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## Arthroscopic Bankart Repair in Patients Over 30 Years of Age. Clinical and Radiologic Results at More than 10 Years Follow-Up

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## Summary:

Arthroscopic Bankart repair remains a useful technique. Nevertheless, careful patient selection is crucial by completing the ISIS score with systematic standard X-rays (anteroposterior view in internal rotation for notch depth (D/R ratio) and comparative Bernageau X-rays to analyze glenoid lesions.

## Abstract:

Introduction: Two techniques are commonly used in the management of antero-inferior instability: coracoid bone block or arthroscopic labrum reinsertion (Bankart procedure). While numerous retrospective studies report follow-up of the latter, few cover the very long term. The objective of this study was thus to calculate a long-term (>10 years) recurrence rate and to analyze risk factors in patients over 30 in order to eliminate age as a risk factor.

Materials and methods: This retrospective study involved all patients over 30 years old who had been operated on between 1999 and 2003 for shoulder stabilization by arthroscopic Bankart repair. The entire sample was contacted at a minimum of 10 years postoperatively. The main outcome was the recurrence rate and the influence of different risk factors including the depth of the Hill-Sachs lesion, glenoid lesions, ISIS score. Secondary outcomes were the rate of osteoarthritis and functional and clinical outcomes at more than 10 years of follow-up (WOSI and Duplay & Walch scores).

Results: Fifty-two patients (31 men/10 women, mean age 38  $\pm$ 9.01 years) met the inclusion criteria and 41 (79%) were followed-up for a minimum of 10 years. Mean postoperative follow-up was 150 months (range; 128-179 months). Overall recurrence rate was 37% (15/41 patients). Among the 31 patients with an ISIS score =2, eight (26%) experienced recurring dislocation versus 23 (83%) patients with an ISIS score =2 (p=.001). Regarding the depth of the Hill-Sachs lesion, the mean depth of the Hill-Sacks lesion/Radius of the humeral head (D/R) ratio was significantly lower in patients who did not have any recurrence: 10% versus 22% (p=.001). Among patients presenting with glenoid lesions, 55% had recurrence versus 19% of those who were lesion-free (p=.09). In the 10 patients with an ISIS score =2, no glenoid lesion, and a Hill-Sachs lesion<15%, no recurrence occurred.

Discussion: Arthroscopic Bankart repair remains a useful technique. Nevertheless, careful patient selection is crucial by completing the ISIS score with systematic standard X-rays (anteroposterior view in internal rotation for notch depth (D/R ratio) and comparative Bernageau X-rays to analyze glenoid lesions.