Three-portal Arthroscopic Superior Capsular Reconstruction with a Minimally Invasive Harvested Fascia Lata Autograft: Good Shoulder Outcomes with Low Donor site Morbidity Impact

Clara Campos Azevedo, Ana Catarina Ângelo
We have no financial conflicts to disclose

Clara Campos Azevedo, Ana Catarina Ângelo
Background

Minimally invasive *fascia lata* harvesting in ASCR does not produce significant donor site morbidity

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*Knee Surg Sports Traumatol Arthrosc.* 2018 Aug 1

15 patients
18 months FU
Level of evidence = 4
(prospective case series)

donor site morbidity associated with *fascia lata* autografts has not been proven to be a valid argument against the use of this graft in ASCR.
Background

**Arthroscopic Superior Capsular Reconstruction With a Minimally Invasive Harvested Fascia Lata Autograft Produces Good Clinical Results**

Clara Isabel de Campos Azevedo, MD, Ana Catarina Leiria Pires Gago Ângelo, MD, and Susana Vinga, PhD


- **21 patients**
- **24 months FU**
- Level of evidence = 4
  (prospective case series)

CONCLUSION

ASCR using a minimally invasive harvested fascia lata autograft produced good 6-month and 2-year shoulder outcomes in IRCTs, with low-impact thigh morbidity at 2 years.
Hypothesis

ASCR using a fascia lata autograft harvested through a minimally invasive approach produces good shoulder outcomes and a non-significant thigh morbidity in IRCTs.
Methods

23/07/2015 → 24/07/2018

39 patients - 4 patients excluded (< 6 months FU)

35 patients included
Mean FU 19 months
(6 - 36 months FU)

Level of evidence = 4 (retrospective case series)
Results

**Age:** mean **65.3 years**

**Duration:** **31 months** (chronic IRCT)

**Hamada** grade:

1: 22 patients

2: 13 patients

**Goutallier cumulative score ≥ 3**

**Patte** stage:

1: 3 patients

2: 11 patients

3: 21 patients
Results

**Active ROMs improved** *(p<0.001)*

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<td><strong>Elevation</strong></td>
<td>71.6°</td>
<td>144.9°</td>
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<tr>
<td><strong>Abduction</strong></td>
<td>56.3°</td>
<td>119.7°</td>
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<td><strong>External rotation</strong></td>
<td>14.4°</td>
<td>36.1°</td>
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<tr>
<td><strong>Internal rotation</strong></td>
<td>1.2</td>
<td>3.7 points</td>
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**Functional shoulder scores improved** *(p<0.001)*

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<tr>
<td><strong>SST</strong></td>
<td>2.1</td>
<td>8.7  points</td>
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<tr>
<td><strong>SSV</strong></td>
<td>31.7</td>
<td>69.7%</td>
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<td><strong>CS</strong></td>
<td>18.2</td>
<td>64.7 points</td>
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**Shoulder abduction strength improved** *(p<0.001)*

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<td><strong>Strength</strong></td>
<td>0 kg</td>
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Results

AHI improved 6.6 mm → 7.4 mm

90% MRI healed grafts
40% were bothered by their harvested thigh

71.4% noticed donor site changes:
- deformity (17.1%)
- pain (37.1%)
- numbness (42.9%)
- donor site-related claudication (5.7%)

83.3% the shoulder surgery’s end result compensated for the thigh’s changes

84.4% would undergo the same surgery again
Conclusion

Three-portal ASCR using a minimally invasive harvested fascia lata autograft produced good shoulder outcomes with a subjectively non-significant thigh morbidity in IRCTs.


References
