Arthroscopic Reconstruction of Comminuted Glenoid Fractures Using Distal Tibia Allograft Results in Excellent Post-Operative Outcomes

Jose Castillo de la Peña¹, MD; Ivan Wong^{1,2,} MD FRCSC

¹Division of Orthopaedic Surgery, Nova Scotia Health, Halifax, NS, Canada ²Faculty of Medicine, Dalhousie University, Halifax, NS, Canada







Disclosures

Dr. Jose Castillo de la Peña:

- Nothing to disclose.

<u>Dr. Ivan Wong:</u>

Speakers Bureau

- Smith and Nephew, DePuy Synthes Mitek Sports Medicine, Linvatec, Bioventus

Research Support

- Smith and Nephew, Arthrex, Aesculap, Linvatec

Editorial Board

- AJSM , ARTH

Organizations

- Research Chair AANA, Shoulder Committee ISAKOS, President AAC







Glenoid Fracture Management

- Glenoid fractures occur in two main settings, instability and high energy trauma.¹
 - can lead to recurrent dislocations, mal-union, persistent pain, and early onset of osteoarthritis.²
- Ideberg-Goss Type Ia are fractures involving the anterior glenoid with out extension to the neck or scapular body.³
- Non-operative management has a limited role in these injuries.⁴
- Open and arthroscopic techniques have been described to treat these fractures but there is no consensus in the literature on the gold standard.¹
- Open surgery has been linked to higher complication rate.⁵
- Fracture fixation with suture anchors has good outcomes, but concerns exist regarding cartilage damage that may cause increased progression to arthritis.^{6,7}
- Arthroscopic Anatomic Glenoid Reconstruction (AAGR) with distal tibia allograft is a safe procedure and it is a reliable alternative in certain fracture patterns.^{8,9}







Primary Objective

• To analyze and compare the radiographic and clinic outcomes of arthroscopic fracture fixation (AFF) vs. AAGR with allograft for Type Ia glenoid fractures (Red arrow).



Before (A) and after (B) fracture fixation with suture button (Blue arrow)

Before (A) and after (B) fracture fixation with AAGR and screws (Blue arrow)

