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Arthroscopically Assisted Double-Loop Suture Repair For Acute Acromioclavicular Joint Disruption

**Emmanouil M. Fandridis, Frantzeska Zampeli,
Panagiotis Dimakopoulos**

Hand-Upper Limb-Microsurgery Department, General
Hospital “KAT”, ATHENS, Attiki, GREECE





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No Disclosures



Background

- Arthroscopically assisted or all-endoscopic techniques for operative treatment of acute high-grade acromioclavicular (AC) joint (ACJ) injuries offer certain advantages
- **Goals** of these techniques
 - ✓ Anatomic reduction of the ACJ
 - ✓ Primary healing of AC and coracoclavicular (CC) ligaments
 - ✓ Minimize associated complications



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Background

- **Double-loop suture repair technique**
(Dimakopoulos et al at 2006)
 - ✓ Implant-free technique for acute ACJ disruption
 - ✓ Open procedure
 - ✓ Effective and low-cost treatment
 - ✓ Proved long-term outcomes and stability
- **Arthroscopically assisted double-loop suture repair**
Recently described (Fandridis et al 2022)

Double-Loop Suture Repair for Acute Acromioclavicular Joint Disruption

Panayotis Dimakopoulos, MD, Andreas Panagopoulos,* MD, PhD, Spyros A. Syggelos, MD, Elias Panagiotopoulos, MD, and Elias Lambiris, MD
From the Orthopaedic Clinic, Shoulder and Elbow Surgery Unit, University Hospital of Patras, Patras, Greece

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Technical Note

Arthroscopically Assisted Double-Loop Suture Repair for Acute Acromioclavicular Joint Disruption

Emmanouil M. Fandridis, M.D., Ph.D., Frantzeska Zampeli, M.D., Ph.D., and Panagiotis Dimakopoulos, M.D., Ph.D.

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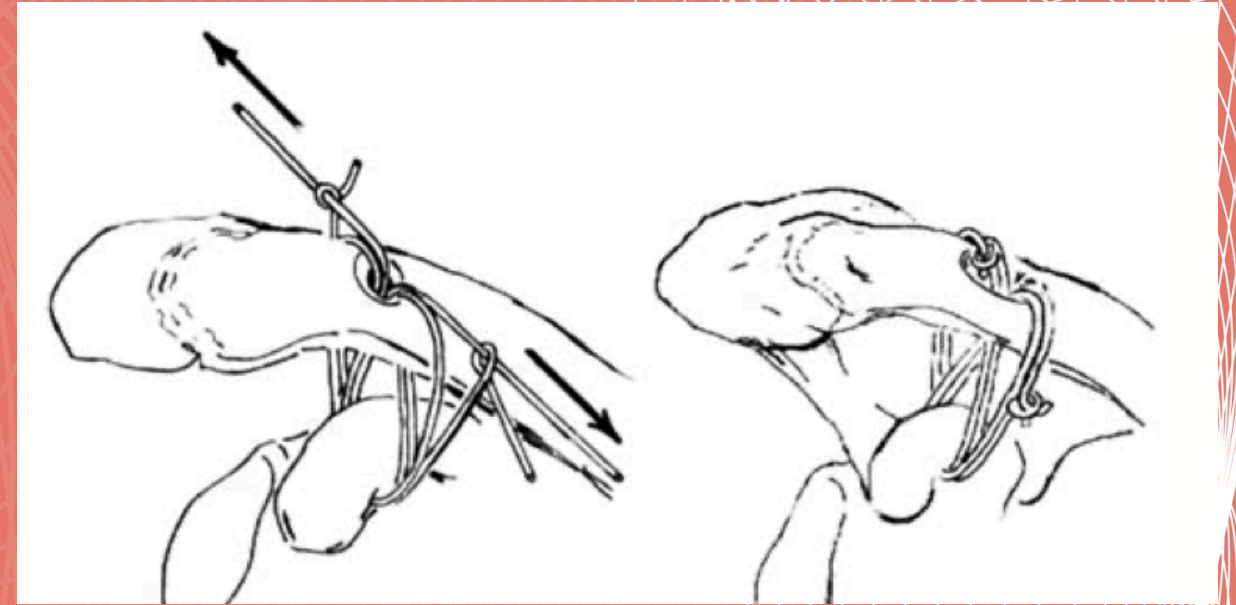
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Objective

