



Original article

Are the good functional results from arthroscopic repair of massive rotator cuff injuries maintained over the long term?[☆]



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ARTICLE INFO

Article history:

Received 12 February 2015

Accepted 19 February 2015

Available online 30 December 2015

Keywords:

Rotator cuff

Arthroscopy/method

Evaluation studies

ABSTRACT

Objective: To evaluate whether the good and excellent functional results from arthroscopic repair of massive rotator cuff tears are maintained over the long term.

Methods: From the sample of the study conducted by our group in 2006, in which we evaluated the functional results from arthroscopic repair of massive rotator cuff tears, 35 patients were reassessed, 8 years after the first evaluation. The inclusion criteria were that these patients with massive rotator cuff tears operated by means of an arthroscopic technique, who participated in the previous study and achieved good or excellent outcomes according to the UCLA criteria. Patients whose results were not good or excellent in the first evaluation according to the UCLA criteria were excluded.

Results: Among the 35 patients reassessed, 91% of them continued to present good and excellent results (40% excellent and 51% good), while 3% presented fair results and 6% poor results. The time interval between the first and second evaluations was 8 years and the minimum length of follow-up since the immediate postoperative period was 9 years (range: 9–17 years), with an average of 11.4 years.

Conclusion: The good and excellent results from arthroscopic repair of massive rotator cuff tears were mostly maintained (91%), with the same level of function and satisfaction, even though 8 years had passed since the first assessment, with a follow-up period averaging 11.4 years.

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<http://dx.doi.org/10.1016/j.rboe.2015.12.009>

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Os bons resultados funcionais do reparo artroscópico das lesões extensas do manguito rotador mantêm-se em longo prazo?

R E S U M O

Palavras-chave:

Bainha rotadora

Artroscopia/método

Estudos de avaliação

Objetivos: Avaliar se os bons e excelentes resultados funcionais do reparo artroscópico das lesões extensas do manguito rotador se mantêm em longo prazo.

Métodos: A partir da amostra do trabalho feito por nosso grupo em 2006, no qual avaliamos os resultados funcionais do reparo artroscópico das lesões extensas do manguito rotador, foram reavaliados 35 pacientes, totalizando oito anos após a primeira avaliação. Critérios de inclusão: pacientes com lesão extensa do manguito rotador operados por técnica artroscópica que participaram do trabalho anterior e que obtiveram bons ou excelentes resultados segundo os critérios da UCLA. Critérios de exclusão: pacientes que não obtiveram resultado bom ou excelente segundo os critérios da UCLA na primeira avaliação.

Resultados: Dos 35 pacientes reavaliados, 91% mantiveram-se com bons e excelentes resultados (40% excelentes, 51% bons), 3% regulares e 6% ruins. O intervalo de tempo entre a primeira e a segunda avaliação foi de oito anos, o tempo de seguimento mínimo desde o pós-operatório imediato foi de nove anos, variou entre nove e 17 anos com média de 11,4.

Conclusão: Os bons e excelentes resultados do reparo artroscópico das lesões extensas do manguito rotador mantiveram-se em sua maioria (91%) com o mesmo nível de função e satisfação mesmo após oito anos de sua primeira avaliação, totalizando tempo de seguimento com média de 11,4 anos.

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Introduction

Rotator cuff injuries are considered to be one of the commonest diseases of the shoulder.¹ Their incidence is greatest among women in the age group between 55 and 60 years¹ and they may have either traumatic or degenerative origin.^{2,3} They can be classified according to their size as small, medium, large or extensive.⁴ When small injuries are not properly treated, they may evolve to extensive injuries that are a challenge to treat, even for experienced surgeons.

When surgery is indicated for treating extensive rotator cuff injuries, this involves great technical complexity because of the poor quality and/or retraction of the tendon, which adds difficulty to the repair.⁵⁻⁸

Through improvements in arthroscopic techniques, it has become possible to treat these injuries less invasively, without aggression to the deltoid musculature. Earlier rehabilitation and a lower complication rate have thus also become possible.⁹⁻¹² Despite the high rerupture rate,¹³ arthroscopic repair of extensive rotator cuff injuries leads to good functional results with a high satisfaction rate.¹⁴⁻¹⁶

However, it needs to be asked whether these good results would be maintained over the long term. In the literature, the number of studies showing good results from this technique, with long-term follow-up, remains small.^{5,13,17}

In 2006, our group evaluated 61 cases of extensive rotator cuff injuries that underwent arthroscopic repair. According to the UCLA criteria, 89% of the results were good or excellent.^{14,18}

With the aim of making a long-term assessment of our clinical results 8 years after the operations, we proposed to

reevaluate the same group of patients that we evaluated in 2006, to ascertain whether the results had been maintained.

Sample and methods

In August 2006, our institution's shoulder and elbow surgery group evaluated the results from treating 61 patients with extensive rotator cuff injuries who had undergone operations using an arthroscopic technique.¹⁴ From that group, the patients whose results were good or excellent were selected in order to assess whether these results were maintained 8 years later. Therefore, the inclusion criteria were that the patients needed to have presented extensive rotator cuff injuries that were treated arthroscopically and were included in the previous study, and that the results obtained were good or excellent according to the UCLA criteria.¹⁸ Patients whose results were not good or excellent at the first evaluation and those who could not be contacted for the reevaluation were excluded. With these criteria, out of the initial group of 61 patients, 53 who had been classified as having good or excellent results were included in the present study. Among these, it was only possible to reevaluate 35. The sample loss (18 patients; 33%) was composed of 15 patients who could not be located, two deaths and one patient who refused to take part in the investigation (Table 1).

The length of time between the first evaluation and the reevaluation was 8 years. The minimum length of follow-up since the postoperative period was 9 years, with a range from 9 to 17 years (mean of 11.4 years) (Table 1).

Among the 35 patients, 18 were male (51%). The patients' mean age at the time of the reevaluation was 75.8 years, with

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