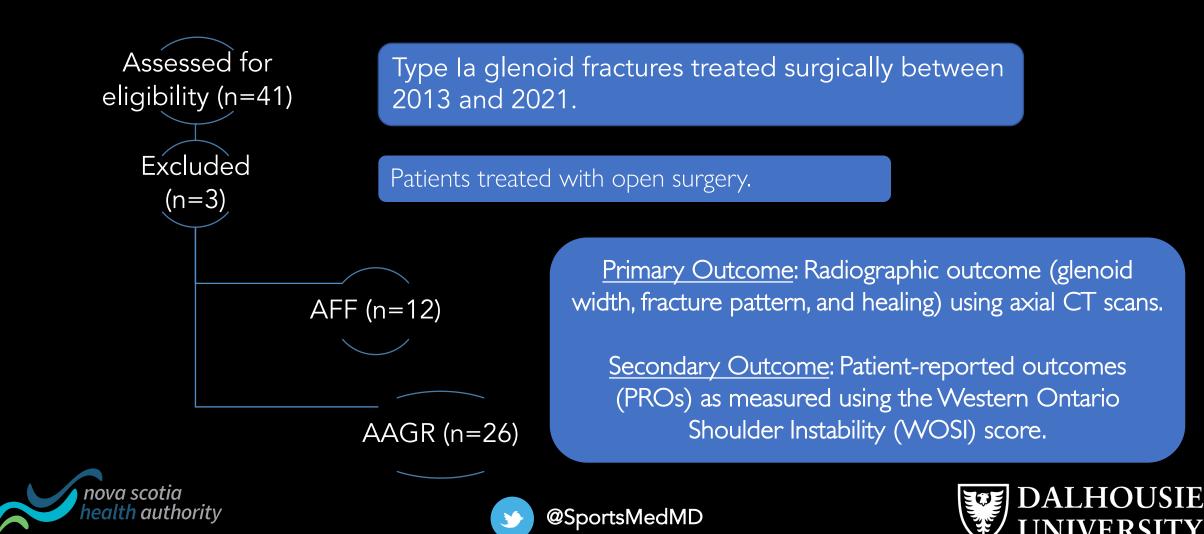




@SportsMedMD



Patient Selection



Demographics

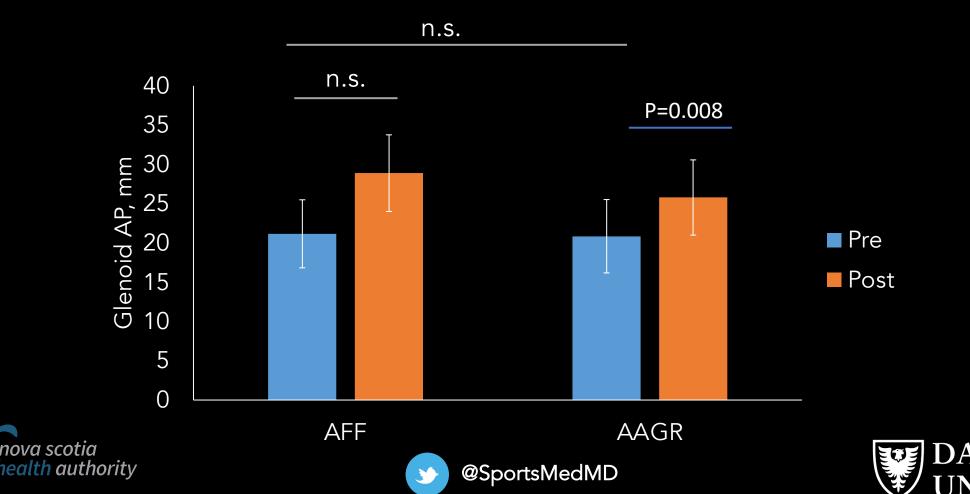
Variables	AFF	AAGR	P values
Age (years)	54.82±9.49	50.72±16.59	0.341
BMI (kg/m²)	29.43±6.81	29.32±6.11	0.962
Gender – Male (N)	10 (83.3%)	16 (61.5%)	0.268
Post CT time (years)	1.27±1.53	0.77±0.43	0.439
Time from fracture to surgery (days)	17.25±15.31	33.69±32.51	0.106
Comminution, n (%)	4 (33.3%)	16 (69.6%)	0.040
Glenoid bone loss (%)	32.90±11.63	32.54±13.37	0.938





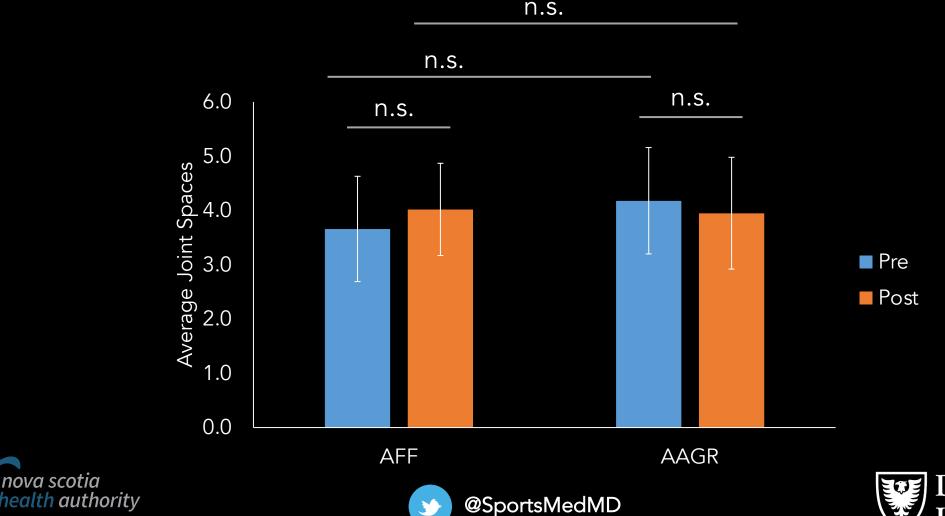


AAGR had comparable post-op glenoid AP dimensions and a significant improvement from preop to postop





