depending on the size of the Hill Sachs lesion. Patients completed the ASES, MISS, WOSI, DASH, Rowe, Constant, and VR-12 patient-reported outcomes scores at final follow-up. Patients were asked to score their satisfaction with the outcome of their surgery on a scale of 1 (unsatisfied) to 10 (very satisfied). A sense of apprehension or a subluxation event was categorized as a failure and a dislocation event was categorized as a reinjury. Plain radiographs were independently reviewed for glenohumeral joint space decrease from preoperative films. The presence of OA, failure, and loss of motion were recorded in both groups. Patients were divided into 2 groups by age (<25 years old vs ≥25 years old) for analysis. Results: There were 26 patients in the younger, high risk group (<25 years) and 28 patients in the older patient group (≥25 years of age). The younger group were all males that participated in moderate to vigorous sports as categorized by American College of Sports Medicine, and 88% had traumatic dislocation prior to surgery. There were 2 (3.7%) failures requiring revision surgery and 3 (5.6%) reinjuries requiring surgery. All revisions were in male patients, who participated in high-risk sports (baseball, hockey, sailing). At mean 13-year follow-up, all patients in the younger, high risk age group and the older age group returned to sport activities. All patients in the younger, high risk group returned and only 71% (21/28) of patients in the older group returned to sport activities at an equal level as prior to injury (p=0.014). No evidence of glenohumeral narrowing was noted on plain radiographs. No differences were seen in outcome scores between the cohorts at follow-up. Conclusion: We report excellent results in both young, high risk and older patients following arthroscopic labral reconstruction with a modified capsular shift at mean 13-year follow-up. The addition of geniald-based arthroscopic labral reconstruction with a modified inferior capsular shift resulted in low failure rate, high return to sport rate with no loss of motion, and no evidence on plain radiographs of narrowing of the glenohumeral joint.

Abstract ID# 22086
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Summary:
Hill-Sachs interval, number of anchors used in capsulotenodesis and time after operation are possible predictive factors of limitation of external rotation after combined Bankart repair and remplissage for anterior shoulder instability with off-track Hill-Sachs lesion and glenoid bone loss <20%. The purpose of this study was to evaluate the functional results after BRR, with particular focus on external rotation (ER). Methods: 41 anterior shoulder instability patients with off-track HSL and glenoid bone loss <20% were treated with BRR and followed for a median of 23 months. Functional outcome was assessed using the American Shoulder and Elbow Surgeons score (ASES) and the Western Ontario Shoulder Instability Index (WOSI). Shoulder range of motion (ROM) was assessed and compared to the opposite side including forward flexion (FF), external rotation at the side (ERs), external rotation in abduction (ERa) and internal rotations in abduction (IRa). Patient demographics, sports participation, number of dislocations, duration of instability, length of follow up, glenoid track, Hill-Sachs interval (HSI), HSL depth and the number of anchors used for the remplissage were recorded for correlation with the results. Results: All patients showed marked improvement in the postoperative WOSI and ASES scores compared to preoperative status by a mean difference of 46.1% ± 19.5 and 29.2 ± 13.3 respectively. The mean reduction in ERs, FFs, and HSL were >15%, (13.1% ± 8.2, p = 0.014), 6.1% ± 4.2, (10.1% ± 6) respectively. ERs limitation was significantly associated with time of follow up (p<0.001, r=–0.711), HSI (p<0.001, r=–0.752), number of dislocations (p<0.013, r=–0.385), sport participation (p=0.010) and number of remplissage anchors (p=0.024). ERs limitation was significantly associated with time of follow up (p<0.001, r=–0.569), HSI (p<0.001, r=–0.605) and number of remplissage anchors (p=0.003). Regression analysis revealed 3 significant predictive factors for ER limitation including time of final follow up, HSI and number of anchors. Conclusion: BRR results in good functional outcomes in patients with less than 20% glenoid bone loss and an off-track HSL. The results suggest that postoperative limitation in ER decreases overtime. Particular consideration and appropriate counselling should be undertaken in patients with large HSI and when more than one anchor for capsulotenodesis is anticipated due to an increased risk of ER limitation.

Category: Shoulder - Instability

Open Latarjet Using One-Screw Fixation Achieves a High Rate of Graft Fusion

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Summary:
One-screw fixation in the Latarjet procedure is an alternative to double screw fixation. It allows a high rate of fusion at 3 months. This technique can be used safely particularly if the surgeon judges that there is a risk of graft fracture like in...