

Arthroscopic Posterior Capsular Shift for Traumatic Unidirectional Recurrent Posterior Subluxation (TURPS) of the Shoulder

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ABSTRACT and BACKGROUND

The purpose of this study was to evaluate results of arthroscopic treatment of the traumatic recurrent unidirectional posterior subluxation.

METHODS

We treated twenty-seven patients who had traumatic recurrent unidirectional posterior subluxation of the shoulder by arthroscopic labral repair and posterior capsular shift and prospectively followed-up evaluated for a mean of thirty-nine months (range, 24 to 85 months). Patients who had posteroinferior instability, multidirectional instability, atraumatic onset, or revision cases were excluded. There were twenty-five male and two female patients with the mean age of twenty-one years (range, 14 to 33 years). All patients were involved in sports activity. All but three patients had a significant trauma prior to the onset of the instability and three patients had repetitive minor trauma. Stability, motion, three objective measurements (UCLA, ASES, and Rowe scores) and two subjective measurements (pain and function visual analogue scales) were evaluated.

RESULTS

The most common finding in magnetic resonance image-arthrogram was separation of the posteroinferior labrum without displacement in 9 patients. In arthroscopic examination, all patients had one or more lesions in the posterior inferior labrum and capsule. The most common finding was incomplete stripping of the posterior inferior labrum (18 patients). The posteroinferior capsule subjectively appeared to be stretched in 22 patients had insufficient posterior band of the inferior glenohumeral ligament. At follow-up, all patients had improved shoulder function and scores

($p < 0.01$). All patients had stable shoulder by subjective and objective measurements, except one patient who had recurrent subluxation. All but one patient with postoperative recurrence were able to return to their prior sports activity with little or no limitation. Twenty-four patients were graded as having more than 90% of shoulder function. There were twenty-one excellent, five good, and one fair UCLA scores. Pain score improved from 4.5 to 0.2 point ($p = 0.0001$). Mean loss of internal rotation was one vertebral level. None had operative complications.

CONCLUSION

In conclusion, treatment outcomes of the traumatic unidirectional recurrent posterior subluxation is a unique entity, which has characteristic clinical features. Treatment outcomes are consistently reliable with respect to the stability, pain relief, and functional restoration by the arthroscopic posterior capsular shift procedure.