

ST THEFT

Welcome

isakos.com/2023 • #ISAKOS2023





Title: Radiological Healing of The Rotator Cuff On MRI Does Not Correlate With Functional Outcomes After Arthroscopic Rotator Cuff Repair Author/s:

Tarun Goyal, MS, MCh, Bathinda, Punjab MDIA Souvik Paul, MBBS, MS, DNB, MCh, Dip SICOT, Kolkata, West Bengal INDIA





Disclosures:

Conflict of interests: None Financial support/ disclosures: None Company affiliations: none



Objectives

- To study association between functional outcome scores and Sugaya grading in post-operative cases of rotator cuff repair.
- To establish an association between the duration of symptoms, fatty degeneration and structural integrity of cuff tendons.





- Study Design: prospective observational study
- Inclusion
 - full thickness MRI proved rotator cuff tears.
- Exclusion
 - Patients with age more than 65 years,
 - history of dislocations or fractures around shoulder or _____
 - history of steroid injections or
 - previous rotator cuff surgeries or rheumatological disorders,
 - patients with the stiff shoulder (more than 50 percent of the range of motion) restriction) or with gleno-humeral arthrosis.
 - Fatty degeneration more than grade 3 in Fuch's grading system





Methods

•

- Procedure: Arthroscopy-assisted mini-open repair
- Pre-operative and post-operative functional scores, range of motion and abduction strengths were assessed.
- Radiological changes were compared with functional outcome scores
- Repeat, MRI and clinical and functional outcome scores were obtained at 6 months follow up. Healing of rotator cuff was classified according to Sugaya classification
- PROMs: Constant-Murley score, University of California at Los Angeles (UCLA) score, Disabilities of Arm Shoulder Hand (DASH) score, American Shoulder and Elbow Surgeons (ASES) scores and Visual Analog Scale (1-10 scale) for pain assessment





Results

- A total of 38 patients were included in the study (18 females and 20 males).
- The mean age was 50.58 years (range 34-65 years, standard deviation: 10.9)
- The mean duration of symptoms was 6.05 months (range 2 weeks -24 months, standard deviation: 6.2, 95%CI).
- It was related to preoperative fatty degeneration grading (Fuchs grading), postoperative MRI grading (Sugaya grading), functional score improvement.
- Higher sugaya grades and fatty degeneration grades were found to be associating with longer duration of symptoms





Results

- All the patients had significant improvement in range of motion and clinical signs were found to be negative in follow up visits.
- Active range of abduction and external rotation improved significantly with a mean of 45 degrees (0-125 degrees, SD: 39.8, p: <0.001) and 23.42 degrees (0-60 degrees, SD: 20.9) respectively.
- There was a significant improvement in postoperative shoulder abduction strength (Mean: 8.58 lbs, SD: 2.36, p: <0.001).





Results

- Postoperative MRI evaluation revealed 12 patients having Sugaya grade-1 20 patients having grade-2, six patients having grade-3 findings
- Despite having significant improvement in all of the functional scores, there was no association between the post-operative structural integrity of repaired tendon (Sugaya grading) with any of the functional score improvements (Table 2).





Conclusion

• Our study suggests there is no significant association between the postoperative structural integrity and the functional outcome of the patients undergoing rotator cuff repair.





Table 1 Distribution of tears among age groups		Degenera- tive tears	Trau- matic tears
	30–39	0	6
	40–49	5	7
	50–59	8	2
	60-65	9	1





Table showing tear characteristics

Numbers	
38, 17, 2	
Grade0–10, Grade1–16, Grade2–9, Grade3–3	
Grade I-5, Grade II-16, Grade III-15, Grade IV-2	
Grade1-12, Grade2-19, Grade3-4, Grade4-3	



 Table 4
 Table showing improvement in functional outcome scores

 before and after surgery

Scores	Mean improve- ment	Standard deviation	Significance
VAS score	5.58	1.12	< 0.001
Constant murley score	39.37	12.69	< 0.001
DASH score	51.1	11.85	< 0.001
UCLA score	17.79	3.67	< 0.001
ASES score	50.83	11.29	< 0.001

