



Centro R.I.T.M.O. Ricerca e Innovazione in Traumatologia, chirurgia della Mano e Ortopedia «Giorgio Brunelli»



### **Efficacy of Marrow-Stimulating Technique**

## Through Nanofractures of the Greater Tuberosity in Arthroscopic Rotator Cuff Repair

<u>De Filippo</u> F<sup>1</sup>, Adriani M<sup>1</sup>, Motta M<sup>1</sup>, Bertoni G<sup>1</sup>, Saccomanno MF<sup>1,2</sup>, Milano G<sup>1,2</sup>

<sup>1</sup>Department of Medical and Surgical Specialties, Radiological Sciences, and Public Health, University of Brescia, Italy <sup>2</sup>Department of Bone and Joint Surgery, Spedali Civili, Brescia, Italy



## **Disclosure: COI**

#### G. Milano

 $\odot$  Arthrex, Inc: Paid consultant; Paid presenter or speaker; Research support

 $\odot$  CONMED Linvatec: Paid presenter

○ FGP srl: Research support

○ Greenbone: Research support

Medacta: Research support

#### All other authors have nothing to disclose



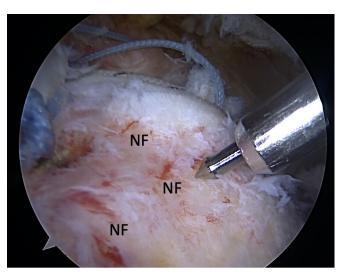


#### Bone marrow stimulation reduces re-tear rate after rotator cuff repair

Ajrawat 2019



VS



Microfractures



Nanofractures: Smaller & Deeper



### To evaluate the efficacy of the biological boost provided by

### nanofractures of the greater tuberosity

### on the healing of rotator cuff after arthroscopic repair



## Methods

#### Study design: retrospective study

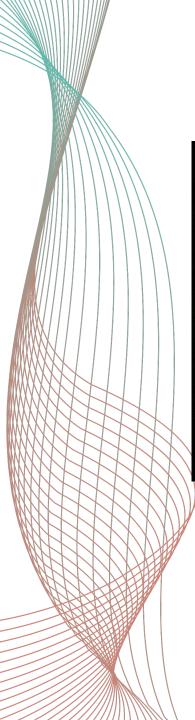
### **Participants**

• Patients who underwent an arthroscopic repair of rotator cuff tears with

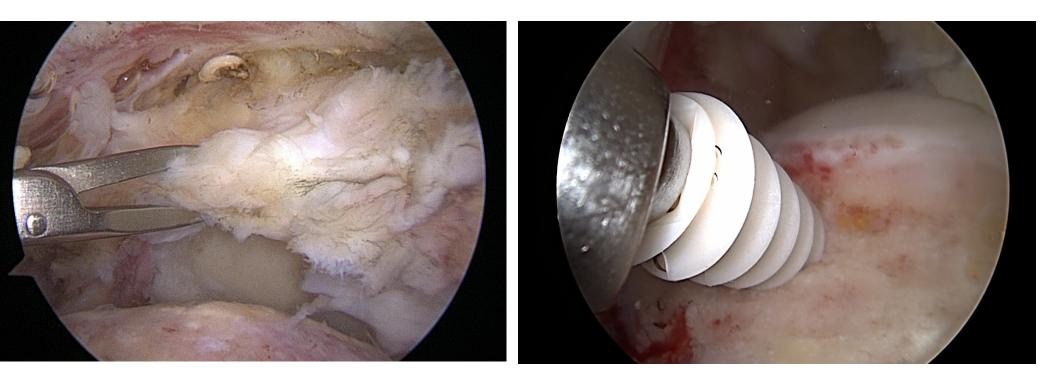
nanofractures of the greater tuberosity

• Follow-up > 24 months





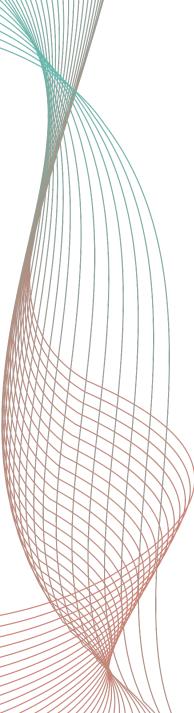
## Surgical technique



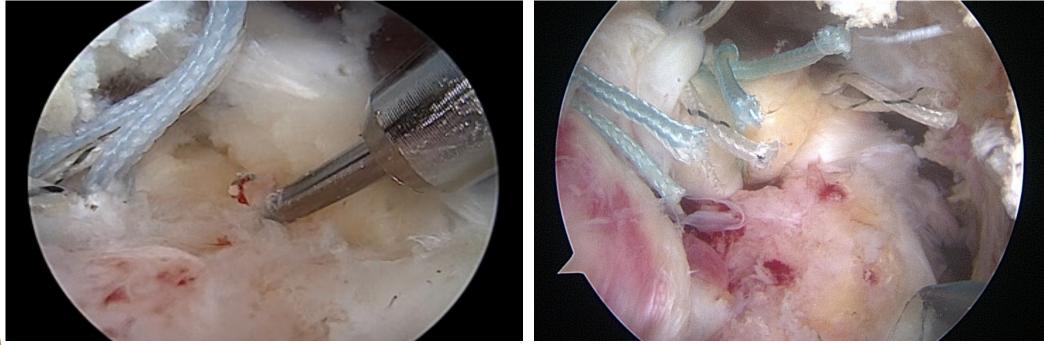