To evaluate the clinical and radiological outcomes of double-loop suture repair for acute ACJ separation using the arthroscopically assisted technique



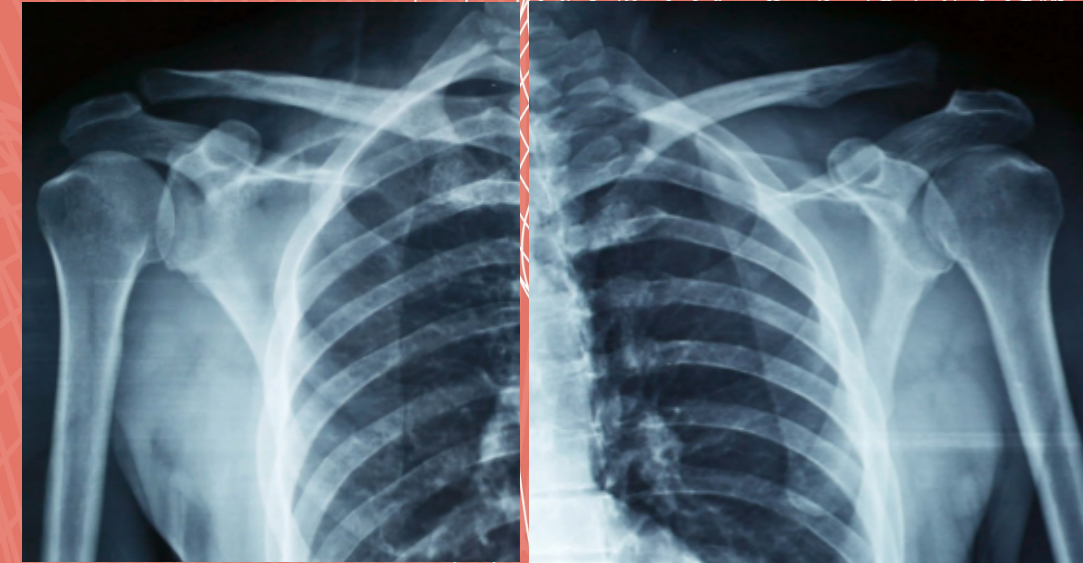
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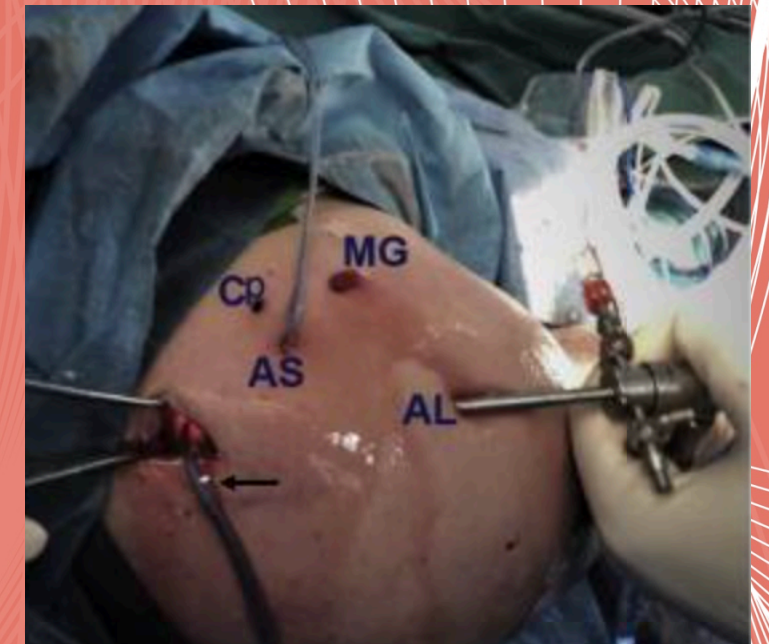
Methods

