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Abstracts for

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SL 1: Total Shoulder Arthroplasty

Title: "HEMIARTHROPLASTY VS. TOTAL SHOULDER ARTHROPLASTY"

Abstract:

Historically, the decision to perform a hemiarthroplasty (HHR) versus a total shoulder arthroplasty (TSA) is based on the status of the glenoid and the status of the soft tissues (rotator cuff). In disease processes where the glenoid articular cartilage is relatively well preserved such as avascular necrosis and complex proximal humerus fractures, most orthopaedists recommend performing a HHR while preserving the native glenoid articular surface. At the other end of the spectrum, if the glenoid has excessive bone loss or is unreconstructible, a HHR is the preferred procedure. In patients who have deficient soft-tissues (rotator cuff) such as rotator cuff tear arthropathy and, occasionally, rheumatoid arthritis, a HHR is the procedure of choice. The indications for HHR in osteoarthritis remain somewhat controversial. There is mounting evidence that performing a HHR for osteoarthritis is inferior to TSA. Recent developments, or "third generation techniques and materials", in shoulder arthroplasty are expected to improve the longevity of TSA, particularly the glenoid component. In addition, newer designs of reverse-ball prostheses are entering the market with promising early results in patients with deficient rotator cuff mechanisms.