

Arthroscopic ECRB release for lateral epicondylitis: An associated Intra-articular pathology

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Introduction

Various surgical treatments for lateral epicondylitis have been introduced and arthroscopic release has become popular recently. We investigated the associated intra-articular lesions in the lateral epicondylitis.

Materials and Methods

A total of 15 patients were treated surgically and were followed up minimum of 12 months. There were 12 male and three female patients with an average age of 43 (35~50 years). The average duration of symptoms was 12 months.

Under general anesthesia, all patients had inspection of the joint with arthroscopy, followed by debridement of the degenerative tissue and or reattachment of extensor carpi radialis brevis (ECRB). Data were prospectively collected on all patients who underwent arthroscopic debridement of chronic lateral epicondylitis for the last 2 years.

Results

The arthroscopic joint inspection revealed fraying of the capsule/tendon undersurface without a distinct tear (Baker type I) in two, linear tears along the undersurface of the capsule and ECRB (Baker type II) in 10 and in three patients, minimally retracted partial avulsion of the tendon (Baker type III). An associated intra-articular lesion was found over 50%: localized synovitis over 90%, grade I-II chondromalatic change in the radial head 50% in type I & II, 100% in type III. Grade I-II chondromalacia in the capitellum was found in 50% in type I & II, 67% in type III. There were two plicas which required surgical release. The grip and pinch strength achieved were 97% respectively of the opposite limb. The 13 patients had achieved full range of motion and two presented 10 degrees of extension loss. The mean preoperative pain score was 7.8 (range, 5-10), whereas the mean postoperative score was 1.2 (range 0-2).

Summary

Arthroscopic ECRB release is a reliable procedure with a remarkable functional restoration and pain control. High incidence of intra-articular pathology such as chondromalacia and synovitis was noted in the lateral epicondylitis.