Abstract ID# 22055
Outcomes and Successful Healing At A Minimum 1 Year of Follow-Up
Treatment of Anterior Glenohumeral Instability Produces Good Clinical
All-Arthroscopic All-Suture Anchor Dynamic Anterior Stabilization for the
groups (p 0.556). Conclusion: When compared within similar sports, there does
median time to recurrence was 48 months in both groups (p ¼ 0.851). Time to event analysis showed that the
median time to recurrence was 48 months in both groups (p = 0.848). The
overall revision rate was 3% (n=4), without significant differences between
groups (p = 0.556). Conclusion: When compared within similar sports, there does
not appear to be sex-related differences in functional outcomes, recurrence, or
return to play following ABR.

Category: Shoulder - Instability

All-Arthroscopic All-Suture Anchor Dynamic Anterior Stabilization for the Treatment of Anterior Glenohumeral Instability Produces Good Clinical Outcomes and Successful Healing At A Minimum 1 Year of Follow-Up

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Summary:
The onlay modification of the dynamic anterior stabilization utilizing the all-
arthroscopic method of fixation of the long head of the biceps tendon (LHB) with all-suture anchors and the double-double-pulley technique produces good clinical results and successful healing of the LHB and is safe for the treatment of anterior glenohumeral instability with less than 20% GBL at 1-year minimum follow-up

Data:
Background: The dynamic anterior stabilization (DAS) with the long head of the biceps tendon (LHB) is a new arthroscopic soft-tissue procedure for the treatment of anterior glenohumeral instability with limited to subcritical glenoid bone loss (GBL). Few studies have reported the results of different arthroscopic methods of transposing and fixing the LHB tendon to the anterior glenoid rim. The purpose of this current study was to report the results of the onlay DAS for the treatment of anterior glenohumeral instability with less than 20% GBL. The hypothesis was that the onlay modification of the DAS that utilizes the all-arthroscopic method of fixation of the LHB with all-suture anchors and the double double-pulley (DDP) technique would produce good clinical results and successful healing of the transposed LHB and would be safe for the treatment of anterior glenohumeral instability with less than 20% GBL. Methods: From 2018 to 2021, patients with anterior glenohumeral instability and less than 20% GBL were enrolled in a prospective study on DAS and followed-up to 48 months. The primary outcomes were: Western Ontario Shoulder Instability Index (WOSI), Rowe score, range of motion, strength. The secondary outcomes were ability to return to play (RTP), RTP at same level, lack of recurrence of instability, successful LHB healing, and lack of complications. Magnetic resonance imaging (MRI) was used to measure GBL, Hill-Sachs interval, glenoid track, and assess LHB integrity. Results: Eighteen consecutive patients underwent the DAS. Fifteen patients had a minimum follow-up of 12 months (mean, 23.93 ± 13.67 months). 12 were male, 3 female; 73.3% practiced recreational sports; mean age at surgery, 23.40 ± 6.53 years; mean number of dislocation episodes, 10.13 ± 8.42; mean GBL, 8.21 ± 7.39% (range, 0–20.24%); mean Hill-Sachs interval, 15.00 ± 2.96mm; mean glenoid track, 18.87 ± 2.57mm; and mean Beighton score, 1.13 ± 2.80 points; 33.3% had a concomitant SLAP lesion type I or II. The mean improvement in the WOSI and Rowe score (959.27 ± 386.70 and 74.00 ± 22.22 points) was significant (p<0.001 and p<0.001) and more than 4 and 7 times higher than the minimum clinically important difference, respectively. The mean improvement in active elevation, abduction, external and internal rotation, and strength (23.00±27.76°, 33.33±43.78°, 8.33±13.58°, 0.73±1.28 points, and 1.89 ± 3.11 kg) was significant (p=0.006, p=0.011, p=0.032, p=0.044, and p=0.034). RTP rate was 93.33%. RTP at same level was 60.00%. One severely hyperlax patient (Beighton 8) had an atraumatic redislocation episode at 8 months postoperatively. Therefore, the recurrence rate of anterior instability in the overall group was 6.7%. No complications were reported in the overall group. The MRI of each patient showed successful LHB healing to the glenoid bone at a mean follow-up period of 9.36 ± 5.66 M (range, 6.02 – 25.35 M). Conclusions: The onlay modification of the DAS using the LHB and the DDP technique produces significant and clinically important improvements in shoulder function, successful LHB healing, and is safe for the treatment of anterior glenohumeral instability with less than 20% GBL, with or without SLAP lesions, without severe hyperlaxity.

Category: Shoulder - Instability

Arthroscopic SLAP Repair and Biceps Tenodesis Combined with Anterior Labral Repair for Type V SLAP Lesions Both Yield Excellent Outcomes in Active-Duty Military Patients

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Summary:
Both arthroscopic SLAP repair and combined arthroscopic-assisted subpectoral biceps tenodesis and anterior labral repair led to statistically and clinically significant increases in outcome scores, marked improvement in pain, and high rates of return to unrestricted-active duty in military patients with type V SLAP lesions

Data:
Background Superior labrum anterior posterior (SLAP) lesions and anterior instability are common causes of shoulder pain and dysfunction among active-duty members of the US military. However, little data has been published regarding the surgical management of type V SLAP lesions. Purpose To compare the outcomes of arthroscopic SLAP repair with those of combined arthroscopic-assisted subpectoral biceps tenodesis and anterior labral repair for type V SLAP tears in active-duty military patients younger than 35. Study Design Cohort, Level III Methods All consecutive patients from January 2010 to December 2015 who underwent arthroscopic repair or combined biceps tenodesis and labral repair of a type V SLAP lesion with minimum 5 years follow up were identified. Outcome measures including the visual analog scale (VAS), the Single Assessment Numeric Evaluation (SANE), and the American Shoulder and Elbow Surgeons (ASES) shoulder score were administered pre- and post-operatively and scores were compared between groups. Results Eighty-four patients met inclusion criteria for the study. All patients were active-duty military at the time of surgery. Average follow-up was 102.59+/-.20.98 months in the repair group and 94.50+/-.27.11 months in the tenodesis group (p = 0.1281). There were no significant differences in preoperative range of motion or outcome scores between groups. Both groups experienced statistically significant improvements in outcome scores postoperatively (p<0.0001 for all), however, tenodesis patients reported significantly better VAS (2.52+/-.2/36 vs 1.50+/-.1/91, p = 0.0328), SANE (86.82+/-.11.00 vs 93.43+/-.8/81, p = 0.0034), and ASES (83.32+/-.15.31 vs 89.90+/-.13.31, p = 0.0394) scores. With regard to clinical significance, the number of patients who achieved the minimal clinically important difference (MCID), substantial clinical benefit (SCB), and patient