Table 5 Association between functional score improvement with Sugaya grades Sugaya grades				
Scores	Test statistic (T)	Significance (p)		
VAS score	63.0	0.45		
Constant Murley score	38.0	0.21		
DASH score	52.0	0.87		
UCLA score	56.0	0.87		
ASES score	65.0	0.39		





References

Carbonel I, Martínez AA, Aldea E, Ripalda J, Herrera A. Outcome and structural integrity of rotator cuff after arthroscopic treatment of large and massive tears with double row technique: a 2-year followup. Adv Orthop [Internet]. 2013 [cited 2018 Sep 23];2013:914148. Available from: http://www.ncbi.nlm.nih.gov/pubmed/23533788

Levy O, Venkateswaran B, Even T, Ravenscroft M, Copeland S. Mid-term clinical and sonographic outcome of arthroscopic repair of the rotator cuff. J Bone Jt Surg - Br Vol [Internet]. 2008;90-B(10):1341–7. Available from: http://www.bjj.boneandjoint.org.uk/cgi/doi/10.1302/0301-620X.90B10.19989

Frank JB, Elattrache NS, Dines JS, Blackburn A, Crues J, Tibone JE. Repair site integrity after arthroscopic transosseous-equivalent suture-bridge rotator cuff repair. Am J Sports Med. 2008;36(8):1496–503.

Knudsen HB, Gelineck J, Saibierg J, Johannsen HV, Sneppen O, Olsen BS. Functional and magnetic resonance imaging after single-4. tendon rotator cuff reconstruction evaluation. J shoulder Elb Surg. 1999;8(3):242-6.

Jost B, Zumstein M, Pfirrmann CWA, Gerber C. Long-term outcome after structural failure of rotator cuff repairs. J Bone Jt Surg - Ser A [Internet]. 2006 Mar [cited 2018 Sep 23];88(3):472–9. Available from: http://www.ncbi.nlm.nih.gov/pubmed/10724223 Iannotti JP, Deutsch A, Green A, Rudicel S, Christensen J, Marraffino S, et al. Time to failure after rotator cuff repair: A prospective 6. imaging study. J Bone Jt Surg - Ser A. 2013;95(11):965-71.

Mihata T, Watanabe C, Fukunishi K, Ohue M, Tsujimura T, Fujiwara K, et al. Functional and structural outcomes of single-row versus double-row versus combined double-row and suture-bridge repair for rotator cuff tears. Am J Sports Med. 2011;39(10):2091-8. Fuchs B, Weishaupt D, Zanetti M, Hodler J, Gerber C. Fatty degeneration of the muscles of the rotator cuff: Assessment by computed tomography versus magnetic resonance imaging. J Shoulder Elb Surg [Internet]. 1999 [cited 2018 Nov 7];8(6):599–605. Available from: http://www.ncbi.nlm.nih.gov/pubmed/10633896

Jobe FW, Moynes DR. Delineation of diagnostic criteria and a rehabilitation program for rotator cuff injuries. Am J Sports Med [Internet]. 1982 Nov 23 [cited 2018 Nov 14];10(6):336–9. Available from: http://www.ncbi.nlm.nih.gov/pubmed/7180952 10. Charalambous CP, Eastwood S. A clinical method for functional assessment of the shoulder. In: Classic Papers in Orthopaedics [Internet]. 2014 [cited 2018 Nov 4]. p. 319–21. Available from: http://www.ncbi.nlm.nih.gov/pubmed/3791738 11. Amstutz HC, Sew Hoy AL, Clarke IC. UCLA anatomic total shoulder arthroplasty. Clin Orthop Relat Res [Internet]. 1981 [cited 2018 Nov 5];(155):7–20. Available from: http://www.ncbi.nlm.nih.gov/pubmed/7226634