#### Tear size and mobility

Rotator cuff repair (*No cortical abrasion*)





## Surgical technique



# Bone marrow stimulation with nanofractures

Boston

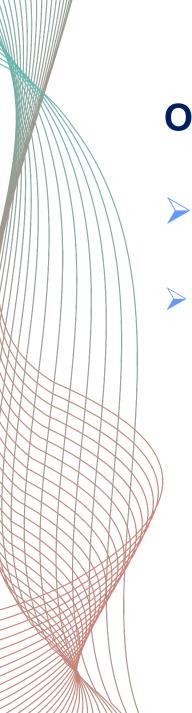
Massachusetts June 18–June 21

ISAKOS

CONGRESS

2023





## Methods

#### **Outcome measures**

- Primary: ASES score
- Secondary
  - Quick-DASH
  - WORC
  - Structural integrity (MRI) at 6 months
    - dichotomized Sugaya (I-II: healed; III-V: re-tear)



### Results

|     |  | Baseline                        | N=29            |            |
|-----|--|---------------------------------|-----------------|------------|
|     |  | Hand                            | Yes N(%)        | 27(93.1%)  |
| • 2 | 29 patients  | dominance                       | No, N(%)        | 2 (6.9%)   |
|     | M:F= 20:9  | Job<br>description<br>Tear size | Manual, N(%)    | 14(48.3%)  |
|     | Average age: 61± 6.9 y/o<br>verage follow up<br>31.5 ± 10.9 months |                                 | Sedentary, N(%) | 15 (51.7%) |
| • A |  |                                 | Medium, N(%)    | 5 (17.2%)  |
|     |  |                                 | Large, N(%)     | 10 (34.5%) |
|     |  |                                 | Massive, N(%)   | 14 (48.3%) |





#### **Comparison between pre- and postoperative functional scores**

| Outcome    | Baseline           | Follow-up          | р        |
|------------|--------------------|--------------------|----------|
| WORC       | 39 <u>+</u> 17.6   | 94.1 <u>+</u> 11.5 | < 0.0001 |
| Quick-DASH | 51.3 <u>+</u> 19.6 | 4.7 <u>+</u> 10.3  | < 0.0001 |
| ASES score | 50.5 <u>+</u> 14.9 | 94 <u>+</u> 14.5   | < 0.0001 |

