

Outcomes of Large Rotator Cuff Repair with and without Augmentation: Patient-Reported Outcomes, and Radiographic Findings

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Faculty Disclosure Information

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Introduction

Background:

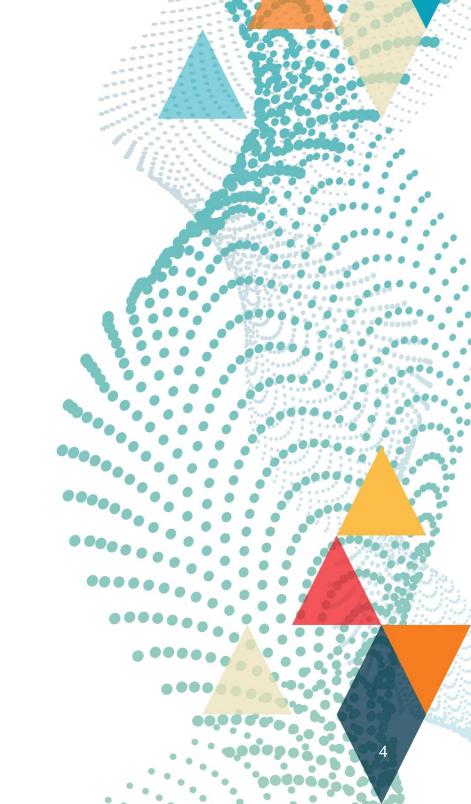
- Large Rotator Cuff Repairs (RCR) (3–5 cm) have high retear rates, especially in revisions
- Dermal allograft augmentation (AUG) may improve healing

• Purpose:

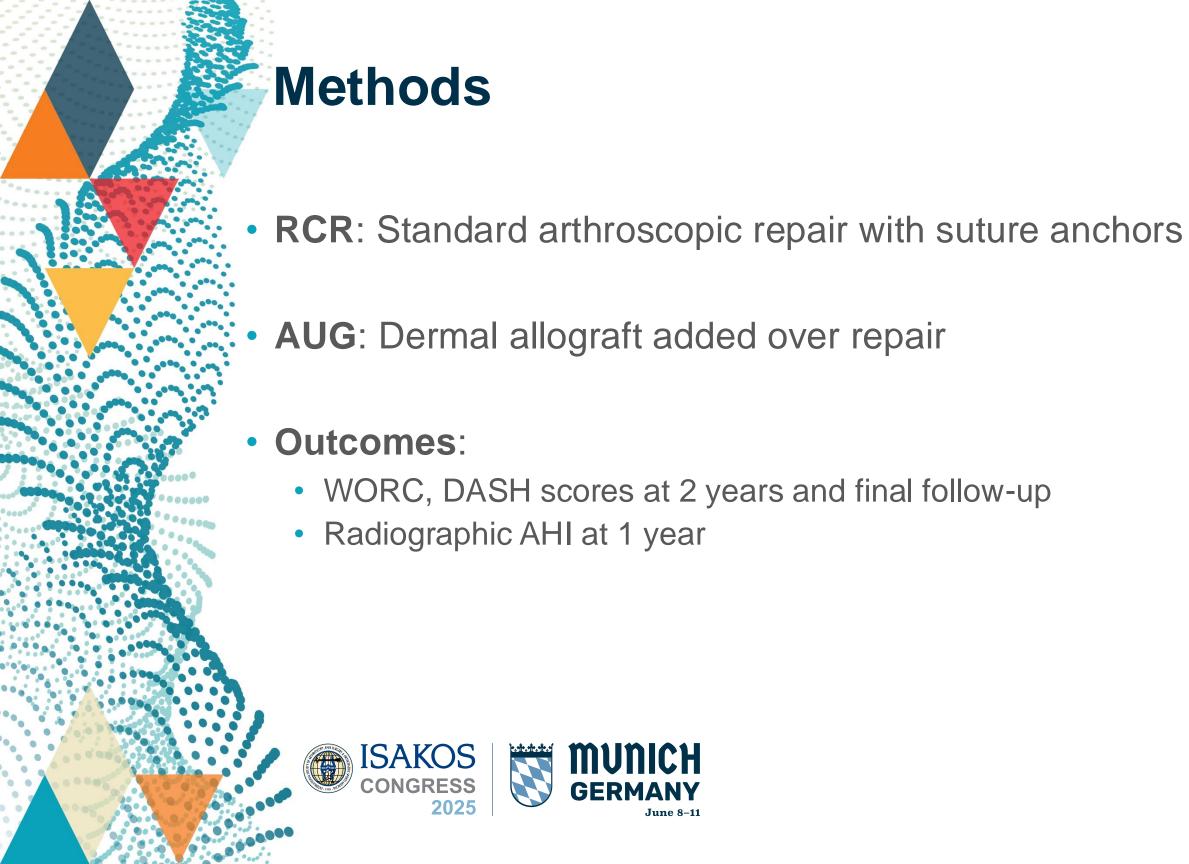
- Compare outcomes of RCR with vs. without AUG
- Evaluate revision cases specifically

