

# *MRI Findings of Elbow UCL Injury in Baseball Players after PRP*

The logo is a circular emblem with a light blue outer ring containing the text "Sports Medicine & Rehabilitation" in white. The center features a stylized green and white graphic of a baseball bat and a baseball. The text "Kameda Medical Center" is written in a light blue font across the middle of the circle.

*Kameda Medical Center  
Sports Medicine Department*

SHIN YAMADA  
YUKI KATO, TAKUYA OKADA  
SOICHI HATTORI, SYUZO TAKAZAWA, HIROSHI OHUCHI

ISAKOS 2023

COI Disclosure Information

Presenter SHIN YAMADA



I have no financial  
relationship to disclose

# Background

- ❖ Reconstruction is considered the most major definitive and standard treatment for elbow ulnar collateral ligament (UCL) tear in baseball players<sup>1)</sup>.

➔ It takes a long time until complete return to play !!

- ❖ Platelet-rich plasma (PRP) therapy has recently become a popular element of regenerative medicine due to its potential to augment the healing process and thus accelerate recovery time<sup>2)3)</sup>.

➔ There have been no studies that consider MRI evaluation after PRP therapy.

# Method

Inclusion Criteria	Exclusion Criteria
<ul style="list-style-type: none"><li>• UCL tear positive findings in history, physical exam and confirmed by ultrasound</li><li>• UCL tear more than grade 1 diagnosed in MRI by musculoskeletal radiologists</li><li>• Recalcitrant after more than two-months of rest and physical therapy</li></ul>	<ul style="list-style-type: none"><li>• Previous history of elbow surgery and trauma</li><li>• Open epiphysis</li></ul>

❖ MRI images before PRP and 6 months after PRP (average 8.3 months) were comparable in 53 cases.

# *Participants' Characteristics*

- ❖ Gender : male 53, female 0
- ❖ Average age : 20.66 ±2.9years (range, 17-30)
- ❖ Dominant arm : right 46, left 7
- ❖ Level : 12 professional, 7 high school, 25 college, 9 amateur
- ❖ Location of tear : proximal 32, distal 21
- ❖ MRI Grade : I – 20, II - 26, III - 7

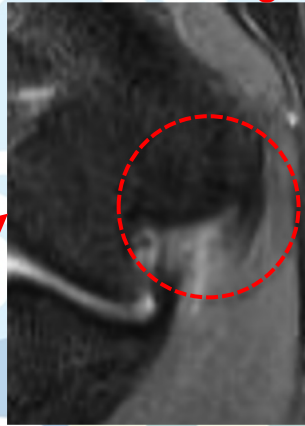
# MRI Grading of UCL tear

Proximal side<sup>2)</sup>

Grade 0  
Intact



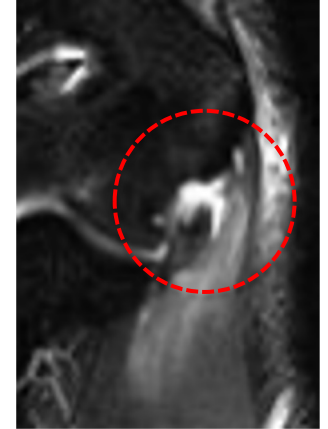
Grade 1  
Tissue swelling



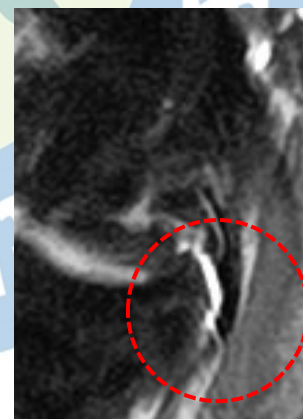
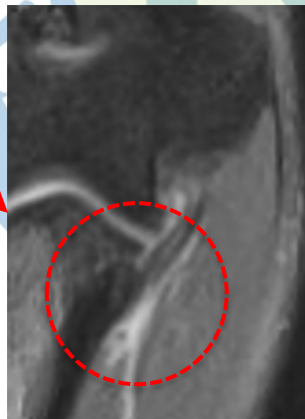
Grade 2  
Incomplete tear



