

Current Topics in the Unique Shoulder Pathologies:

Recurrent Anterior Dislocation with Capsular Tear-type Pathology, Intratendinous Tear of the Rotator Cuff, and Subluxation of Long Head of the Biceps Brachii

Yoneda, Minoru MD

Chairman, Shoulder and Sports Medicine Service
Osaka Kosei-nenkin Hospital, Osaka, Japan
Clinical Associate Professor,
Department of Orthopaedic Surgery,
Osaka City University Medical School, Osaka, Japan
E-mail : minoru-yoneda@ad7.mopera.ne.jp

In the present lecture, the following unique pathologies and my arthroscopic techniques will be introduced and discussed as a current strategy for diagnosis and treatment of shoulder disorders.

- 1) Recurrent anterior shoulder dislocation caused by glenohumeral capsular tear with no Bankart lesion:

MR image (T2*, GE) with the shoulder in abduction and external rotation is most valuable for the assessment of the capsular tear. A simple arthroscopic repair is successful for almost all the patients with capsular tear-type pathology except for HAGL lesion (humeral side avulsion of the capsule).

- 2) Intratendinous horizontal tear of the rotator cuff (supraspinatus tendon):

The combination of MRI and arthroscopic/bursoscopic evaluation is useful for the diagnosis. Intratendinous horizontal tear showing less degenerative findings in MRI is a good indication for an arthroscopic rotator cuff repair.

- 3) Subluxation of the long head of the biceps (LHB) and partial tear of the subscapularis tendon:

Arthroscopic examination can visually confirm subluxation of LHB and partial tear of the subscapularis tendon including horizontal tear and articular-side tear. Simple tenotomy of LHB, the tenodesis, and repair of the partial tear of the subscapularis tendon can be performed arthroscopically.

Thus, MRI and arthroscopic examination are powerful measures that provide significant information of such pathologies. Also the arthroscopic surgical techniques are strong weapons that provide successful clinical outcome.