- 4 male patients
- 2/4 type IIIb, 2/4 type V (Rockwood, modified by ISAKOS)
- Median age 23 years (range 18-27)



Arthroscopically assisted double-loop suture repair CC fixation

- January 2019 - December 2020
- A single surgeon
- Operated within the first 15 days after the initial injury



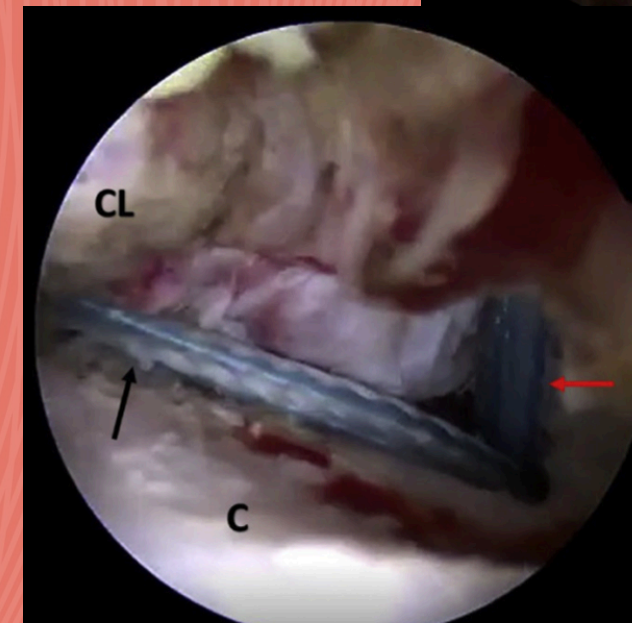
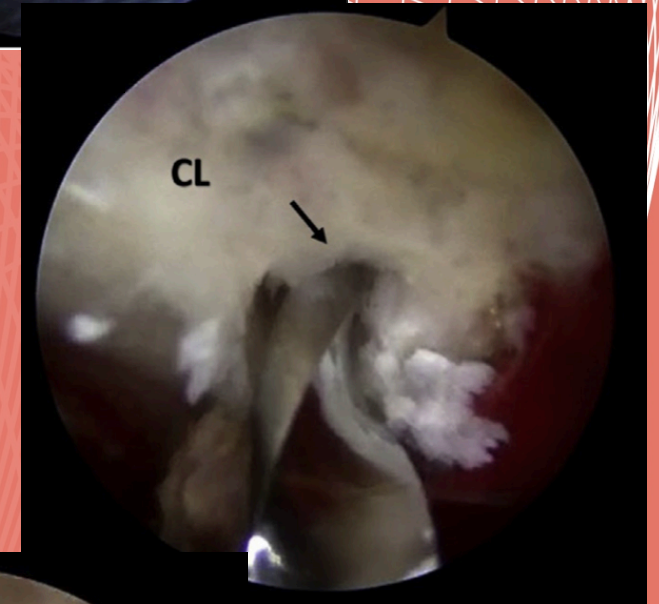
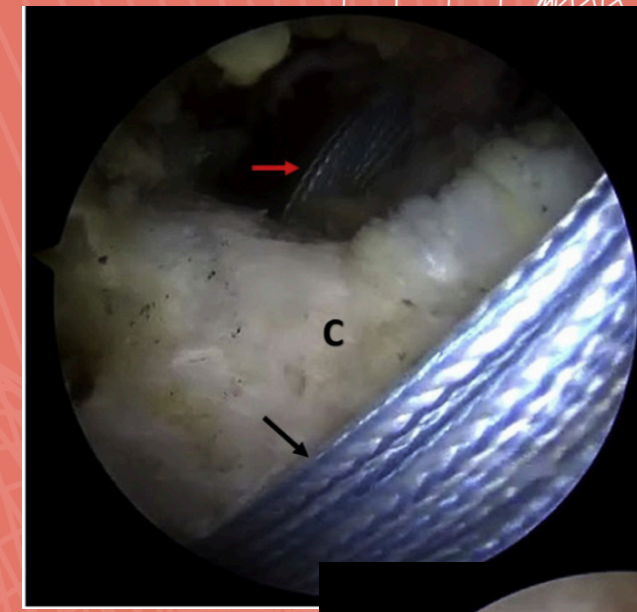
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Methods

