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Autor(en) des Beitrags: Pogorzelski, J; Beitzel, K; Imhoff, A B; Braun, S

Titel des Beitrags: [The mini-open Latarjet procedure for treatment of recurrent anterior instability of the shoulder].

Abstract: Shoulder stabilization. Symptomatic recurrent anterior shoulder instability combined with glenoid bone loss of approximately 20-35 % of the glenoid surface, engaging Hill-Sachs lesion and/or previously failed arthroscopic Bankart repair. In patients with a high risk of redislocation (contact sports) or irreparable soft tissue injury the Latarjet procedure can be considered as a first-line treatment. Contraindicated if arthroscopic Bankart repair is possible. Irreparable damage of subscapularis tendon. Bony defect>35 % of the glenoid that cannot be filled with coracoid bone block. Arbitrary shoulder dislocation. Young patients with open growth plates (relative contraindication).Mini-open deltopectoral approach of approximately 6 cm. Preparation of the coracoid process and the conjoined tendons. Osteotomy of the coracoid process at its base using a 90° sawblade. Split of the subscapularis tendon. Preparation of the glenoid defect and implantation of 2-3 suture anchors where appropriate. Drilling of two parallel holes through the coracoid process. Fixation of the bone block with cannulated screws at the anterior glenoid rim and refixation of the joint capsula, if necessary with the help of the suture anchors. Wound drainage and closure in layers. Intermittent immobilization in a sling for 6 weeks with limited abduction, flexion and external rotation. Sport-specific training after 3 months, over-head sports after
6 months. Since 2009 64 mini-open Latarjet procedures (61 patients) performed. In all, 9.4% of patients suffered from persistent instability (dislocations and subluxations); only 1 patient needed revision surgery due to instability.