**Arthroscopic Bone Block for the Treatment of Glenoid Bone Loss**

Many different open and arthroscopic techniques have been described to address recurrent anterior instability associated with glenoid bone loss. We have treated arthroscopically a subgroup of patients affected by bone loss in recurrent anterior shoulder instability with a modified Eden-Hybinette technique since 2005. In 2013 we made our last modification consisting in fixation using a pair of specifically designed double Round-Endobuttons which secure the bone graft to the glenoid rim placed through a guide. This report is about patients operated after this last modification.

The purpose of this study was to assess early clinical and radiological results of this technique, our hypothesis is that this technique restores shoulder stability in patients with anterior-inferior gleno-humeral instability with glenoid bone deficit, with excellent clinical and radiological results.

We retrospectively evaluated the clinical and radiological efficacy of this procedure on 26 patients with an average follow up of 29.6 months (range 24-33 months).

At minimum 2 years follow up we had no recurrent anterior dislocation, excellent clinical results (average Walch-Duplay score 93.2, average Rowe score 96.4, average SSV 87.4, satisfaction rate 88.5%, average loss of external rotation 4.4°), optimal graft positioning and healing rate in 92.3% of cases on CT scan.

**Conclusion:** Arthroscopic Bone block grafting combined with a standard Bankart repair restores shoulder stability in patients with anterior-inferior gleno-humeral instability with glenoid bone deficit, with excellent clinical and radiological results. This procedure does not substantially limit external rotation allowing a high rate of return to sport activities even among competitive, overhead and “at risk” athletes.