

Orthopedisch centrum SPM

Geneeskundige dagen Antwerpen

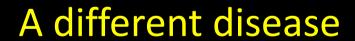


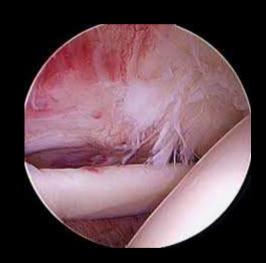
Behandeling cuff scheuren

Dr. N. JANSEN

Rotator cuff tears in young patients









Journal of shoulder and elbow surgery july 2015

Rotator cuff tears in young patients a different disease than rotator cuff tears in elderly patients





J shoulder elbow surgery (2015)

systematic electronic search

37 studies, 11 included

nonprospective level 4 studies

336 subjects

mean age: 22-33 years

men: 91,7%





Cuff tears < 40 years

2 SUBGROUPS

- post-traumatic FT tear supraS
- unique subgroup : ELITE throwers

Internal Impingement

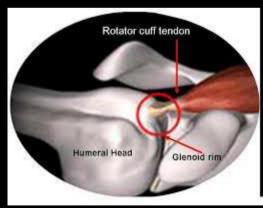


Internal Impingement

fysiological contact between GT and posterosuperior glenoid when the shoulder is in abduction – external rotation

However in the throwing athlete

the contact may become pathologic through it's repetitive nature





Internal Impingement

Anterior instability theory
Postero-superior instability theory
Scapular dyskinesie





Internal Impingement Theory

Anterior instability theory

- abnormal anterior translation of the humeral head (Frank Jobe)
- hyperangulation during extension(Chris Jobe)
- excessive ext rotation during late cocking phase (Jimmy Andrews)



Internal Impingement Theory

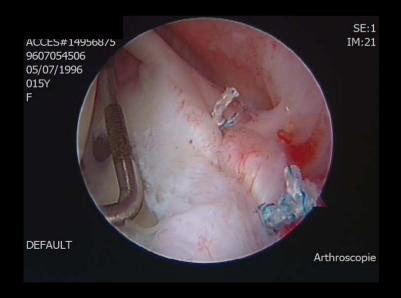
Postero-superior instability theory

progressive postero-inferior capsular tightness creates a superior shift of the humeral head and a peel back phenomenon of the posterosuperior labrum in the cocking phase (Morgan and Burkhart)



Peel back lesion







Scapular Dyskinesie

inadequate scapular rotation and tilt may cause the conflict (Ben Kibler)







Internal Impingement Spectrum

POSTERO-IMPINGEMENT SIGN

90° shoulder abduction

90° elbow flexion

maximal external rotation

APPREHENSION post shoulder pain





Internal Impingement Spectrum

GIRD
glenohumeral internal
rotation deficit



!!! Throwing athletes often have an increased
int rotation and a decreased ext rotation
 (when pathologic ??)



Internal Impingement Spectrum

Cuff strength look for weakness of the cuff



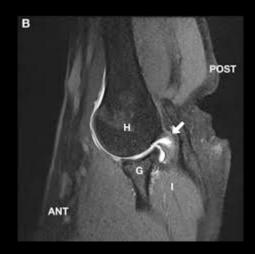






Internal Impingement lesion

Due to repetitive contact: pathology: tear posterosuperior labrum articular cuff tear





INTERNAL IMPINGEMENT TEAR

Majority of tears are partial articular sided cuff tears, commonly posterosuperior at the junction of the infraspinatus and supraspinatus insertions





INTERNAL IMPINGEMENT TEAR

Pathomechanism:

- Late cocking phase:

in internal impingement (laxity ant, GIRD, posterior peel back, scapular dyskinesis)

Pathological direct contact between posterior cuff and labrum



INTERNAL IMPINGEMENT TEAR

Pathomechanism

- deceleration / follow through:

eccentric loads on post. labrum and cuff

(108% body weight)



major reason for cuff tears



Cuff tears < 40 years

2 SUBGROUPS

- post-traumatic FT tear supraS
- unique subgroup : ELITE throwers

Internal Impingement



Cuff tears < 40 years

Post traumatic FT tear

previously healthy tendon



respond well to repair in terms of pain relief and self-reported outcomes postop



FULL THICKNESS TEAR











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Cuff tears < 40 years

Elite throwers

partial tears due to chronic overuse



majority good outcome with surgery but tendancy poor return to play



Cuff tears < 40 years

elite throwers

manage differently ??
longer conservative
postop REHAB !!!