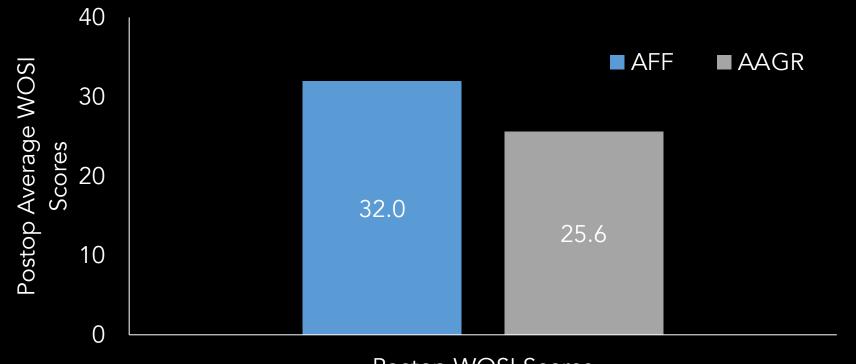
AAGR had comparable postop joint spaces as compared to AFF



nova scotia



Similar PROs in both groups with no significant difference in WOSI score at the end of the follow-up



Postop WOSI Scores



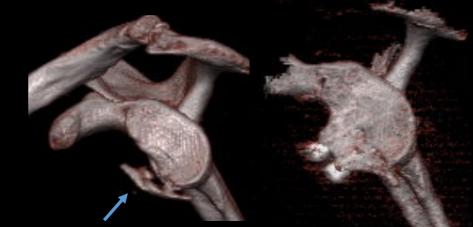






Both AAGR and AFF successfully restored the glenoid

- AFF and AAGR have comparable promising radiographic and PROs
 - There was an increase in glenoid AP dimensions from pre to post
 - Both AAGR and AFF preserved joint spaces even though AAGR had a slight average increase while AFF showed a slight decrease
 - They had comparable WOSI scores at the latest follow-up appointment
- A significant difference between groups was found in comminution and medial-lateral distance of the fragment but comparable post-op results of AFF and AAGR indicate that:
 - Complex, comminuted fracture patterns are suitable for replacement with distal tibia allograft, expecting similar result to those who undergo AFF.



