GLENOID OSTEOTOMY FOR MULTIDIRECTIONAL INSTABILITY (MDI) ASSOCIATED WITH GENERALIZED JOINT LAXITY (GJL)

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Surgical management of MDI is considered when symptomatic recurrent instability occurs in spite that an adequate rehabilitation has been done for more than six months. It is a challenge for a surgeon to stabilize a joint of MDI when GJL is associated. Eleven patients 14 joints of this genic condition underwent glenoid osteotomy. All patients showed atraumatic three-directional laxity bilaterally including grade III sulcus sign but there was no case which showed voluntary dislocation. They were reviewed at an average of 7.6 years (between 6.4 and 10.2 years). Dysplastic glenoid was found in 10 joints during preoperative scopic examination. Anterior approach was used in 12 joints and posterior in 2 according to the main direction of joint instability. The axillar nerve was identified and protected. After a curved osteotomy, an iliac bone was grafted so as to elongate the inferior part of the glenoid rim (glenoplasty). No metal implant was used to fix it. Capsular shift and rotator interval closure was added in all. The joint was immobilized for 4 to 6 weeks postoperatively. No infection and no neurovascular complication occurred in the series. Postoperative obtained according to the C. Rowe Shoulder Scoring System. The procedure above provides bone-cartilage restraint by glenoplasty and soft tissue restraint by both capsular shift and interval closure. The long-term results were quite satisfactory even in this special condition.