
SLAP Lesion

- Current Techniques of Treatment -

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- Symptomatic SLAP lesions are amenable to treatment through the shoulder arthroscope.
- SLAP lesions are generally treated based on the type of lesion.

Classification(Snyder)

- Type I Marked fraying of the superior labrum with a degenerative appearance. The peripheral labral edge remains firmly attached to the glenoid. Biceps tendon remains attached to the labrum
- Type II The superior labrum and attached biceps tendon are stripped off the underlying glenoid, resulting in an unstable labral-biceps anchor
- Type III : Superior labrum bucket-handle tear, and the peripheral labrum and biceps anchor remain firmly attached to the underlying glenoid.
- Type IV : The labral tear extends into the biceps tendon. The partial biceps tendon tear may displace with the labral tear into the joint.

Classification(Maffet)

- Type V Anteroinferior Bankart lesion that continues superiorly to include separation of the biceps tendon.
- Type VI · Type II biceps tendon separation and an unstable flap tear of the superior labrum.
- Type VII · The biceps tendon-superior labrum separation extends anteriorly to involve the middle glenohumeral ligament.

Treatment

- Type I · Debridement
- Type II · Biceps anchor stabilization

Type III · Excision of Bucket-handle tear

Type IV · Excision of Bucket-handle tear. Biceps tenodesis or labral repair(depends on patient' age and biceps tendon involvement)

Type V Bankart repair and biceps anchor sabilization

Type VI Flap debridement and biceps anchor stabilization

Type VII · Biceps anchor stabilization and repair of MGHL

Technique of Biceps anchor stabilization(Type II)

- Three subtypes(Morgan)

① Anterior

② Posterior

③ Combined Anterior and Posterior

- Portal

① Posterior

② Anterior

③ Anterosuperior or Posterosuperolateral portal(Port of Wilmington)

- Device

① Suretac

② Double suture sling repair(Snyder)

③ Two suture anchors

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