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Coracoid Graft Positioning in Arthroscopic Latarjet Procedure : CT Assessment of the Position and Fusion of the Coracoid Block

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Summary:
The arthroscopic Latarjet procedure is a technically challenging technique that provides satisfactory fusion rate and graft positioning with a low complication rate.

Abstract:
PURPOSE
The open Latarjet procedure has provided reliable results in the treatment of anterior shoulder instability. The success of this procedure largely depends on the accurate positioning of the coracoid bone graft relative to the glenoid margin.
Recently, the arthroscopic Latarjet procedure is becoming an increasingly popular technique. Nevertheless, position and fusion of the autograft had not been well studied yet.
The purpose of this study was to assess the positioning of the coracoid graft and the fusion rate on CT scan in the arthroscopic Latarjet procedure.

METHODS
The study design was a prospective series of 21 consecutive patients who received arthroscopic Latarjet procedure.

Surgical complications and duration of surgery were registered. Radiological assessment on CT scan performed 3 months postoperatively included analysis of the fusion and the position of the coracoid bone graft using a validated method.

02:30-04:20 was considered an ideal positioning in the sagittal view. In the axial view, the positioning was considered as flush, congruent, medial or lateral.

RESULTS
The median age of patients was 26,4 (+/- 6,5).
Mean operative time was of 158 min +/- 39. The fusion rate was of 78%.
Coracoid grafts were positioned between 1:24 (42°) and 4:33 hours (137°).
Mean positioning was 01:51 hours (56° ± 16,7°) to 4:09 hours (124,8° ± 8,8°)
In the axial view, 32% of the grafts positioning were considered as flush, 38% as congruent, 30 % as medial and 6% too medial. No lateral position was noted. Two complications occurred, one graft fracture during screwing requiring opening conversion and a early case of osteolysis in a medial positioned graft.

CONCLUSION
The arthroscopic Latarjet procedure is a technically challenging technique that provides satisfactory fusion rate and

graft positioning with a low complication rate.