



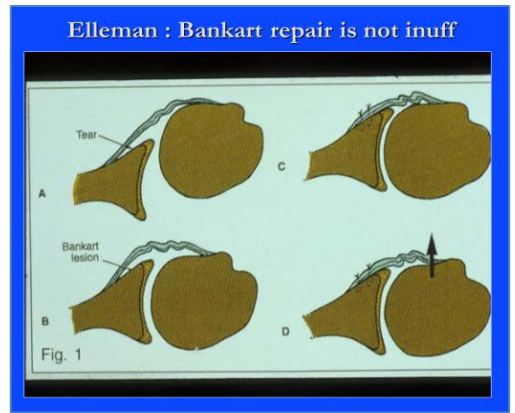
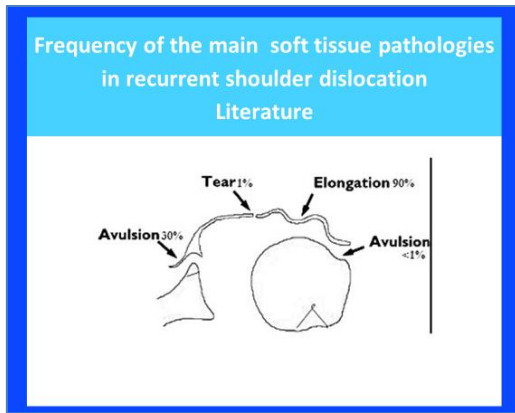
OUTCOMES OF BANKART REPAIR VERSUS INFERIOR CAPSULAR SHIFT IN ARTHROSCOPIC TREATMENT OF RECURRENT ANTERIOR SHOULDER DISLOCATION

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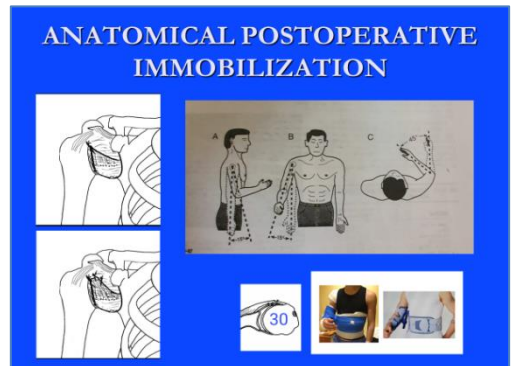
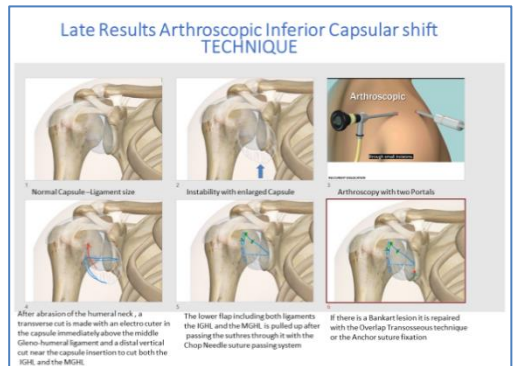
Aim

The most common complication after repair of recurrent anterior shoulder dislocation is the recurrence which may differs according to the technique

AIM- This study is done to prove or not our experience that recurrence of anterior shoulder instability is higher after arthroscopic Bankart than after L-CUT Arthroscopic Inferior Capsular Shift (AICS).



The most common pathology in Recurrent anterior shoulder dislocation in the literature is enlarged capsule (average 90%) followed by Bankart lesion (average 30%). Elleman study in 1985 showed that repairing the Bankart lesion alone does not cause complete satisfaction because there may be still partial instability due to not dealt with capsular enlargement and redundancy.



The arthroscopic Inferior Capsular Shift is an arthroscopic version of Nee roper Inferior Capsular Shift. After reconstruction of the capsule the shoulder is placed in a spica to have it in neutral rotation position to get the healing of the capsule and ligaments in the anatomical height and width of the capsule to assure stability. In these cases all Bankart lesions were repaired with the Overlap transosseous suture fixation technique.



Methods

A double retrospective study done in one center. Between 2012 and 2015 42 patients operated by L-type AICS were matched with 42 patients operated with arthroscopic Bankart. The same rehabilitation program was applied for both groups. All patients completed a questionnaire and were examined.

Results

All patients had more than 3 episodes of anterior recurrent dislocation, near equal age average, and same type of tissue lesion without bony lesion. All patients were evaluated for function, range of motion, sports and occupational activity. The average follow up was 6 years. The recurrence rate of anterior instability was 8/42 (19%) in the Arthroscopic Bankart repair (ABR) group and 1/42 (2%) in the AICS group. The range of motion of the AICS group was near normal while there was 13% average loss of range of motion in the ABR group. The strength was near normal in both groups.

RESULTS OF BANKART REPAIR VERSUS INFERIOR CAPSULAR SHIFT IN ARTHROSCOPIC TREATMENT OF RECURRENT ANTERIOR SHOULDER DISLOCATION (Bet. 2012-2015, Av. Follow up 6 years)

	<u>No. of Pt</u>	<u>Range of Motion</u> <u>Compared to normal</u> <u>Opposit side</u>	<u>Recurrence %</u>
Bankart Repair	42	87%	19%
Inf. Capsular Shift	42	99%	2%

Conclusions

Conclusion: This study has confirmed our experience that the rate of recurrent instability after arthroscopic Bankart is significantly higher than AICS. This study also showed a significant normal range of motion and function of the shoulder in cases with AICS than that treated with ABR.