



Return to Sport after Arthroscopic Repair of Anterior Humeral Avulsion of the Glenohumeral Ligament Lesions: A Systematic Review

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DISCLOSURE

Disclosures:

The authors have no relevant disclosures.

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PURPOSE

Background

- Humeral avulsion of the glenohumeral ligament (HAGL) lesions disproportionately affect athletes and are likely underdiagnosed^{1,2,3,4}
- Anterior band implicated in 93% of inferior glenohumeral ligament lesions⁵ yet much of existing literature pools anterior and posterior lesions

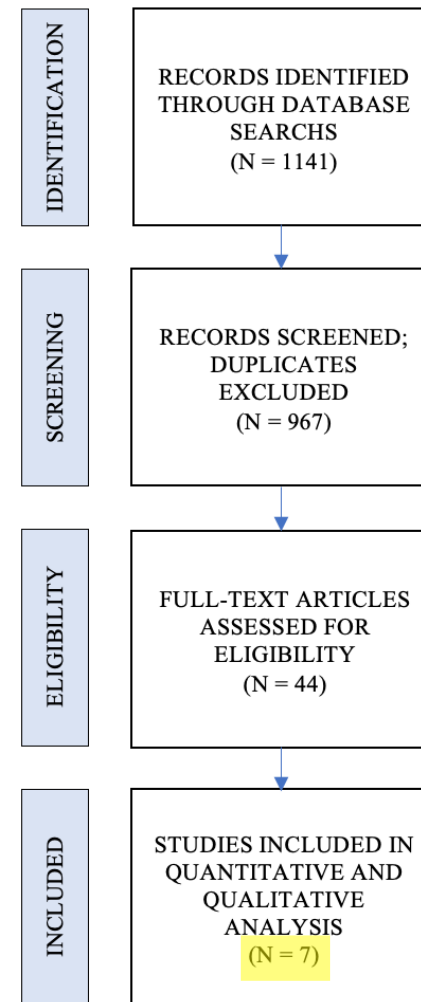
Purpose: Characterize return to sport (RTS) after anterior HAGL repair



METHODS

- Search: PubMed (MEDLINE), Scopus, and Cochrane CENTRAL prior to 13 April 2022
- Inclusion criteria:
 - Arthroscopic or open HAGL repair
 - One year of follow up
 - Anterior, axillary pouch or central, or both anterior and posterior lesions
 - RTS or military duty

Figure 1 PRISMA Flow Diagram



RESULTS

- 46 athletes / 59 total patients
- Male: 60.4% (n = 32/53)
- Average age: 23.7 years (SD = 3.4)
- Arthroscopic versus open: 66.1% (n = 39/59)



RESULTS

Return to Sport (RTS)

- RTS rate: **93.5%** (SD = 13.4%)
- RTS at prior level: **80.0%** (SD = 22.1%)
- Average time: **5.7 months** (SD = 0.67, n = 18)

Study	Athletes with HAGL (n)	Competitive/Performance athletes with HAGL (n)	Contact/Collision athletes with HAGL (n)	Sports	RTS, % (n)	RTS at previous or higher level, % (n)
Davey (2022)	14	14	14	Rugby (9), Gaelic Football (5)	100% (14)	86% (12)
Flury (2016)	5	2	1	Football (1), Martial Arts (1)	100% (5)	100% (5)
Kon (2005)	3	NR	1	Motocross (1), Baseball (1), Judo (1)	100% (3)	100% (3)
Patzkowski (2019)	9	9	NR	Rugby (7), Military Obstacle Course (6), Boxing/Combat training (4), Basketball (4)*	67% (6)	NR
Rhee (2007)	2	2	1	Professional Hockey (1), Professional Volleyball (1)	100% (2)	NR
Schmidem (2019)	9	9	5	Australian Rules Football (5), Basketball (1), Rodeo (1)	100% (9)	44% (4)
Taljanovic (2011)	4	4	0	Volleyball (4)	100% (4)	100% (4)



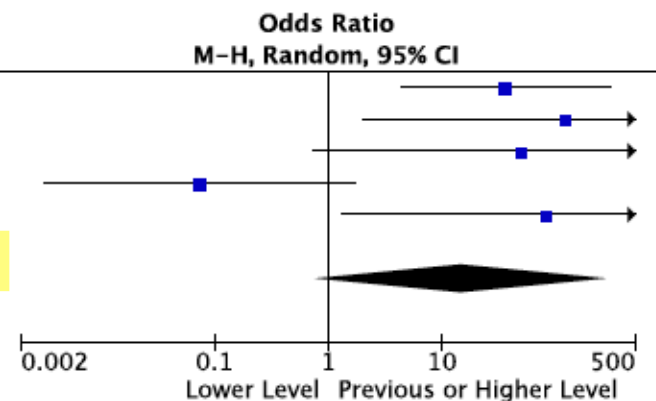
RESULTS

Return to Sport (RTS)

- Odds of RTS at previous level:
 - OR = 14.8 (p = .07)
 - **Variable** between studies (p = .004)
- Rates of concomitant procedures or pathology were not associated with variation or higher RTS rates



Study or Subgroup	Previous or Higher Level		Lower Level		Weight	Odds Ratio M-H, Random, 95% CI
	Events	Total	Events	Total		
Davey (2022)	12	14	2	14	24.5%	36.00 [4.33, 299.02]
Flury (2016)	5	5	0	5	18.2%	121.00 [2.02, 7259.18]
Kon (2005)	3	3	0	3	17.9%	49.00 [0.74, 3236.99]
Schmidtem (2019)	4	9	5	5	21.3%	0.07 [0.00, 1.74]
Taljanovic (2011)	4	4	0	4	18.1%	81.00 [1.30, 5046.33]
Total (95% CI)		35		31	100.0%	14.77 [0.77, 282.50]
Total events	28		7			
Heterogeneity: Tau ² = 8.08; Chi ² = 15.13, df = 4 (P = 0.004); I ² = 74%						
Test for overall effect: Z = 1.79 (P = 0.07)						



RESULTS

Patient-Reported Outcomes

- Pain VAS: average **1.6** (SD = 2.6, n = 15)
- Rowe score: average **87.5** (SD = 4.9, n = 46)
- SSV: average **86.0** (SD = 2.0, n = 21)
- Constant score: **82.2** (SD = 5.1, n = 12)
- Satisfaction or “good/excellent” ratings: **78.6%** (n = 28)



RESULTS

Adverse Events

- 18.5% of patients (n = 10/54)
- **Subjective instability** most common (n = 8/10)
- Others: apprehension (n = 4/10), recurrent instability events (n = 3/10), subluxation (n = 1/10)



	Adverse Events, % (n)	Adverse Events Description	Reoperations, % (n)	Reoperation Procedures
Davey (2022)	47% (7)	Apprehension (4), Subluxation (1), Recurrent instability (2)	13% (2)	Revision with open Latarjet (1), biceps tenodesis (1)
Flury (2016)	33% (2)	AEs unrelated to shoulder, unspecified (2)	0% (0)	0
Patzkowski (2019)	11% (1)	Recurrent instability (1)	11% (1)	Arthroscopic revision (1)
Rhee (2007)	0% (0)	0	0% (0)	0
Schmidtem (2019)	0% (0)	0	0% (0)	0

CONCLUSIONS

- RTS rates after anterior HAGL repair are high and comparable to other forms of operative management for anterior shoulder instability
- Most patients can expect to RTS at their previous level of play; however, there is heterogeneity among these studies
- Risk of subjective recurrent instability and reoperation not insignificant



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