Arthroscopically assisted 2-bundle anatomical reduction of acute acromioclavicular joint separations.

Abstract:
To achieve reduction of an acute acromioclavicular (AC) joint separation, novel procedures aim to provide stability and function by restoring the coracoclavicular anatomy. Anatomical reconstruction for acute AC joint disruption using 2 flip-button devices results in satisfactory clinical function and provides a stable fixation. Case series; Level of evidence, 4. The outcome of 23 consecutive patients (21 men, 2 women; mean age, 37.5 +/- 10.2 years; range, 21-59 years) who underwent anatomical reduction for an acute AC joint dislocation using 2 flip-button devices, each separately replacing 1 coracoclavicular ligament, was evaluated clinically and radiographically preoperatively and 6, 12, and 24 months postoperatively. The evaluation included a visual analog scale for pain, the Constant score, the simple shoulder test, and the Short Form-36. An additional 7 patients had similar surgery during the same period, but 4 were lost to follow-up, 2 required surgical revision, and 1 developed postoperative infection. There were 3 Rockwood type III, 3 type IV, and 17 type V separations. Mean follow-up was 30.6 +/- 5.4 months (range, 24-40 months). The visual analog scale and Constant score showed significant improvements from preoperative 4.5 +/- 1.9 (range, 1-7) and 34.3 +/- 6.9 (range, 22-44) to postoperative 0.25 +/- 0.5 (range, 0-1) and 94.3 +/- 3.2 (range, 88-98) at 24 months, respectively. Postoperative
radiographic AC joint alignment was unsatisfactory in 8 cases, either in the coronal, axillary, or both planes, with no different clinical outcome when compared with the remaining patients. Immediate anatomical reduction of an acute AC separation with flip-button devices provides satisfactory clinical results at intermediate-term follow-up. This technique should be performed by an experienced arthroscopist; tunnel and button placement are of utmost importance to avoid postoperative failure or loss of reduction.

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