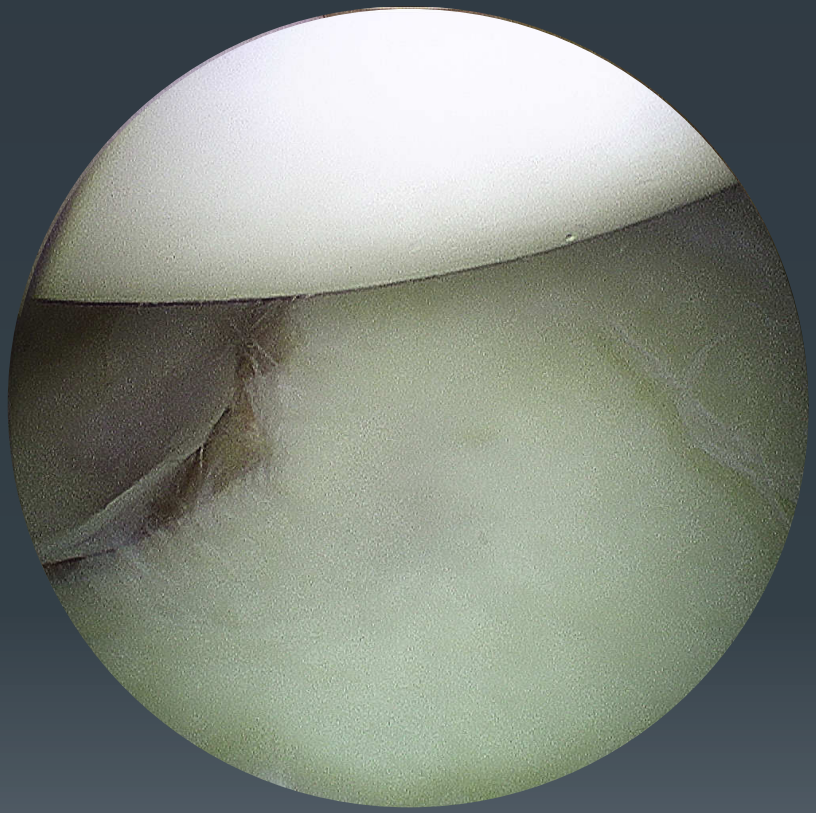


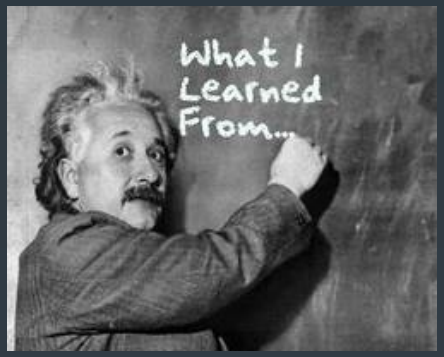
J Bone Joint Surg Am. 2013;95:1390-7

LATARJET



- Gracitelli (2013) artroscópico
- Diástasis injerto-glena (41%)
- prominencia cortical posterior (41%)
- 16% estiramiento de n. supra
- 87% tornillo en mala angulación




What I
Learned
From...

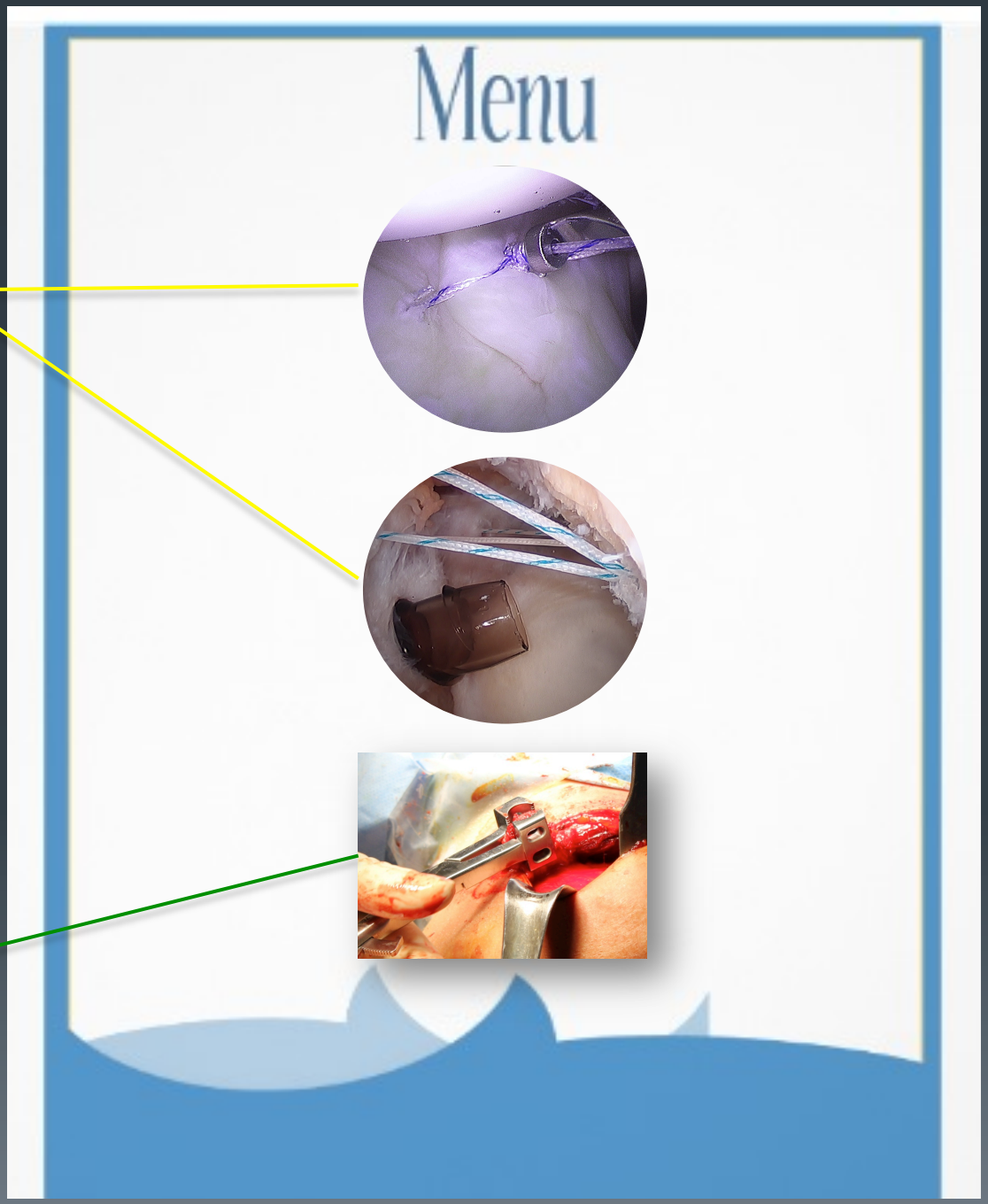

PresenterMedia

Glenoid defect

<15%

15-30%

>30%


Menu
<15%
15-30%
>30%

15-30%


THANK YOU