

The suture bridge transosseous equivalent technique for Bony Bankart lesion

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In order to improve static stability and healing of reattached labrum, we combined the advantages of suture bridge and transosseous technique. Using the conventional 3 portal for anterior instability, check stability of bony Bankart and preparation of glenoid bed in 3 way including removal, reshaping or mobilization of bony fragment.

Two anchors were inserted to the superior and inferior portion and medial edge of bony Bankart lesion. It usually corresponded to the area of IGHL. Medial mattress sutures were applied around IGHL complex to get enough depth of glenoid coverage using suture hook. Make 3.5mm pushlock anchor hole to the articular edge of glenoid cartilage. Proximal suture bridge was applied at first and then distal suture bridge was inserted to mobilize the labrum in proximal direction. These construction can provide more stable labral repair with wide contact and compression in case of deficient bony stability. It not only avoids technical disadvantage of point contact with anchor fixation, but also decreasing gap formation through cross compression of labrum that couldn't gain even with the transosseous fixation which affords linear compression effect.

Additional bony stability could be gained if the the bony fragment was mobilized to the glenoid margin with potential healing bed or reshaped for the good contact with reattached labrum.

Key Words: Bony Bankart lesion, Transosseous technique, Suture bridge