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in contrast: non elite throwers demonstrated a majority of improved outcomes and return to play

az monica

Journal of orthopaedic surgery and research (2015)

Sun et al

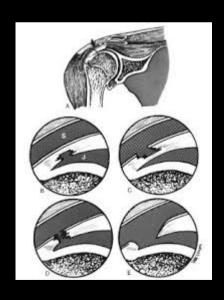
Which is the best repair of articular-sided rotator cuff tears : a meta-analysis





What is a partial articular tear









Partial articular cuff tear

articular cuff tear < 50% : conservative trial,

debridement and treat concomitant lesions

articular cuff tear > 50%:

trans tendon repair create a full thickness tear







REHAB



handball player

19/9/92

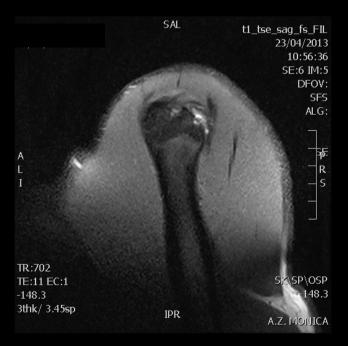
april game: during throw arm was held

10/4/13 : GIRD 20°, slight scapula tilt, Int

imp apprehension + , mild loss of power







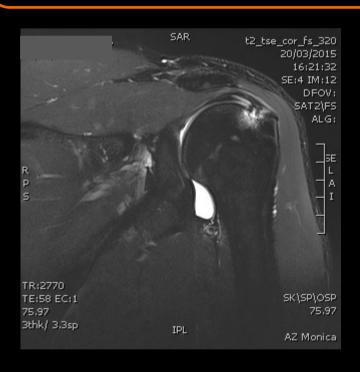


volleyball player, age 27

Exam March: pain since november, no acute onset, pain upperarm, feels click, better with exercise

Impingement ++ , int impingement ++ MRI , REHAB









18/5/15 : much better

Impingement - , int imp : still somewhat +

muscular control excellent

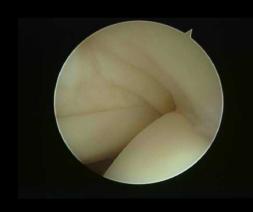
Plan: stop volley, career in beach volley



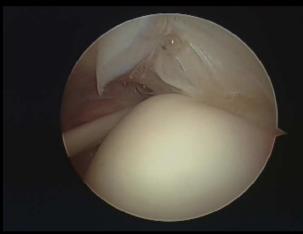


PARTIAL ARTICULAR < 50%

Debridement













PARTIAL ARTICULAR > 50%

Intra-tendinous repair

create a full thickness repair



PARTIAL ARTICULAR > 50%

Suturing intratendinous











PARTIAL ARTICULAR > 50%







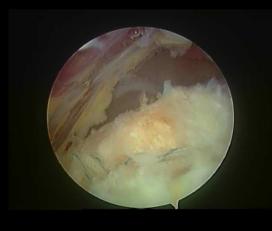


Create FT tear and treat as FT tear









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Sun et al

9 studies, 323 patients

All > 50% tendon tears

4 studies tear conversion: 99 patients

7 studies trans-tendon technique: 224 pat



Sun et al

NO DIFFERENCE with regard to ASES scale (p:0,69)