Methods

- Study Design: Retrospective comparative study (Level III)
- Inclusion: Large tears (3–5 cm), primary or revision repairs
- Exclusion: Massive/irreparable tears, prior arthroplasty, incomplete data





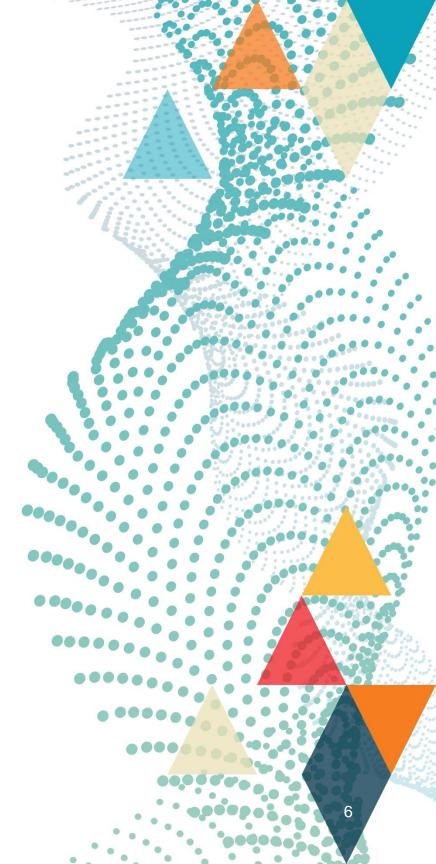


Results – Demographics

Key findings:

- Comparable age, BMI, and sex
- AUG had higher revision rate (p=0.01)

Variable	AUG (N=29)	RCR (N=30)	P-value
Age (years)	58.54 ± 8.39	56.57 ± 10.56	0.43
BMI (kg/m²)	29.96 ± 6.38	29.49 ± 6.91	0.79
Postop MRI (months)	18.27 ± 15.06	17.51 ± 15.39	0.82*
Sex (Female: Male)	9:21	14:16	0.29
Revision Surgery (%)	11 (18.3%)	2 (3.3%)	0.01^
Required Revision (%)	4 (7.1%)	8 (14.3%)	0.33^



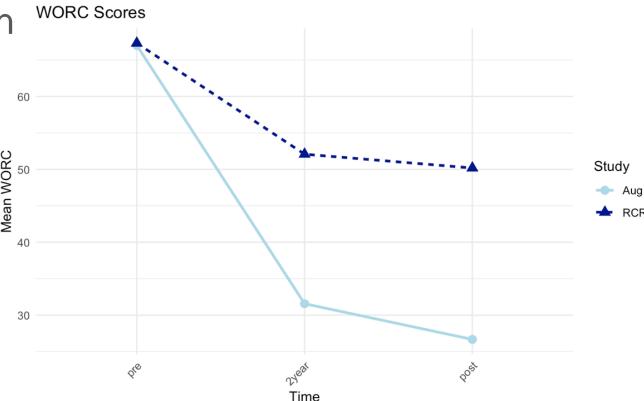


Results - WORC score

WORC Scores

- Include Figure 1
- Higher WORC scores in AUG at 2 years and final follow-up (p<0.05)

