Arthroscopic repair of anterior-inferior glenohumeral instability using a portal at the 5:30-o'clock position: analysis of the effects of age, fixation method, and concomitant shoulder injury on surgical outcomes.

Abstract:
Traumatic anterior-inferior shoulder joint dislocations are common injuries among the young athletic population. The aim of this study was to assess which factors, including concomitant injury (rotator cuff tears, superior labral anterior posterior [SLAP] lesions), patient age, and fixation methods, led to redislocation after arthroscopic stabilization. There are several risk factors for the outcome after arthroscopic anterior-inferior glenohumeral stabilization. Cohort Study; Level of evidence, 3. Between 1996 and 2000, 221 patients were treated with arthroscopic stabilization for anterior-inferior shoulder dislocation. Of these 221 consecutive patients, 190 (140 male, 50 female) with an average age of 28.0 years (range, 14.4-59.2 years) were available for follow-up (average follow-up, 37.4 +/- 15.8 months). Fixation methods were FASTak (n = 138), Suretac (n = 28), or Panalok (n = 24) anchors. Concomitant SLAP lesions were seen in 38 of 190 cases (20%). Redislocation rates varied between anchor systems (FASTak, 6.5%; Suretac, 25%; Panalok, 16.8%). Superior labral anterior posterior lesions, when treated, did not influence clinical outcomes or redislocation rate. A concomitant rotator cuff tear did not influence redislocation rate. Postoperative outcomes (Rowe score,
Constant score, American Shoulder and Elbow Surgeons [ASES] shoulder index, 12-item questionnaire) in patients with a partial tear were also not altered. On the other hand, the redislocation rate correlated with patient age and number of prior dislocations. Return to sports at preinjury level was possible in 80% of cases. Arthroscopic repair of anterior-inferior instability using the 5:30-o’clock portal is dependent on anchor type and can show good to excellent results. Because of several coinjuries in anterior-inferior instability, an arthroscopic approach may be required to identify and treat such lesions.