SUGAYA TECHNIQUE
NINE YEARS of FOLLOW UP

AIM
Our goal was to assess the functional outcomes after surgery using Sugaya method in acute bony Bankart lesions affecting <20% of the glenoid surface.

Secondary, was to assess the correlation between size and location of the osseous fragment, with postoperative stability of the glenohumeral joint.

METHOD
We did a retrospective study between March 2009 and February 2016.

A total of 21 patients were included (all men, average age, 37 years; range, 24-63 years) with acute bony Bankart lesions, affecting less than <20% of the glenoid.

The average follow-up period was 32.5 months (24.3-72 months).

Postoperative range of motion was assessed with Constant, and Rowe scores.

The fragment location was assessed with MRI and confirmed arthroscopically. The size of the fragment was measured by MRI using the ‘Pico-like’ method.

RESULTS
The mean postoperative Rowe score was 97.5: constant score was 88.7.

After surgery, 1 patient (4.76%) experienced traumatic redislocation.

The extent of the glenoid defect varied between 8%-18.78%. We did not find a statistical significant correlation when compared to constant score using spearman correlation test (r=0.05), and it showed a weak positive correlation of (r)=0.52 when using Rowe score.

The defects were located between 02:00 and 6:32. The mean orientation of the defect was pointing towards 3.58. We did not find a statistical significant correlation between the glenoid defect location and the Rowe or Constant scores (r=-0.3).

CONCLUSION
Arthroscopic reduction, and internal fixation of bony Bankart lesions with Sugaya technique is a good method to achieve excellent results in acute lesions involving <18% of the glenoid surface.

Under 20% of defect, the mean glenoid defect size does not correlate with increased shoulder instability after surgery, neither do the location of the glenoid defect.