≪심포지움 I (Shoulder Instability) 09:10 ~ 09:20≫

Arthroscopic Labrocapsular Reconstruction of Glenohumeral Instability

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1. Definition of reconstruction

1) Transglenoid repair : incorrect term
2) Transglenoid reconstruction : correct term
3) Mobilization of labro-ligamentous complex, especially in Neviaser's ALPSA complex
4) Capsular plication, advancement or shift in Bankart lesion with capsular laxity or AMBRI

2. IGHLC

1) Primary anterior stabilizer at 90° abduction of shoulder
2) Incompetence of IGHLC : instability

3. Various lesions in anterior shoulder instability

1) Bankart lesion
2) ALPSA
3) Capsular laxity
4) Midcapsular tear
5) HAGHL

4. Bnakart lesion

1) Variable incidence in TUBS in literature : 45-100%
2) Avulsion of anteroinferior gleno-humeral ligamentolabral complex from anterior glenoid rim and scapular neck
3) Few description for its detail nature

5. ALPSA

1) Neviaser first described
2) Anterior Labro-ligamentous Periosteal Sleeve Avulsion
3) Tx : Medial reattachment of detached glenohumeral ligamento-labral complex to the glenoid neck

6. Capsular laxity

1) 15% of recurrent shoulder dislocation(Rowe)
2) Bankart lesion with capsular laxity(Speer)

3) Treatment with capsular plication

7. Rhee's classification of Bankart lesion

: ⊙ Classified' into 4 types according to the extent of capsulolabral detachment, associated glenoid rim fracture and SLAP type II lesion.

⊙ Coexistence of capsular laxity : subgroup b

1) Type Ia,b : separation of labrum and IGHL from the glenoid rim and scapular neck (classic Bankart lesion)
2) Type IIa,b : separation of labrum with glenoid rim fracture (bony Bankart lesion)
3) Type IIIa,b : type I or II with SLAP type II
4) Type IVa,b : deficient labrum with detached loose IGHL from scapular neck

8. Arthroscopic transglenoid reconstruction(not repair)

1) Debridement of frayed labrum
2) Periosteal stripping and elevation
3) Abrade glenoid rim until active bleeding : improve healing
4) Capsular plication, advancement or shift with multiple sutures using suture hook, beath pin, and #0 PDS.
5) Secure tie on the back of scapula(spine of scapula)

9. Advantages of modified transglenoid reconstruction

1) No hardward problem
2) Reasonable recurrence rate by skilled surgeon
3) Few complication
4) Easy to revise failure to open repair
5) Extend reconstruction into combined pathology
6) Reconstruction of any types of Bankart lesion including SLAP type II
7) Capsular plication, advancement and shift : possible
8) Secure fixation : multiple suture, two drill hole, direct tie on the spine of scapula

10. Our result of transglenoid reconstruction(Rowe rating scale)

	Satisfactory rate
1) Transglenoid reconstruction in TUBS	126/134 (94.2%)
2) Transglenoid reconstruction in SLAP type II	27/30 (90.0%)
3) Transglenoid reconstruction in AMBRII	15/18 (83.3%)
4) Transglenoid reconstruction in ALPSA	10/11(90.9%)

11. Conclusion

: Arthroscopic transglenoid suture technique is a very useful method for reconstruction of various pathology of shoulder instability