Return To Sport After arthroscopic Remplissage And Bankart Repair In Athletes

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FINANCIAL DISCLOSURE

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HAVE NOTHING TO DISCLOSE
Introduction

Anterior shoulder instability is a disabling condition in athletes. Untreated engaging lesions has been shown producing high rate of recurrent instability after Bankart repair pointing out the need of proper treatment. The management of engaging Hill-Sachs lesions is still debated and remplissage procedure is emerging as reliable option for small to medium Hill-Sachs defects in arthroscopic techniques. The aim of this study was to evaluate mid-term outcomes and return to sport in athletes after arthroscopic Bankart repair and Hill-Sachs remplissage.

Aim

The aim of this study was to evaluate mid-term outcomes and return to sport in athletes after arthroscopic Bankart repair and Hill-Sachs remplissage.
Methods

A series of 29 athlete patients surgically treated for anterior shoulder instability between 2012 and 2015 with Bankart repair with engaging Hill-Sachs remplissage were enrolled in a prospective nonrandomized study. Exclusion criteria were shoulders with consistent glenoid bone defects (glenoid deficiency[25%), large and deep Hill-Sachs defects, poor quality of the capsular tissues and capsular deficiency, previous stabilization and gleno-humeral arthritis. All Hill-Sachs lesions were “off track” by an arthroscopic examination and preoperative imaging. All patients were undergone a similar rehab program with delayed return to sports at a minimum of 6 months. At the final follow-up active range of motion and clinical scores (Rowe, Costant scores and Western Ontario Shoulder Instability Index) were assessed.
Results

Of 29 patients treated for traumatic recurrent anterior shoulder instability, 27 (93.1%) patients (77.7% male) were available for the follow-up (25 to 61 months, average 43 months). The average patient age at surgery was 26 years (range, 17-39 years). The Hill-Sachs lesion defect was measured and showed an average bone loss of 18.7% (9.3% to 29.4%) in relation to the diameter of the humeral head. Rowe, Costant scores and Western Ontario Shoulder Instability Index improved respectively at 95, 87.4 and 123 points. The mean deficit in external rotation was 8 degrees in ER1 and 2 degrees in ER2. 25 (92.5%) patients returned to sport at the same level of play (preinjury level), 2 patients had a recurrence of instability with persistent anterior apprehension and one of those underwent reoperation using miniopen latarjet procedure.
Arthroscopic technique
Conclusions

Hill-Sachs lesion remplissage and Bankart repair is a safe procedure for recurrent anterior dislocation in athletes with a high rate of return to play at the preinjury level and low complication rate.

REFERENCES


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