

Second Look Arthroscopy Following Arthroscopic Shoulder Anterior Instability Reconstruction

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Introduction

- Shoulder instability involves a spectrum of pathogenetic mechanisms and displays a variety of pathological findings on arthroscopic evaluation.
- The evolution of arthroscopic shoulder examination significantly broadened our understanding

Purpose

The purpose of this paper was to describe the morphology of the healing process of the Bankart lesion following arthroscopic shoulder reconstruction.

Patients - Methods

Between 2003 and 2004 second look arthroscopy was performed in 14 patients who had undergone arthroscopic shoulder instability repair between 12 and 15 months earlier.

- In 4 patients the operation was performed to treat failure of the initial procedure, 1 for shoulder stiffness, 1 for disengagement of a metallic anchor, while the rest of the patients volunteered to have the second examination.
- All operations were carried out in the lateral decubitus position, and recorded.

Results

- In all patients a Bankart lesion was evident during the index operation, which was advanced to the glenoid rim and fixed with suture anchors.
- The lesion had healed in all patients where it was initially advanced.
- Firm fixation between the labrum and the glenoid rim was ascertained. In conclusion, second look arthroscopy confirmed the clinically proven notion that the Bankart lesion, when fixed properly, heals well leading to an improved clinical result.

Results

- The suture anchor holes and many knots were covered with fibrous tissue
- In patients with limitation of external rotation the rotator interval was significantly contracted
- In all cases absorbable sutures were completely absorbed





labrum

avulsion

humeral head



before reconstruction

glenoid

6 months after reconstruction

Conclusion

Second look arthroscopy confirmed the clinically proven notion that the Bankart lesion, when fixed properly, heals well leading to an improved clinical result.

References

Bottoni CR, Wilckens JH, DeBerardino TM, D'Alleyrand JC, Rooney RC, Harpstrite JK, Arciero RA. A prospective, randomized evaluation of arthroscopic stabilization versus nonoperative treatment in patients with acute, traumatic, first-time shoulder dislocations. Am J Sports Med. 2002 Jul-Aug;30(4):576-80.

- Burkhart SS, De Beer JF. Traumatic glenohumeral bone defects and their relationship to failure of arthroscopic Bankart repairs: significance of the inverted-pear glenoid and the humeral engaging Hill-Sachs lesion. Arthroscopy. 2000 Oct;16(7):677-94.
- **3.** Cole BJ, Millett PJ, Romeo AA, Burkhart SS, Andrews JR, Dugas JR, Warner JJ. Arthroscopic treatment of anterior glenohumeral instability: indications and techniques. Instr Course Lect. 2004;53:545-58.
- **4.** Fabbriciani C, Milano G, Demontis A, Fadda S, Ziranu F, Mulas PD. Arthroscopic versus open treatment of Bankart lesion of the shoulder: a prospective randomized study. Arthroscopy. 2004 May;20(5):456-62.
- 5. Gartsman GM, Roddey TS, Hammerman SM. Arthroscopic treatment of anterior-inferior glenohumeral instability. Two to five-year follow-up. J Bone Joint Surg Am. 2000 Jul;82-A(7):991-1003.
- 6. Kim SH, Ha KI, Kim YM. Arthroscopic revision Bankart repair: a prospective outcome study. Arthroscopy. 2002 May-Jun;18(5):469-82.
- 7. Mologne TS, McBride MT, Lapoint JM. Assessment of failed arthroscopic anterior labral repairs. Findings at open surgery. Am J Sports Med. 1997;25(6):813-7.
- 8. Taylor DC, Arciero RA. Pathologic changes associated with shoulder dislocations. Arthroscopic and physical examination findings in first-time, traumatic anterior dislocations. Am J Sports Med. 1997;25(3):306-11.