RE-TEAR rate (p<0,05) was markedly lower in the trans tendon technique group



Trans-tendon technique

tendon integrity

native footprint

biomechanical properties

are better restored

completion: excises potentially normal tissue

length-tension mismatch



Trans-tendon technique

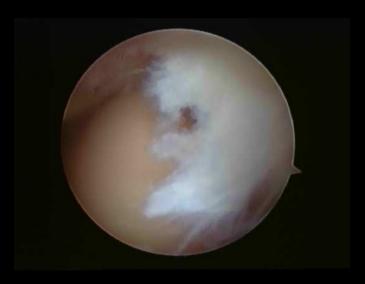
BUT

pulling a retracted articular layer may overtighten the intact bursal aspect

TTR had more pain and showed a slower functional improvement









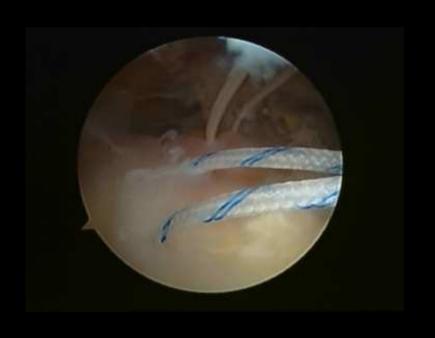
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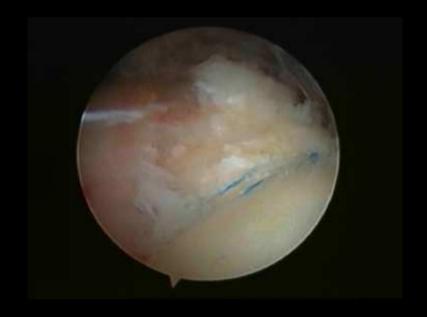














J Pediatr Orthop B. 2013 March Weiss JM

Rotator cuff injuries in adolescent athletes

the cause of tears in the young athlete has been described as an overuse injury related to internal impingement



Adolescents

- 7 patients
- 2 tear subscap tendon, 2 avulsion fracture LT
- 1 torn rotator interval, 1 supraS tear,
- 1 avulsed GT
- only 4 recalled a specific traumatic event
- 6 had an operation, 1 rehab
- once injury identified and treated prognosis very good

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male 6/7/99

summer 2014 : Ski-slide,

landed on the left arm

local hospital: XR-



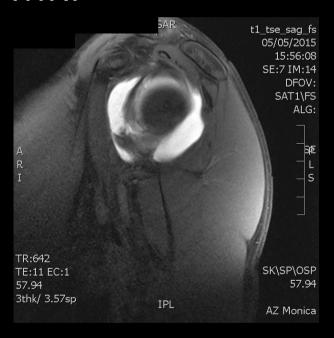
Nearly 1 year later instability complaints, feeling click

exam: apprehension +

A-MRI: bony subscap tear



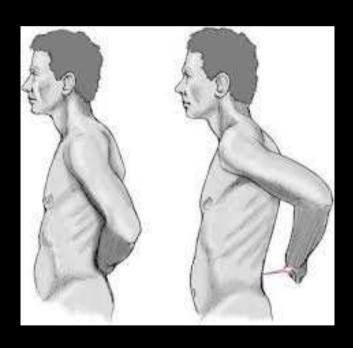
MRI

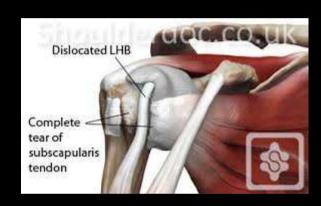






Renewed clinical exam







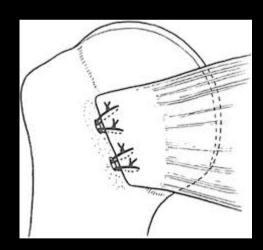


operation 4/6/15 : open repair four anchor fixation double row

clinical exam 6 weeks postop

XR: consolidation

160° active elevation





pre-post XR







Summary

rotator cuff tear in young patients: DIFFERENT DISEASE

2 type of lesions

post traumatic cuff tear articular chronic overuse tear

CAVE: youngsters

ROLE OF FUNCTIONAL REHAB



Thank you



