Summary:
Goalkeepers have a higher recurrence and return to a lower level of play compared to field position soccer players following arthroscopic Bankart repair. Purpose: The purpose of this study was to compare return to sport, functional outcomes, and recurrence after an arthroscopic Bankart repair (ABR) between goalkeepers and field positions in soccer. Study Design: Cohort Study Methods: A retrospective comparative cohort study was performed in soccer players who underwent an ABR between January 2017 and December 2019. The minimum clinical follow-up was 2 years postoperative. Functional outcomes included the Rowe score, visual analogue scale (VAS) for pain, and shoulder-dependent sports ability measured with the Athletic Shoulder Outcome Scoring System (ASOSS). The delta was calculated based on the difference between the postoperative and preoperative scores. Return to sport, level of play, recurrent instability, and revisions were evaluated according to position played. Results: A total of 70 position players and 11 goalkeepers met the study criteria. Postoperative functional outcomes were significantly improved in both groups compared to baseline (p < 0.001). However, field position group achieved more significant outcomes improvements (delta VAS -2 vs 0, p = 0.029; delta Rowe 45 vs 30, p = 0.045; delta ASOSS 45 vs. 40, p = 0.028) while all players returned to soccer, only 55% (n=6) of goalkeepers returned to the same level compared to 93% of field players. (p = 0.003). The overall rate of recurrent instability was 8.6%, but was significantly higher among goalkeepers (27.2% vs 5.7%; p = 0.049). Moreover, the odds of goalkeepers having a recurrence were significantly higher than field position players (OR 8.5% 95% CI 1.2-57.2, p = 0.027). Conclusion: Although the results of ABR are generally favorable in soccer players, goalkeepers have significantly worse functional outcomes, lower rates of return to sports at the same level, and higher recurrence rates compared to field position players. This information may be useful both for preoperative counseling and modifying treatment approach based on position in soccer.

Category: Shoulder - Instability

Long Term Outcomes Of The Congruent Arc Latarjet Procedure Evaluation Of 96 Patients With A Minimum Follow Up Of 10 Years

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Summary:
Although the congruent arc Latarjet procedure has shown to be an effective treatment for the management of recurrent glenohumeral instability in the short term, there are no studies in the literature evaluating its long-term results.

Data: Background: Although the congruent arc Latarjet procedure has shown to be an effective treatment for the management of recurrent glenohumeral instability in the short term, there are no studies in the literature evaluating its long-term results. Purpose: The objective of the following study was to evaluate the functional outcomes, complications and revisions of a consecutive series of patients who underwent the congruent Arc Latarjet procedure with a minimum follow-up of 10 years. Study design: Retrospective cohort study Methods: Between June 2008 and April 2012, 106 patients with recurrent glenohumeral instability were treated at our institution with the congruent arc Latarjet procedure. In total, 63 revision procedures and 43 primary procedures were included. We evaluated Return to sport and used the ROWE, EVA, ASOSS and SANE scores to assess functional outcomes. Complications and revisions were evaluated. Graft consolidation was evaluated with CT at 3 months. Osteoarthritis was evaluated at the final follow-up with radiographs according to the Samilson Prieto classification. Results: The final analysis included 90 patients (Follow-up 91%). The average follow-up was 140 months (120-158 months) and the average age at the time of surgery was 23.2 years (range 17-35 years). Overall, 94% of patients returned to sports and 90% returned to the same level as before surgery. At the last follow-up, 40% of the patients had changed sports or abandoned sports. No patient reported having left the sport for reasons related to the shoulder. The two main causes of abandonment referred to were labor demand (50%) and studies (30%). The mean Rowe, VAS, and ASE scores at 140-month follow-up were 85, 1.5, and 80, respectively, all significantly improved compared to the preoperative (P < .01). The average SANE score was 85%. Moreover, 94% and 96% of the patients had a Rowe and ASE score that exceeded the MCID, respectively. The bone graft consolidated in 90% of the patients. The recurrence rate was 5.5% and the revision rate was 3%. At the end of follow-up, 20% of the patients had osteoarthritic changes. (10% mild, 6% moderate and 4% severe). There were no significant differences in functional scores between patients who presented arthritic changes and those who did not. Conclusion: The congruent arc Latarjet procedure is associated with a high percentage of return to sport, excellent functional outcomes and a low rate of recurrences after a minimum follow-up of 10 years. Although 20% of patients had osteoarthritic changes at the end of follow-up, most were mild and moderate, without significant differences in functional scores between patients who presented arthritic changes and those who did not.

Category: Shoulder - Instability

Subluxators Present With Equivalent Clinical Presentation and Extent Of Injury Compared With Dislocators After First Time Anterior Shoulder Instability Events

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Summary:
Subluxators and dislocators had similar clinical presentations with no difference in the extent of injury except for greater frequency of Hill-Sachs lesions in dislocators with similar surgical outcomes.

Data: Introduction: The aim of this study was to characterize epidemiology and post-operative outcomes in subluxators and dislocators after a first-time anterior instability (FTAI) event. We hypothesized that subluxators would have a milder clinical presentation, lesser degree of pathology on imaging, and fewer anchors placed intraoperatively in comparison to dislocators. Methods: Surgically managed FTAI patients from a single institution between 2013-2020 were included. Exclusion criteria included multidirectional instability and recurrent instability. Demographics and surgical details were retrospectively collected. Instability was categorized into dislocation, in which another person reduced the shoulder, or subluxation, in which there was no documentation of another person reducing the shoulder. Labral tear location was determined using the clock method and labral tear size was determined by assigning 1 point to each hour around the clock for a maximum value of 12. Results: 146 patients (97 subluxators, 79 dislocators) were available for analysis. There were no significant differences in baseline demographics. Rates of bony Bankarts were equivalent, but Hill-Sachs lesions were reported more in dislocators (88.1% vs. 52.6%, P <0.001). Preoperative and postoperative ROM and strength was equivalent between cohorts. There was no difference in either labral total tear size or incidence of concomitant posterior or superior labrum tears. There was no difference in the number of anchors used, although remplissage was performed more in dislocators (18.9% for dislocators vs. 6.0%, P = 0.002). Revision rates were not significantly different between cohorts. Conclusions: Subluxators and dislocators had similar clinical presentations with no difference in the extent of injury except for greater frequency of Hill-Sachs lesions in dislocators with similar surgical outcomes.

Category: Shoulder - Instability

Instability Events

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Summary:
Instability was categorized into dislocation, in which another person reduced the shoulder, or subluxation, in which there was no documentation of another person reducing the shoulder. Labral tear location was determined using the clock method and labral tear size was determined by assigning 1 point to each hour around the clock for a maximum value of 12. Results: 146 patients (97 subluxators, 79 dislocators) were available for analysis. There were no significant differences in baseline demographics. Rates of bony Bankarts were equivalent, but Hill-Sachs lesions were reported more in dislocators (88.1% vs. 52.6%, P <0.001). Preoperative and postoperative ROM and strength was equivalent between cohorts. There was no difference in either labral total tear size or incidence of concomitant posterior or superior labrum tears. There was no difference in the number of anchors used, although remplissage was performed more in dislocators (18.9% for dislocators vs. 6.0%, P = 0.002). Revision rates were not significantly different between cohorts. Conclusions: Subluxators and dislocators had similar clinical presentations with no difference in the extent of injury except for greater frequency of Hill-Sachs lesions in dislocators with similar surgical outcomes.