

Is Age a Factor in Diagnosis and Treatment for Superior Labral Anterior to Posterior (SLAP) Lesion?

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In our life, as we get older, but not necessarily wiser, there are many things which we have changed our thoughts on the current or past phenomenon surrounding us or the facts which we thought was true. Sometimes, some misfortunes turn out to be a fortune and as same token the other way around. You hear about how one person can be so miserable and ruined after winning the lottery for billions. So I guess this applies to science and also to medicine.

Superior labral anterior to posterior (SLAP) known as the superior labral anterior posterior tear, term coined by Andrews and Synder, have been one of the most popular topic and surgery in the end of the first and beginning of second millennium, in orthopedic shoulder surgery. It seems that all the patients with magnetic resonance imaging showing some cleavage of the superior labrum were diagnosed as SLAP. Many of them had repair instantaneously, without second thoughts.

However, although some had good results with such treatment, many patients came back with dissatisfied results and even more pain after surgery. So for past decade the surgery became from one of most performed surgery to least performed surgery. Many leading surgeons are warning that the main pathology or the pain is not from SLAP lesion but rather look for something

else. Many of those who performed repair to degenerative labral tear were not have good results and reported patient complaint. In such sense, surgeons are now becoming aware of the strict indication for SLAP repair. The indication is very narrow, and applies only to those who really have symptoms from unstable superior labrum. Furthermore it has been recommended mainly to those who are very young and active with overhead activities. And as a shoulder surgeon, if you are doing more than 5% to 10% surgery of SLAP repair among all the surgeries, you are doing wrong or misdiagnosed surgery.

With this in mind, in this issue article by Kwon et al. has stated that 'arthroscopic repair of type II SLAP lesion can yield good functional and anatomical outcomes regardless of age.' Although their study have relatively large number of patients in each group, it is not quite clear whether the main pathology was SLAP for the older patients. They seemed to have done many SLAP repair in the era of the big boom all over the world. However, the paper can mislead the message that those who had SLAP repair might have done as well without one. The main weakness is that it does not have control. When looking into this article this should be taken into account.

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