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Use of Custom Glenoid Components for Reverse Shoulder Total Arthroplasty

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Disclosures:

- As listed on AAOS website

- None related to this poster



Introduction

- Severe glenoid bone loss in reverse shoulder arthroplasty (RTSA) is a controversial topic
- Bone grafting may result in high failure rates
- Metal augmented glenoid baseplate: long term outcomes are awaited









Introduction

- Customized glenoid components have been reported to be a viable solution for patients with large bone defects
- However, there are only a few studies evaluating the strengths and limitations of using these implants













To evaluate short-term clinical and radiographic outcomes after RSA using a custom glenoid baseplate for severe glenoid bone loss done by single surgeon at one tertiary care institute.







Methods: Patients

- Custom glenoid was created for 29 patients between 2017 and 2022 for severe extensive glenoid bone loss
 - 22 underwent the surgery

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2023

9 had a follow up of 2 years

Boston

Massachusetts June 18-June 21



4 patients had a custom glenoid made but did not undergo surgery because of medical conditions

3 patients had a mismatched custom glenoid implant at surgery. A standard baseplate was used instead

13 Patients had less than 2 years of follow-up



Characteristics of 9 Patients with Min 2 Years Follow Up

Patient	Age, <u>yr</u>	Sex	Follow-up,	Prior	Presence of Implants	Indication for Surgery	Defect Classification		
No.			ma	Arthroplasty					
1	78.0	F	60	2	Hemiarthroplasty	Failed RTSA	Antuna, severe combined central and posterior		
2	68.6	Μ	51	2	Hemiarthroplasty	Failed TSA	Antuna, severe combined central and anterior		
3	65.2	F	48	0	None	Dislocation arthropathy	Walch, A2		
4	80.3	F	24	0	None	Chronic anterior fracture dislocation	Walch, D		
5	80.1	М	42	0	None	Cuff tear arthropathy	Favard E31 Walch A2; Hamada IIB; Erankle superior erosion		
6	74.5	F	40	0	None	Degenerative arthritis	Walch, C		
7	71.4	М	30	3	Hemiarthroplasty	Failed TSA	Antuna, severe combined anterior, central, and posterior		
8	72.3	М	31	4	Antibiotic cement spacer	Infected RTSA	Antuna, severe combined anterior, central, and posterior		
9	78.3	F	27	0	None	Cuff tear arthropathy	Favard E1; Walch D; Hamada IIB; Frankle anterior erosion		

F, female; M, male; RTSA, reverse total shoulder arthroplasty; TSA, anatomic total shoulder arthroplasty.







- Patients were evaluated preoperatively and • every year postoperatively for
 - Patient-reported outcome measures (ASES, SST, SANE, WOOS)
 - Range of motion
 - X-rays
- Intra- and post-operative complications were reported





Results: Mismatch of Custom implant and Glenoid

- Of 25 patients who had surgery, the custom implant was unable to be matched in 4 patients
- For these 4, time from CT scan to implantation averaged 7.6 months (range 6.1–10.7 months), compared with 5.5 months (range 2–8.6 months) for those implanted without difficulty.





Results: Improved Motion and Function at 2 Year F/U

Outcome	Mean	Devalers	
	Preoperative	Postoperative	<i>P</i> value
Range of motion, °			
Abduction	73.9 (33.1)	95.6 (39.7)	0.03++
Flexion	73.9 (33.1)	100.0 (40.3)	0.03++
External rotation	46.7 (16.6)	60.0 (20.2)	0.05
External rotation (arm at side)	10.6 (23.8)	20.0 (21.7)	0.24
Internal rotation	17 (15.8)	6.1 (31.6)	0.39
Internal rotation (hand behind back)*	Buttock*	L4/L5*	0.02**
Functional outcome			
ASES	26.6 (22.6)	68.1 (26.6)	< 0.01**
SST	4.0 (3.0)	8.0 (2.8)	0.02**
SANE	34.7 (22.0)	69.6 (27.3)	< 0.01**
WOOS	32.7 (22.2)	64.1 (27.3)	< 0.01**
Pain (visual analogue scale)	8.2 (1.3)	1.5 (2.3)	< 0.01**
Report satisfaction, median (IQR) ⁺	1.6 (1-2)*	3.7 (2–5)*	< 0.01**

*Internal rotation rated ordinally as follows: 1, T10/T11; 2, T12/L1; 3, L2/L3; 4, L4/L5; 5, sacrum; 6, buttock; 7, hip/lateral thigh.

[†]Expressed as median (interquartile range). ^{††}Significant value (P < .05)

ASES, American Shoulder and Elbow Surgeons; IQR, interquartile range; RTSA, reverse total shoulder arthroplasty; SANE, Single Assessment Numeric Evaluation; SD, standard deviation; SST, Simple Shoulder Test; WOOS, Western Ontario Osteoarthritis of the Shoulder Index









Results: Complications Periprosthetic fracture 37%

Complication in 22 patients who had custom glenoid	
Central Screw no Compression ("Spinner")	8
Toggling of implant	4
Complete missed screw trajectory	2
Unexpected positive culture (C. acnes)	6
Acromial/scapular fracture	
Greater tuberosity fracture	5
Proximal humeral fracture	







Conclusions

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- Prolonged time of >6 months from CT scan to device implantation resulted in additional bone loss rendering the implants unusable
- Satisfactory short-term radiographic and clinical follow-up at a minimum of 2 years can be achieved with a well-fitting device





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