Grade 3  
Complete tear



Distal side<sup>4)5)</sup>



# *Criteria of Comparative Reading*

- Improve : improvement of the MRI grade
- No change: no change in the MRI grade
- Deterioration : deterioration of the MRI grade

MRI grading is diagnosed by musculoskeletal radiologist

## *Statistical analysis*

In the 53 cases, difference in MRI Grade between Pre-PRP and Post 6 months PRP was statistically analyzed using the Wilcoxon signed rank test.

# Result

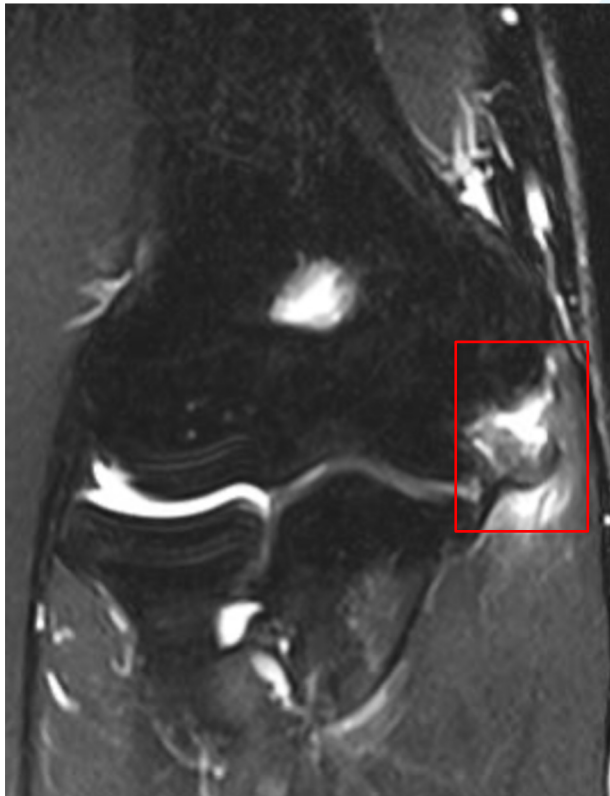
*The change of MRI findings after PRP*  
*Subgroup location of tear*

	<i>P value</i>	<i>Improve (%)</i>	<i>No change (%)</i>	<i>Deterioration (%)</i>
<i>Overall</i>	<u>p=0.0005</u>	52.8	36.2	7.5
<i>Proximal</i>	<u>p=0.0013</u>	59.3	38.7	3.0
<i>Distal</i>	p=0.2266	42.9	42.9	14.2