- ▶ Glenohumeral and subacromial space arthroscopically inspected for any concomitant lesions
- ▶ Repair with double-looped CC fixation with 4 Ethibond sutures
 - passing underneath the coracoid
 - and through 4.5 mm drill hole in the clavicle
 - ✓ at the middle of its anteroposterior width
 - ✓ at 2.5-3-cm distance from the ACJ line
 - in opposing directions to control both anteroposterior and vertical clavicle displacement



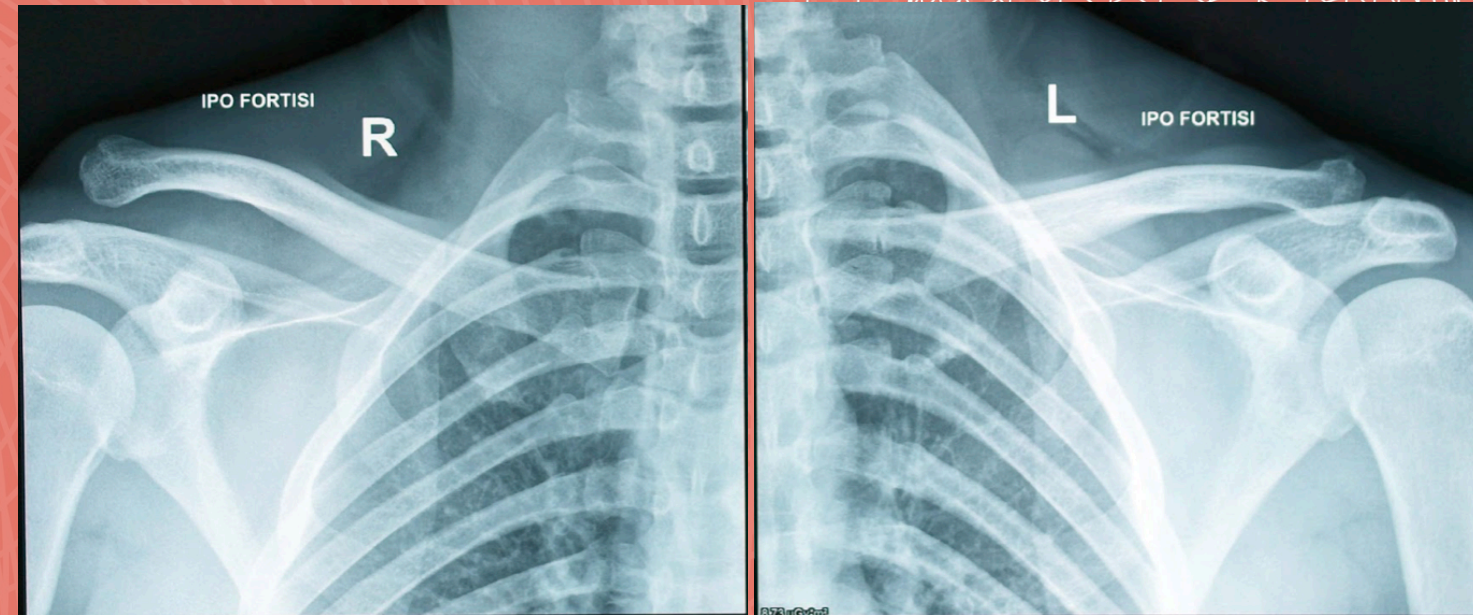
Methods

Outcome measures

- Constant-Murley score (CMS)
- VAS for pain
- Acromio-Clavicular Joint Instability Score (ACJIS)

