

Corrigendum: Risk Factors for Recurrence of Anterior Shoulder Instability after Arthroscopic Surgery with Suture Anchors

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In the published article by Choi et al., a part of expression of the Abstract and the Conclusion section in the main body text have been corrected. Underlined text should be read carefully.

Abstract

Background: We investigated the risk factors for the recurrence of anterior shoulder instability after arthroscopic surgery with suture anchors and the clinical outcomes after reoperation.

Methods: A total of 281 patients (February 2001 to December 2012) were enrolled into our study, and postoperative subluxation and dislocation were considered as recurrence of the condition. We analyzed radiologic results and functional outcome including the American Shoulder and Elbow Surgeons Evaluation Form, the Korean Shoulder Society Score, and the Rowe scores.

Results: Of the 281 patients, instability recurred in 51 patients (18.1%). Sixteen out of 51 patients (31.4%) received a reoperation. In terms of the functional outcome, we found that the intact group, comprising patients without recurrence, had a significantly better functional outcome than those in the recurrent group. Age and the size of glenoid defect at the time of initial surgery significantly differed between intact and recurrent group ($p < 0.05$). We found that the number of dislocations, the time from the initial presentation of symptoms to surgery, and the number of anchor points significantly differed between initial operation and revision group ($p < 0.05$). The functional outcome after revision surgery was comparable to intact group after initial operation.

Conclusions: Eighteen percent of recurrence occurred after arthroscopic instability surgery, and 5.6% received reoperation surgery. Risk factors for recurrence were young age and the initial size of glenoid defect. In cases of revision surgery, good clinical outcomes could be achieved using additional suture anchor.

Conclusion

Eighteen percents of patients who received arthroscopic surgery for anterior dislocation of the shoulders presented with postoperative redislocation. We performed reoperation in 5.6% of the patients who had recurrence. Risk factors for recurrence were young age and the initial size of glenoid defect. The functional outcome was higher in patients without recurrence than in those with recurrence. But we found that in those who received reoperation, given that the labrum was in a good condition, the use of additional suture anchors that enhanced the stability of the suture, gave an improvement of symptoms that was comparable to those of first-time recipients of the surgery.

The authors would like to apologize for any inconvenience cause.

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