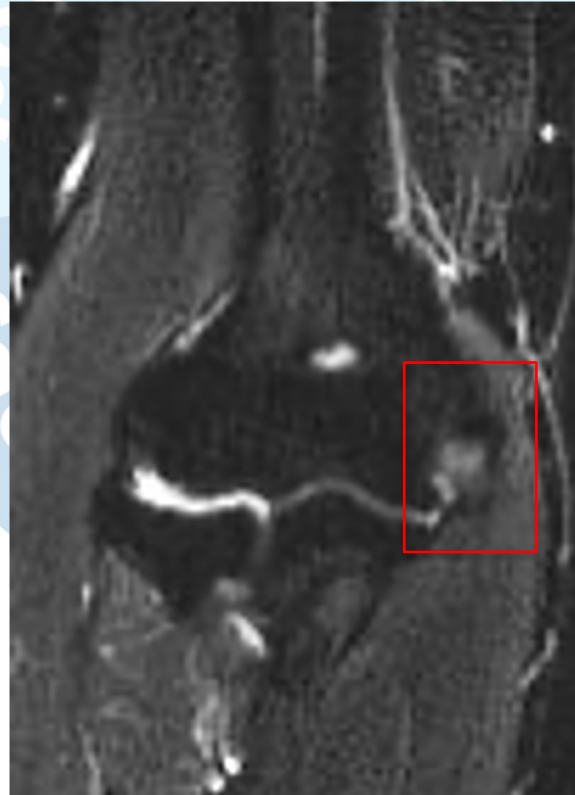


# Case

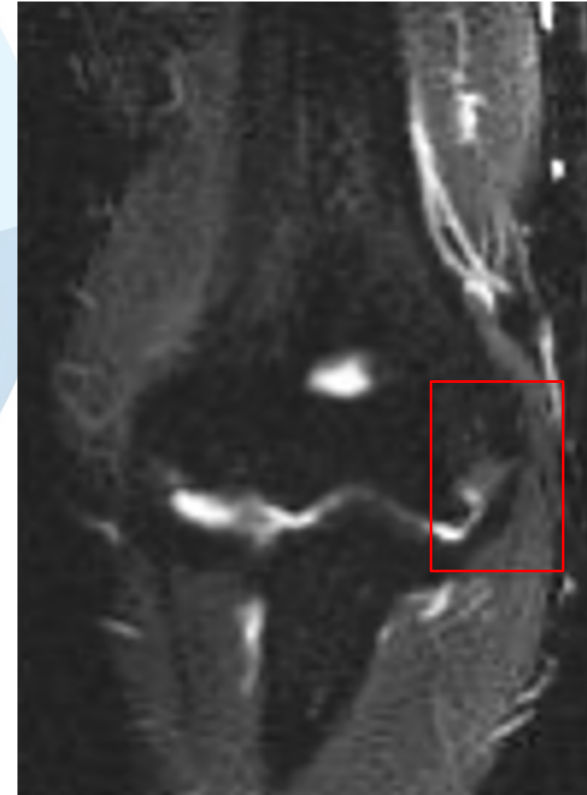
## 26y.o Infielder



Pre-PRP  
Grade3 proximal rupture



Post-PRP 3month  
Grade2



6month  
Grade1

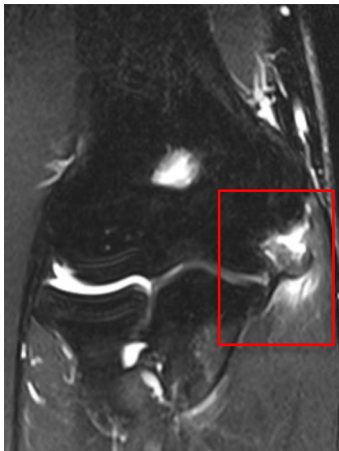
# Discussion

1. In this study, MRI grade after PRP showed significant improvement.

→ Similar to clinical findings, proximally-located tear had a higher improvement rate after PRP<sup>6</sup>).

