Fakultät für Medizin

Dokumenttyp: journal article

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Titel des Beitrags: [Subpectoral tenodesis of the long head of the biceps tendon for pathologies of the long head of the biceps tendon and the biceps pulley].

Abstract: The presented surgical technique aims at fixation of the long head of the biceps tendon at the proximal humerus, distal to the bicipital groove, after arthroscopic tenotomy. This preserves the length and shape of the biceps muscle belly and avoids groove tenderness. All forms of degenerative changes of the long head of the biceps tendon, biceps instability due to pulley lesions, irreparable SLAP tears. The technique offers a cosmetically favorable outcome compared to a tenotomy. Old complete tears of the long head of the biceps, significant loss of bone density due to osteoporosis, tumor or bone cysts, implants in the proximal humerus, such as intramedullary nails, stem of total shoulder replacement. The presented technique is not indicated for patients with unspecific chronic shoulder pain or if asymmetric shape of the upper arm due to distal migration of the biceps is not relevant. After arthroscopic tenotomy of the long head of the biceps tendon, a small incision at the level of the pectoralis major tendon is made to the axillary fold. The stump of the long head of the biceps tendon is tenodesed to a predrilled hole with a bioabsorbable screw. No active training of the biceps for 6 weeks, a sling for comfort is optional until healing of the wound is completed. Clinical studies of several authors have shown significant postoperative increase in all scores evaluated. Safety of the screw fixation and a low complication rate have been