X-rays preoperatively and at the last follow-up

- Comparative anteroposterior of both ACJ
- Axillary or Alexander views
- Loss of reduction at final follow-up
- Complications (intraoperative or postoperative)



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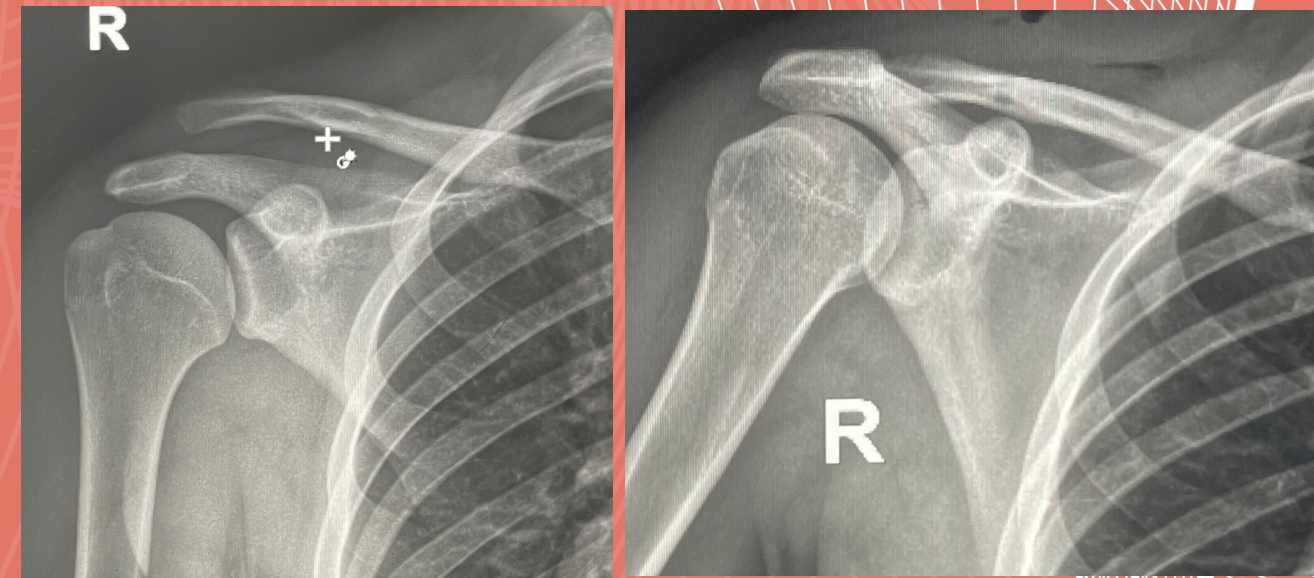
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Results

- Median follow-up 23 months (range 19-28)
- Concomitant lesions
 - ◆ SLAP I debridement, 1 patient
 - ◆ Subacromial decompression, 1 patient
- No intraoperative or postoperative complications
- Slight loss of reduction in superior direction (n=1)
 - ➔ No clinical deterioration
- Median operative time for the procedure 75 min (range, 65-100)

