



Original article

Functional outcome after arthroscopic repair of triple shoulder instability[☆]



Glaydson Gomes Godinho^{a,b,c}, Flávio de Oliveira França^{a,c,*},
 José Márcio Alves Freitas^{a,b,c}, Lander Braga Calais Correia Pinto^{a,b,c},
 Carolina Lima Simionatto^{a,b,c}, Pedro Paulo Gomes Viana Filho^{a,b,c}

^a Hospital Ortopédico, Belo Horizonte, MG, Brazil

^b Hospital Belo Horizonte, Belo Horizonte, MG, Brazil

^c Hospital Lifecenter, Belo Horizonte, MG, Brazil

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ABSTRACT

Objective: To evaluate the functional outcomes of patients submitted to arthroscopic repair of triple labral lesion.

Methods: This was an analytical retrospective study of patients who underwent arthroscopic treatment of triple labral lesion from March 2005 to December 2014. Patients with at least one year of postoperative follow-up were included. A total of nine patients were evaluated. The mean age was 32.3 years and the dominant side was affected in five patients. Patients were functionally assessed regarding the range of motion (ROM) in elevation, external rotation with the arm close to the body the arm in abduction of 90°, and internal rotation, and by the Carter-Rowe score. The degree of satisfaction was assessed at the end of the follow-up period.

Results: Three patients had less than five episodes of instability, four patients had between five and ten episodes, and two patients had more than ten episodes. Seven patients had positive O'Brien test for SLAP lesions and positive apprehension test in abduction and external rotation, and only one patient had apprehension in adduction and internal rotation. Three patients persisted with positive O'Brien test and one with apprehension in abduction and external rotation at the end of follow-up. The range of motion was complete in all cases. The median Carter-Rowe score increased from 40 preoperatively to 90 ($p = 0.008$).

Conclusion: The arthroscopic repair of triple labral lesions allows for the restoration of the stability of the glenohumeral joint, achieving excellent functional results.

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[☆] Study conducted at Hospital Lifecenter, Hospital Belo Horizonte, and Hospital Ortopédico, Belo Horizonte, MG, Brazil.

* Corresponding author.

E-mail: flavio.franca29@gmail.com (F.O. França).

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Resultado funcional após reparo artroscópico da trílice instabilidade do ombro

R E S U M O

Palavras-chave:

Artroscopia/métodos
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Bainha rotadora
Satisfação do paciente
Amplitude do movimento articular

Objetivo: Avaliar os resultados funcionais dos pacientes submetidos a reparo artroscópico da trílice lesão labral do ombro.

Métodos: Estudo analítico retrospectivo de pacientes com trílice lesão labral do ombro, submetidos a tratamento artroscópico de março de 2005 a dezembro de 2014. Foram incluídos pacientes com pelo menos um ano de seguimento pós-operatório. Nove pacientes foram avaliados. A média foi de 32,3 anos e o lado dominante foi afetado em cinco pacientes. Os pacientes foram avaliados funcionalmente por meio da amplitude de movimento em elevação, rotação externa com o braço junto ao corpo e com o braço em abdução de 90°, rotação interna e por meio do escore de Carter-Rowe. O grau de satisfação foi avaliado no fim do seguimento.

Resultados: Três pacientes tiveram menos de cinco episódios de instabilidade, quatro entre cinco e dez e dois mais de dez. Sete pacientes tiveram teste de O'Brien positivo para lesão do lábio superior de anterior para posterior (Slap, do inglês *superior labrum anterior to posterior lesion*) e apreensão em abdução e rotação externa positiva; apenas um apresentou apreensão em adução e rotação interna. Três pacientes persistiram com teste de O'Brien positivo e um com apreensão em abdução e rotação externa no fim do seguimento. A amplitude de movimento esteve completa em todos os casos na última avaliação. A média do escore de Carter-Rowe aumentou de 40 no pré-operatório para 90 ($p = 0,008$).

Conclusão: O reparo artroscópico da trílice lesão labral permite restaurar a estabilidade da articulação glenoumeral e alcança excelentes resultados funcionais.

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Introduction

The stability of the glenohumeral joint depends on a complex combination of the static and dynamic stabilizers of the shoulder.¹ For anterior dislocation, there is an avulsion of the anterior-inferior labrum complex of the periosteum of the glenoid, which generates anterior instability, especially in the movements of abduction and external rotation.²

Symptoms of posterior instability are vague; it may present only as pain in certain movements, especially adduction and internal rotation. It can be caused by a single trauma or by repetitive microtraumas, throwing activities, or can result from convulsions and electric shocks.³

Superior labrum anterior to posterior (SLAP) lesions are still uncommon shoulder injuries, with an incidence of 6%, diagnosed during arthroscopic procedures, according to Snyder et al.⁴ Clinical and imaging diagnoses have low sensitivity and specificity,⁵ and this condition may contribute to a major functional deficit and shoulder pain.⁶

Lo and Burkhart⁷ defined the triple labral lesion as a condition that involves unusual lesions of the glenoid labrum: superiorly, a SLAP lesion type II; anteroinferiorly, Bankart lesions; and posteroinferiorly, lesions such as the reverse Bankart (Fig. 1).

Habermeyer et al.⁸ reported that the emergence of a triple labral lesion is related to the number of relapses in anterior dislocations, denoting the chronological and evolutionary character of these lesions. A very detailed clinical

examination should be performed, including the tests for anterior and posterior instability and SLAP. According to Lo and Burkhart,⁷ the incidence of triple labral lesion was 2.4% in a group of 297 patients with ligament and labral lesions of the glenoid.

This study aimed to evaluate the functional results of patients who underwent arthroscopic correction of triple labral lesions and to raise awareness of the diagnostic difficulty and underestimation of this condition.

Material and methods

This was a retrospective analytical study of patients submitted to the arthroscopic treatment of triple labral lesions from March 2005 to December 2014. During this period, 15 patients were diagnosed and treated for this condition by the Shoulder Group of this institution.

For the study, patients who had a triple labral lesion and a minimum follow-up of 1 year were selected. Exclusion criteria were: previous shoulder surgery, fracture sequelae in the region, advanced glenohumeral arthrosis, and less than one year of follow-up. Of all patients who underwent surgery during this period, 11 met the inclusion criteria. Two refused to participate in the study. Of the nine patients selected, seven were personally assessed and two by telephone due to the fact that they lived outside the city of origin of the study.

One patient was female (11.1%) and eight were male (88.9%). Mean age was 32.3 years (range: 22–43 years). Right

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