Significant group x time interaction

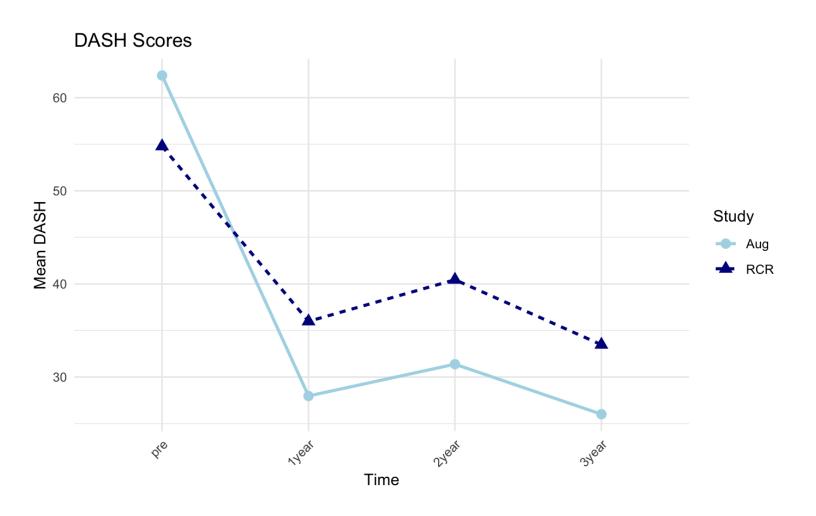


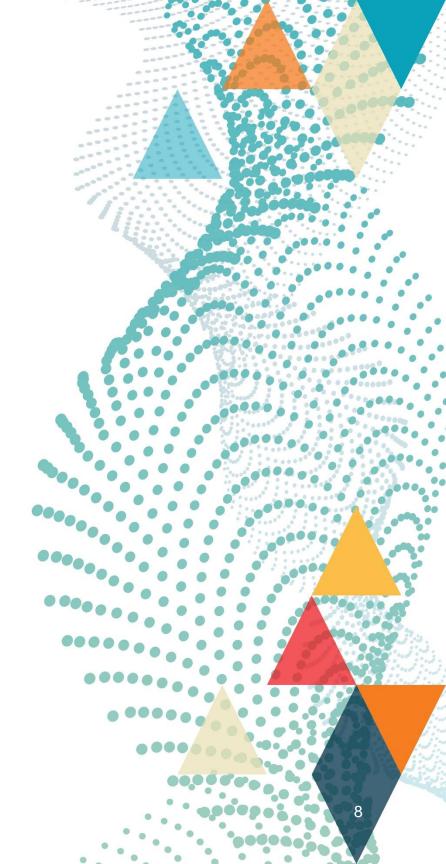




Results – DASH score

Both groups improved (p<0.05); no difference between groups

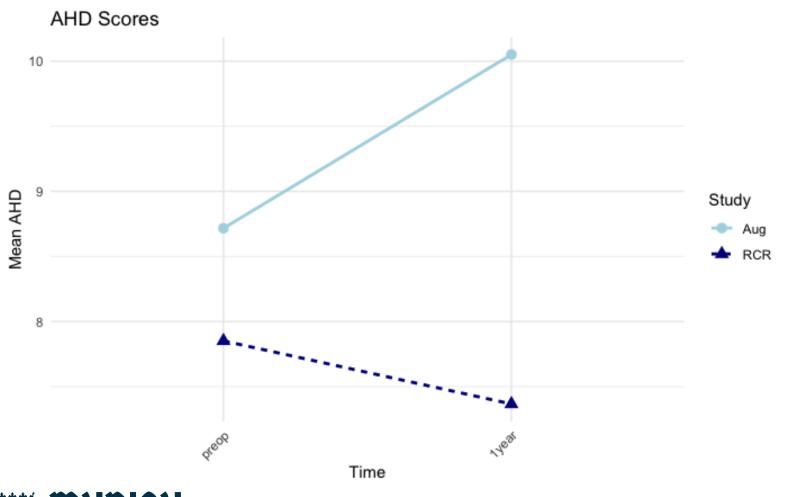






Results – Radiographic outcomes

Trend toward greater AHI in AUG (10.05 mm vs. 7.37 mm, p=0.05)





Discussion

- Key findings:
 - AUG improved WORC scores and structural integrity
 - Benefit persisted in revision cases
- Literature context: Aligns with prior RCTs and case series

Lee et al. (2022, RCT): Allograft augmentation reduced retear rates and improved ASES scores at 5-year follow-up.

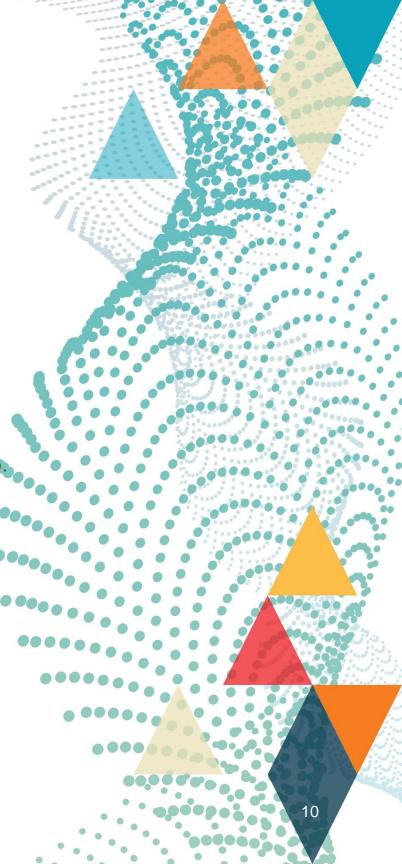
Pasqualini et al. (2022): Highlighted mechanical and biologic benefits of dermal patches.

Gaidici et al. (2024): Case series showed improved functional scores (ASES, SANE, SST) in large/massive tears.

Kantanavar et al. (2024): Augmented group had better ROM and lower retear rates.

Namdari et al. (2021), Merolla et al. (2025): Demonstrated sustained benefits in revision repairs.







Limitations & Conclusion

Limitations:

