

〈자유연제 II 11:50 ~ 12:40〉

ROTATOR CUFF TEAR ARTHROPATHY

Jin-Young Park · Guido Marra · Roger G. Pollock · Evan L. Flatow · Louis U. Bigliani

The Shoulder Service, New York Orthopaedic Hospital

Columbia Presbyterian Medical Center, New York, New York, U.S.A.

Introduction: Rotator cuff arthropathy is degenerative disease process that affects the glenohumeral joint and rotator cuff. In these cases, mechanical and inflammatory factors lead to severe degeneration with massive rotator cuff tear, bone erosion and subsidence causing pain and functional loss. We present our results with shoulder arthroplasty in patients with a primary diagnosis of rotator cuff arthropathy.

Methods: Between 1985 and 1997, 31 shoulder arthroplasties, in 29 patients, were performed. Twenty-three (79%) patient were female and 6 (21%) were male with an average age of 73 years. The dominant arm was affected in 71% of cases. Average active preoperative elevation was 77°, external rotation (ER) 12°, and internal rotation (IR) to L4. All patients had severe pain with significant functional disability. Twenty-nine (94%) humeral head replacements and 2 (6%) total shoulder replacements were performed. Complete coverage of the humeral head was achieved in 10 cases. In 21 cases partial repair was achieved stressing a strong anterior and posterior cuff repair to achieve rotation and stability while not covering the head superior.

Results: The mean follow-up was 79 mos (range 15-160). Using Neers limited goals criteria 25/31 (80%) of patients achieved satisfactory results and 6/31 (20%) had unsatisfactory results. Range of motion at follow-up averaged 116° in active elevation, 41° in ER and T11 in IR. Pain relief was achieved in 77% of cases. Patients who had incomplete coverage of the prosthesis averaged 103° in active elevation, 38° in ER and T12. 76% of these patients were satisfied with their result and 90% had relief of pain. In the patient in whom coverage was achieved, active elevation averaged 146°, ER averaged 47° in ER and IR averaged T8. 80% of these patients were satisfied with their result and 80% had relief of pain. One patient underwent an arthroscopic distal clavicle excision due to persistent acromioclavicular pain.

Conclusion: Shoulder arthroplasty provides reliable long-term relief of pain and modest functional gains in patients with rotator cuff arthropathy. Active motion was less on average than after arthroplasty for glenohumeral arthritis with an intact rotator cuff. When the cuff could be completely repaired better active motion and function was seen.