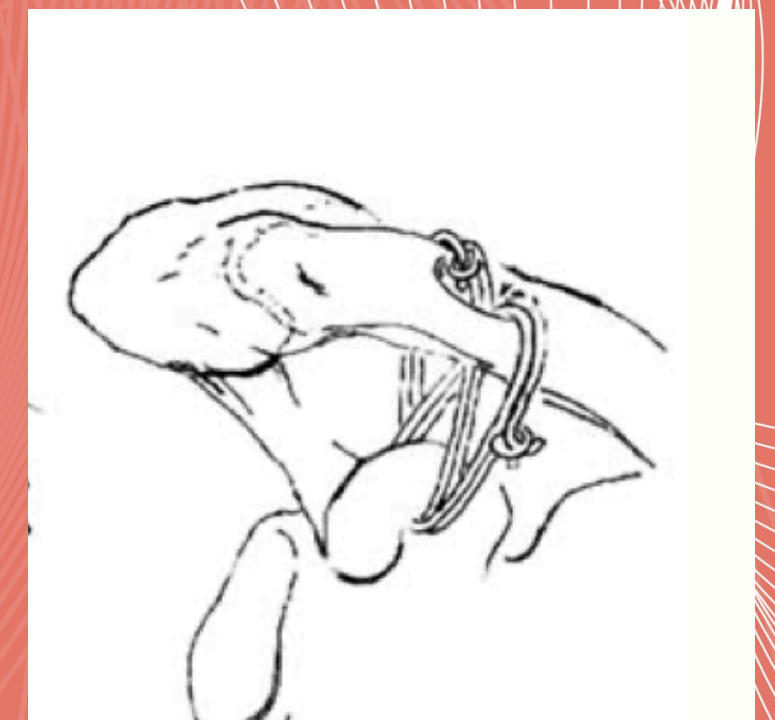
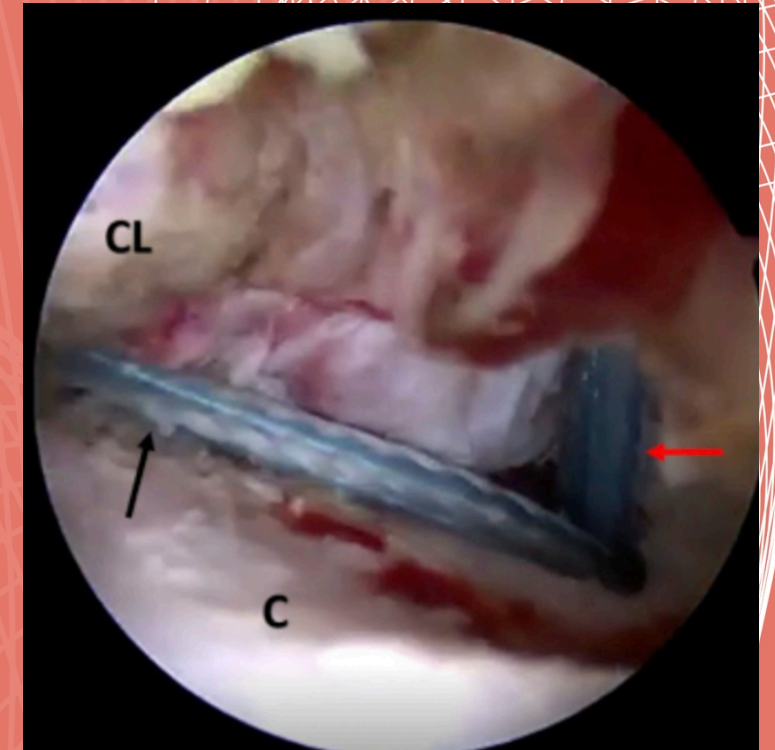
Results in Median (range)

	pre op	post op
Constant score	67 (30-89)	86 (66-100)
ACJIS	55 (40-65)	80 (75-95)
VAS pain	8 (6-9)	1 (0-1) everyday life 2 (0-3) athletic activities



Conclusions

- At the short-term follow-up arthroscopically assisted double-loop suture repair for acute ACJ disruption leads to successful outcome
- Although this is a small case series, it is the first to report the results of the arthroscopically assisted double-loop suture repair technique
- Arthroscopy offers additional advantage of diagnosing and treating concomitant lesions



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CONTACT US

fandridis@hotmail.com

fzampeli@gmail.com

