related complications. To date, a single study has been published for fixation of both acute and chronic ACJ dislocations which reported one ruptured LARS ligament and one case of deep wound infection requiring revision surgery, and implant removal (screw) was performed in one patient2. Their technique only reconstructed CC ligament. We did not find any re-ruptures and complications related to screws were avoided due to a modified fixation technique.

Category: Shoulder - AC Joint

More Than 90% Satisfactory Results After Non-Surgical Treatment of Type III and V Acute AC Joint Dislocation. A Prospective Cohort Study With 1-Year Follow-up of 95 Patients Managed Non-Surgically with the Option of Delayed Surgical Intervention

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All Authors:
Kristine Bramsen Haugaard MD DENMARK
Klaus Bak MD DENMARK
Dorthe Ryberg PT DENMARK
Omar Muharemovic PhD DENMARK
Per Hølmich DMSc, Prof. DENMARK
Kristoffer W. Barfod MD, PhD DENMARK

Summary:
This prospective cohort study with 95 patients with acute type III and V AC joint dislocation showed that >90% of patients recovered well with non-surgical management and type III and V presented equal results.

Data:
Background The need for surgical intervention in patients with acute acromio-clavicular (AC) joint dislocation is debated. The objective of the study was to describe clinical, functional, patient-reported and radiological outcomes in patients with acute Rockwood type III and V AC joint dislocations managed non-surgically with the option of delayed surgical intervention. Methods Patients aged 18-60 with acute AC joint dislocation with >50% superior displacement of the clavicle to the acromion were eligible for inclusion in this prospective cohort study. All patients were treated non-surgically with 3 months of home-based training and with the option of delayed surgical intervention. Patients were seen 6 weeks, 3 months, 6 months and 1 year after the injury. At baseline patients were graded as type III or V according to the Rockwood classification. Patients with unsatisfactory progression (ROM <90° and reduced ADL) at 6 weeks or later were referred for surgery (OP-group). The primary outcome was the Western Ontario Shoulder Instability Index (WOSI) score (0-100%, 100% being the best). Other outcomes of interest were the Shoulder Pain and Disability Index (SPADI), satisfaction with the cosmesis (0-10 NRS scale, 10 being best), and number of days until return to work and sports. Between-group analyses were performed with students’ t-test for continuous and normally distributed data, Mann-Whitney U test for skewed data and the Fishers exact test for categorical data. ClinicalTrials registration NCT03727178. This publication concerns objective 2 and 4. Results Ninety-five patients, 86 males and 9 females (male:female ratio 9.6:1), mean age 39.5 (range 18-59), were included. At baseline, 57 patients were graded Rockwood type III and 38 patients were graded type V. There were no statistically significant differences in WOSI or SPADI scores between patients with type III and V injuries at any time-point. Nine patients (9.5%) were referred for surgery at an average of 189 days (range 75-358) after the injury; 7 type III and 2 type V (p = 0.31). At 6 weeks follow-up, there was a statistically significant and clinically relevant difference in the WOSI score between patients who recovered well with non-surgical treatment (WOSI median [range] 60% [11;96]) and patients who were eventually referred for surgery (28% [11;53]). All patients returned to their occupation at mean (SD) 14 (20) days after the injury. 81/95 (85%) patients participated regularly in sports and of those 68/81 (84%) returned to their pre-injury sport in average 74 (51) days after the injury. Patients’ satisfaction with the cosmesis changed from 5.5 [0-10] at baseline to 9 [0-10] at 1 year follow-up. Conclusion Non-surgical management of Rockwood type III and V injuries shows overall satisfactory results with 91% recovering well without the need of surgery. Those who required surgery had significantly worse WOSI scores at 6 weeks. Rockwood type III and V presented equal results.