

Prevalence of Problems and Complications After Reverse Shoulder Arthroplasty According to the Pathology in Treatment and Comorbidities - A Multicenter Study

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Summary:

It's important to know the risks of Problems and Complications when we decide to go for a RSA. We try to know the risks of different pathologies and the risks of the clinical comorbidities.

Abstract:

Background: The Reverse Shoulder Arthroplasty (RSA) has, in most published series, a high rate of problems and complications (PC). We decided to see if this ratio varies depending on the condition being treated and the clinical condition of the patient. Methods: 75 shoulders were submitted to RSA in the period between August/2009 and September/2015. Revision surgeries and patients with less than 2 months of follow-up were excluded. The resulting n for analysis was 72 shoulders. The Cuff Tear Arthropathy (CTA) represented 56.9% of cases and Proximal Humeral 4 Part Fractures (4PF) represented 13.8% of cases. The index of PC was analyzed according to the indication basic pathology and the presence of Rheumatoid Arthritis, Diabetes mellitus and Obesity (BMI>30). Results: The mean age was 74.5 ± 7 years. The evaluation was performed with a median of 11.5 (IIC 5 to 21.7) months. Problems were found in 14 patients (19.4% - CI95%: 10.3 to 28.6%) and complications in 29 patients (40.3% - CI95%: 28.9 to 51.6%). Verification of wide confidence intervals, featuring a small sample size, led the statistical analysis to be performed by adding the contents of problems and complications (PC) - 47.2% (CI95%: 35.7 to 58.8%). In patients operated by CTA, there were 43.9% (18/41) of PC. In all other joint diseases, there were 51.6% (16/31) PC. There was no statistical difference in prevalence of PC among the cases of CTA and the other diseases (P=0.516). It was compared the prevalence of PC between CTA cases and 4PF cases (CTA with 41 cases and 10 cases with 4PF). There was a tendency, although not significant, of lower prevalence of PC in cases of 4PF (P = 0.280). Patients with Rheumatoid Arthritis did not present with a higher prevalence of PC (P=0.338). The same was found in patients with Diabetes mellitus (P=0.898). The obesity (BMI>30) increased significantly the prevalence of PC (P = 0.027). Conclusion: It was not possible to demonstrate a higher prevalence of Problems and Complications according to the pathology being treated. The presence of obesity (BMI>30) significantly increased the prevalence of PC. The presence of Rheumatoid Arthritis and Diabetes mellitus did not increase the prevalence of PC.