Glenoid fracture with comminuted pattern

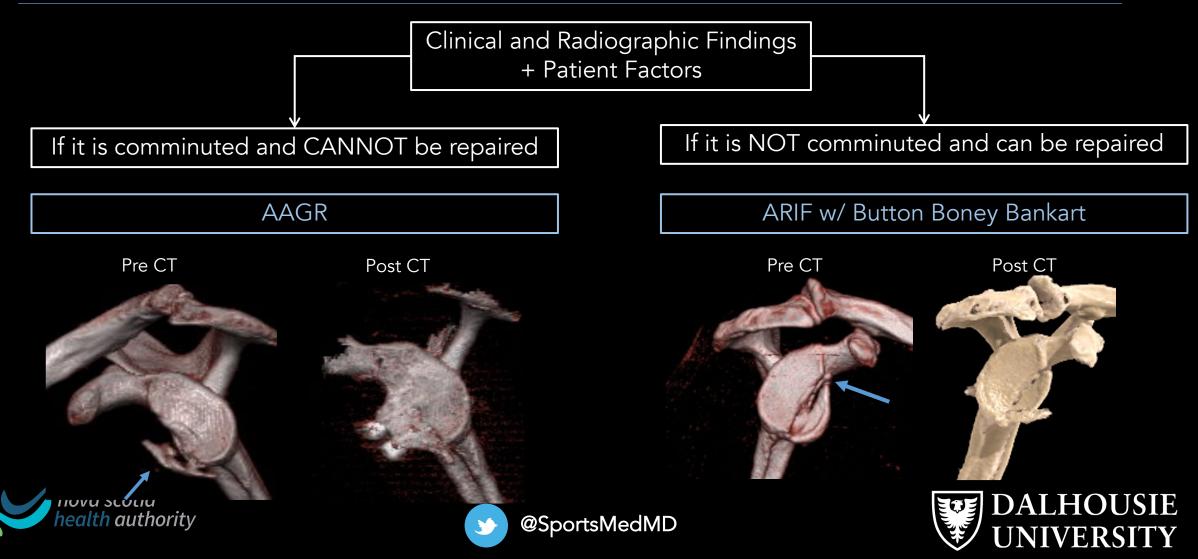
Postop AAGR







Due to comparable results, comminution should be a key consideration for surgical planning:



Summary

AAGR vs AFF:

- Similar restored glenoid dimensions
- Similar PROs
- Low complication rates
- Preserved joint spaces

Surgical decision is based on if it is comminuted and if it can be repaired vs needed to be reconstructed



Post XR - AAGR

Post XR - Button







References

- 1. Seidl AJ, Joyce CD. Acute Fractures of the Glenoid. J Am Acad Orthop Surg. 2020 Nov 15;28(22):e978-e987. doi: 10.5435/JAAOS-D-20-00252.
- 2. Frich LH, Larsen MS. How to deal with a glenoid fracture. EFORT Open Rev. 2017 May;2(5):151-157.
- 3. Goss TP. Fractures of the glenoid cavity. J Bone Joint Surg Am. 1992 Feb;74(2):299-305.
- 4. Spiegl UJ, Ryf C, Hepp P, Rillmann P. Evaluation of a treatment algorithm for acute traumatic osseous Bankart lesions resulting from first time dislocation of the shoulder with a two year follow-up. BMC Musculoskelet Disord. 2013 Oct 25;14:305. doi: 10.1186/1471-2474-14-305.
- 5. Bonnevialle N, Clavert P, Arboucalot M, Bahlau D, Bauer T, Ehlinger M; SOFCOT. Contribution of arthroscopy in the treatment of anterior glenoid rim fractures: a comparison with open surgery. J Shoulder Elbow Surg. 2019 Jan;28(1):42-47. doi: 10.1016/j.jse.2018.07.008.
- 6. Godin JA, Altintas B, Horan MP, Hussain ZB, Pogorzelski J, Fritz EM, Millett PJ. Midterm Results of the Bony Bankart Bridge Technique for the Treatment of Bony Bankart Lesions. Am J Sports Med. 2019 Jan;47(1):158-164. doi: 10.1177/0363546518808495.
- 7. Greenstein AS, Chen RE, Brown AM, Knapp E, Roberts A, Awad HA, Voloshin I. Chondral Damage After Arthroscopic Repair Techniques for Acute Bony Bankart Lesions: A Biomechanical Study. Am J Sports Med. 2021 Aug;49(10):2743-2750. doi: 10.1177/03635465211023758.
- 8. Frank RM, Romeo AA, Richardson C, Sumner S, Verma NN, Cole BJ, Nicholson GP, Provencher MT. Outcomes of Latarjet Versus Distal Tibia Allograft for Anterior Shoulder Instability Repair: A Matched Cohort Analysis. Am J Sports Med. 2018 Apr;46(5):1030-1038. doi: 10.1177/0363546517744203.
- 9. Wong I, John R, Ma J, Coady CM. Arthroscopic Anatomic Glenoid Reconstruction Using Distal Tibial Allograft for Recurrent Anterior Shoulder Instability: Clinical and Radiographic Outcomes. *American Journal of Sports Medicine*. 2020;48(13). doi:10.1177/0363546520960119





