

An Individualised Approach to Shoulder Instability: Minimum 2 Years Follow Up of 104 Patients

Karthik Selvaraj Murugappan, MBBS, MS Orth, DNB, MRCS, INDIA

Rohit Daniel, MBBS MS, INDIA

David V. Rajan, MS (Orth) MNAMS (Orth), FRCS (G), INDIA

Ortho One

Coimbatore, Tamil Nadu, INDIA

Summary:

A treatment algorithm based on several factors helps us individualise treatment for anterior instability leading to satisfactory outcomes in the short term follow up.

Abstract:

Background:

An individualised treatment regimen for treating shoulder instability should include not only the glenoid and humeral bone loss, but also the patients demands, hyper laxity status and intra operative labral quality.

Materials and Methods:

104 patients who underwent surgical treatment for anterior shoulder instability from Jan 2012 to Jun 2013 were included in the study. Sedentary patients with on track glenoid received Arthroscopic Bankart repair. Patients who were hyperlax, who had off track glenoid and who had poor labral quality intra operatively received an additional remplissage procedure. Elite athletes, patients with significant glenoid bone loss and Manual workers received Latarjet procedure.

Post operative MR was done for the bankart and remplissage group. Post operative Ct was done for the Latarjet group at 6 months. Clinical assessment was done at minimum two year followup. Oxford Shoulder Score and MISS were used to assess outcome.

Results:

48 patients had undergone Bankart repair, 24 had Bankart and Remplissage and 32 patients had Latarjet procedure. The mean age of the patients was 27.2 years. Mean number of prior dislocations was 5.7. 13.2% patients had sleep dislocation. Mean pre operative Oxford score was 44.2. All patients showed significant improvement in clinical scores. MR showed healing of Bankart and Remplissage in 82% patients. CT showed union of graft in all cases of Latarjet. No patient had a redislocation. Two patients in the Bankarts group had apprehension. One patient in the Remplissage group developed severe stiffness. All athletes went back to their previous level of sport.

Conclusion

A treatment algorithm based on several factors including glenoid and humeral bone loss, hyper laxity, labral quality and level of activity helps us individualise treatment for anterior instability leading to satisfactory outcomes in the short term follow up.