

Arthroscopic findings in shoulder

- Focus on TUBS,AMBRI, subacromial impingement syndrome -

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Fifty nine shoulder arthroscopic procedures were performed between the years 1987 and 1995. Patients profile show that TUBS in 35 shoulders, AMBRI in 8, subacromial impingement syndrome in 12 and others including biceps tenosynovitis, rheumatoid arthritis, frozen shoulder and scapular neck tumor.

TUBS in 35 shoulders classified by author, so called "Bankart lesion in arthroscopy" into 4 type.

Type I (17 shoulders, 49%) had classic Bankart lesion and type II (6 shoulders, 17%) had avulsion glenoid rim. Type I and type II treated with 2 stitches. Type III (5 shoulders, 14 %) had type I plus SLAP, treated with additional suture or biodegradable tack on superior labrum. Type IV (7 shoulders, 20 %) had capsular separation without labral structure, frequently confused with capsular laxity, treated with purse string type suture with 3 or more stitches in one hole.

Arthroscopic findings in AMBRI (8 shoulders) reveal that capsular detachment in 2 shoulders, capsular laxity in 5 shoulders, posterior labral detachment in 4 shoulders, loose body in 3 shoulders and rotator cuff tear in 2 shoulders. The 5 shoulders received anterior and/or posterior arthroscopic capsular shift with 5 or more threads of 0 PDS with Caspari punch. The 3 shoulders received open capsular shift.

Arthroscopic findings in subacromial impingement syndrome (12 shoulders) reveal that rotator cuff tear in 6 shoulders, partial tear in biceps tendon in 2 shoulders, subacromial space narrowing in 12 shoulders, irregularity of A-C joint undersurface, spur formation in acromial end in 3 shoulders, degeneration of coracoacromial ligament in 4 shoulders.

Arthroscopic division of coracoacromial ligament and acromioplasty in 7 shoulders, acromioplasty and subacromial bursectomy in 2 shoulders, rotator cuff repair in 2 shoulders, debridement of rotator cuff in 4 shoulders. The result were good in 1 case, fair in 2 cases, poor in 8 cases by UCLA shoulder rating system.

In TUBS group, all patients had Bankart lesion, so author's proposed classification of Bankart lesion can be applied to each type and capsular suture technique should be modified according to classification.

All patients no recurrence except one with Type III (SLAP), had full painless ROM.

In AMBRI group, 2 patients with anterior and posterior capsular shift performed together had no recurrence, full painless ROM.