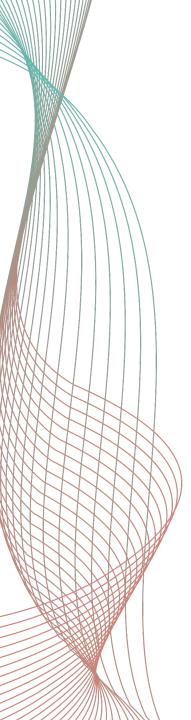




#### Subgroup analysis for tear size

|            |                  | Size of the lesion |                    |                    |       |
|------------|------------------|--------------------|--------------------|--------------------|-------|
| Varia      | bles             | Medium<br>(N=5)    | Large<br>(N=10)    | Massive<br>(N=14)  | р     |
| Quick-DASH | Mean <u>+</u> SD | 4.1 <u>+</u> 6.9   | 6.4 <u>+</u> 14.8  | 3.7 <u>+</u> 7.5   | 0.828 |
| WORC       | Mean <u>+</u> SD | 94.8 <u>+</u> 8.8  | 93.7 <u>+</u> 14.3 | 94.2 <u>+</u> 10.8 | 0.985 |
| ASES       | Mean <u>+</u> SD | 95 <u>+</u> 9.4    | 92.8 <u>+</u> 18.1 | 94.4 <u>+</u> 14.2 | 0.956 |
| Structural | Healed, N (%)    | 5 (100%)           | 8 (80%)            | 12 (85.7%)         | 0.569 |
| integrity  | Re-tear<br>N (%) | 0 (0%)             | 2 (20%)            | 2 (14.3%)          | 0.505 |





## Conclusions

Nanofractures of the greater tuberosity enhances functional and structural

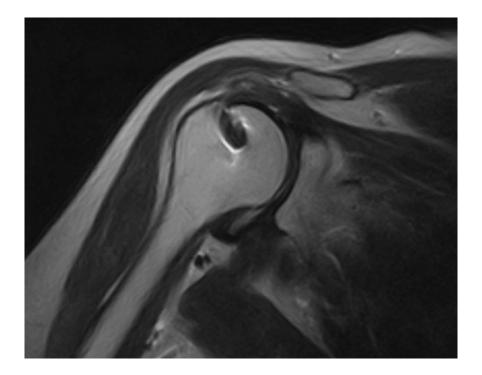
outcome after rotator cuff repair

Boston Massachusetts June 18-June 21

#### LIMITATIONS:

- Retrospective study
- No control group

SAKOS



## References

- 1. Snyder SJ, Burns J. Rotator Cuff Healing and the Bone Marrow "'Crimson Duvet'" From Clinical Observations to Science. Tech Should Surg. 2009;10:130-137.Kida Y, Morihara T, Matsuda K-I, et al. Bone marrow-derived cells from the footprint infiltrate into the repaired rotator cuff. J Shoulder Elb Surg 2013;22(2):197-205. doi:10.1016/j.jse.2012.02.007.
- 2. Milano G, Saccomanno MF, Careri S, Taccardo G, De Vitis R, Fabbriciani C. Efficacy of marrow-stimulating technique in arthroscopic rotator cuff repair: a prospective randomized study. Arthroscopy 2013;29(5):802-810. doi:10.1016/j.arthro.2013.01.019.
- 3. Ajrawat P, Dwyer T, Almasri M, Veillette C, Romeo A, Leroux T, Theodoropoulos J, Nauth A, Henry P, Chahal J. Bone marrow stimulation decreases retear rates after primary arthroscopic rotator cuff repair: a systematic review and meta-analysis. J Shoulder Elbow Surg. 2019 Apr;28(4):782-791.
- 4. Pulatkan A, Anwar W, Tokdemir S. The clinical and radiologic outcome of microfracture on arthroscopic repair for full-thickness rotator cuff tear J Shoulder Elbow Surg (2020) Feb;29(2):252-257

