

## Does the Posterior Interval Slide Show Better Outcomes for Repairing the Large to Massive Contracted Rotator Cuff Tear? A Comparison to Rotator Cuff Repair Without Posterior Interval Slide

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### Summary:

The arthroscopic complete repair with a posterior interval slide and margin convergence did not show better clinical or structural outcomes compared to those who underwent a partial repair with margin convergence of a large to massive contracted rotator cuff tear. However, this should be verified in a randomized controlled study with long-term follow-up period.

### Abstract:

#### Background:

There have been few studies examining the arthroscopic complete repair obtained by a posterior interval slide and whether better clinical outcomes or structural integrity are achieved compared to partial repair without the posterior interval slide in large to massive contracted rotator cuff tears.

#### Method:

This study was composed of 41 patients with large to massive contracted rotator cuff tears, not amenable to complete repair with margin convergence alone. The patients underwent either arthroscopic complete repair with a posterior interval slide and margin convergence (22 patients, Group P) or partial repair with margin convergence (19 patients, Group M). Simple shoulder test (SST), ASES score, UCLA shoulder score, range of motion (ROM) were employed to compare the functional outcomes. Also, preoperative and six month follow-up MRA after surgery were compared within or between groups.

#### Results:

At two-year follow-up evaluation, SST, ASES score, UCLA score, and ROM significantly improved in both groups. However, there were no significant differences between groups. Even though the difference of preoperative tear size on MRA was not significant, follow-up MRAs identified re-tear in 20 patients (91%) in Group P and a significant difference in tear size between groups ( $20.6 \pm 8.0$  mm, Group P;  $16.9 \pm 5.0$  mm, Group M,  $p = 0.007$ ).

#### Conclusion:

The complete repair group with a posterior interval slide and margin convergence did not show better clinical or structural outcomes compared to the partial repair group with margin convergence alone for large to massive contracted rotator cuff tear. In addition, the complete repair group had a 91% re-tear rate and a greater mean re-tear size than those of partial repair group. Even though this study had a relatively short-term follow-up, in large to massive contracted rotator cuff tears, a complete repair with an aggressive release such as posterior interval slide

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may not have an increased benefit compared to partial repair without posterior interval slide. However, this should be verified in a randomized controlled study with long-term follow-up period.