2. Possibility of MRI reflecting the repair tissue

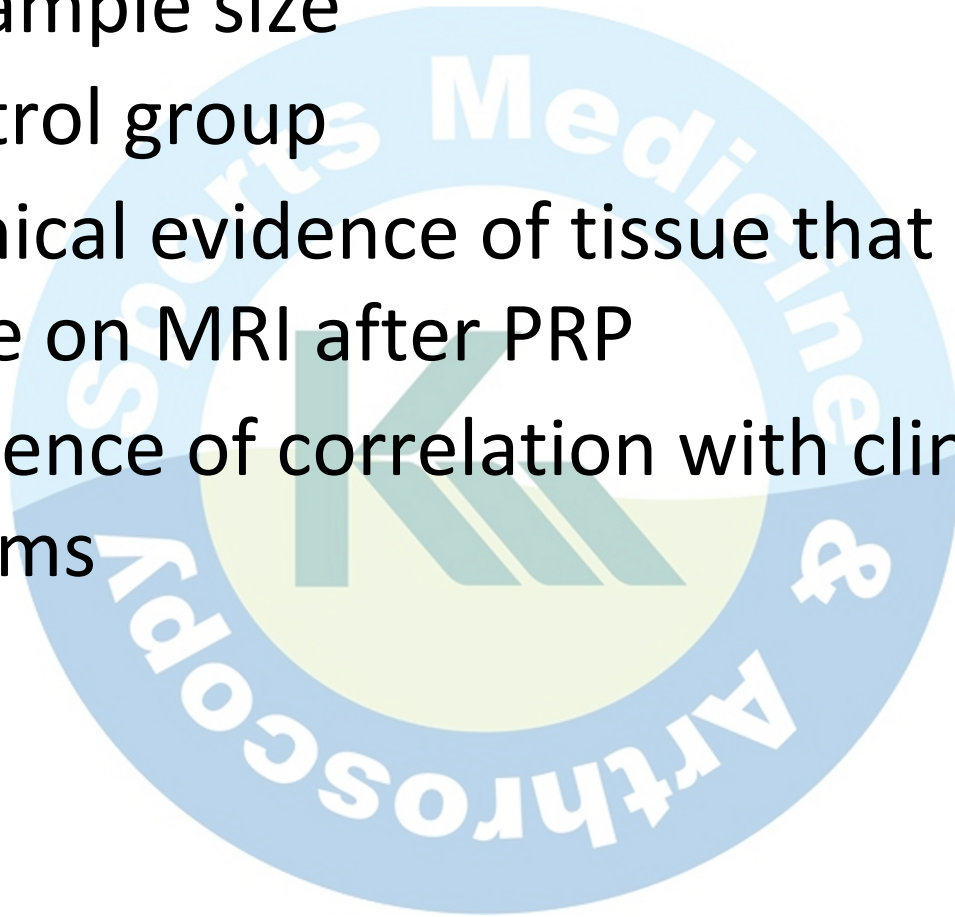
→ There is a Level 1 study about patellar tendon harvest site healing after PRP injection<sup>7</sup>).



Similarly, it may reflect the tissue repair by PRP after UCL rupture

# *Limitation*

- ❖ Small sample size
- ❖ No control group
- ❖ Anatomical evidence of tissue that appears to improve on MRI after PRP
- ❖ No evidence of correlation with clinical symptoms



# *Conclusion*

- ❖ Post-PRP MRI showed significant improvement.
- ❖ Proximally-located tears had a higher improvement rate than distally-located tears.
- ❖ Investigating the correlation between MRI and clinical findings and anatomical proof of repaired tissue are considered to be issues for the next step.

# Reference

1. Erickson BJ, et al. Trend in medial ulnar collateral ligament reconstruction in the United States: a retrospective review of a large private-payer database from 2007 to 2011. *Am J Sports Med*,43(7),2015,770-1773
2. Podesta L, et al. Treatment of Partial Ulnar Collateral Ligament Tears in the Elbow With Platelet-Rich Plasma, *Am J Sports Med* 2013; 41(7): 1689-1694.
3. Robinder SD, et al . Platelet-rich plasma therapy - future or trend? . *Arthritis Res Ther*. 2012 Aug 8;14(4):219
4. Hoshika S , et al. Medial elbow anatomy: paradigms shift for UCL injury prevention and manegement. *Clin Anat*.32(3), 2019, 379-389.
5. Timmeman, et al. Histology and arthroscopic anatomy of the ulnar collateral ligament of the elbow. *Am J Sports Med*. 22(5), 1994, 667-673.
6. Kato Y, et al. Can platelet-rich plasma therapy save patients with ulnar collateral ligament tears from surgery? .*Regenerative Therapy*. Vol 10, June 2019,123-126.
7. de Almeida AM et al. Patellar tendon healing with platelet-rich plasma: a prospective randomized controlled trial. *Am J Sports Med*. Jun; 40(6),2012,1282-8.