Retrospective design, short-mid follow-up, AHI on xray vs. MRI

Conclusion:

- AUG enhances outcomes in large RCRs
- Supports use in complex/revision scenarios

References:

Lee GW, Kim JY, Lee HW, et al. *Clinical and Anatomical Outcomes of Arthroscopic Repair of Large Rotator Cuff Tears with Allograft Patch Augmentation: A Prospective, Single-Blinded, Randomized Controlled Trial with Long-term Follow-up*. Clin Orthop Surg. 2022;14(2):263-271.

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Kantanavar R, Lee IE, Rhee SM, Rhee YG. *Outcomes of Arthroscopic Single-Row Repair Alone vs. Repair with Human Dermal Allograft Patch Augmentation in Large to Massive Rotator Cuff Tears*. J Shoulder Elbow Surg. 2024;33(4):823-831.

Namdari S, Nicholson T, Brolin TJ, et al. *Healing and Functional Results of Dermal Allograft Augmentation in Complex and Revision Rotator Cuff Repairs*. Am J Sports Med. 2021;49(8):2042-2047.

Merolla G, Bonfatti R, Marra F, et al. *Human Dermal Allograft Augmentation in Primary and Revision Arthroscopic Rotator Cuff Repair: A Retrospective Controlled Study*. Int Orthop. 2025.



