

CONSERVATIVE OR ARTHROSCOPIC TREATMENT OF FIRST TIME TRAUMATIC ANTERIOR-INFERIOR SHOULDER DISLOCATION IN ADOLESCENTS – PROSPECTIVE RESULTS AFTER 36 MONTHS

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The purpose of this study was to compare the results of conservative or arthroscopic treatment of first time traumatic anterior-inferior shoulder dislocation in adolescents. Our young patients are spending more of their free time with some risky activities. Because of that we had more adolescent patient with a first time shoulder dislocation. We wanted to figure out, which treatment is the best for our patients. Do we have to recommend an arthroscopic treatment or can we do it conservatively? Does arthroscopic stabilisation leads to a lower recurrence rate than conservative treatment in this group of patients?

In the published study of Hovelius with a 25 year follow up he figured out, as younger the patients were at their first time shoulder dislocation, as more often they developed after a conservative treatment an instability with the need of a following surgery. And in the most of the few actually existing papers about this topic the authors recommend a stabilisation for these young patients.

We had 33 patients with an average age of 16,7 years. 29 were boys. All of them had a traumatic first time shoulder dislocation with a MRI proved Bankart lesion. We recommended all of them an arthroscopic Bankart repair. 18 of them had a surgical treatment with an arthroscopic stabilisation of the capsule-labrum complex with absorbable suture anchors. 15 denied the arthroscopy and choose the conservative treatment with a sling in internal rotation. We examined them after 12, 24 and 36 months and we took the Rowe score. And a new dislocation was rated as a failure of the chosen procedure.

30 shoulders were completely evaluated, 16 in the arthroscopic and 14 in the conservative group. There were 3 redislocations in the arthroscopic group (1 with adequate trauma, 2 without trauma). 10 shoulders in the conservative group had a redislocation. Rowe Score in the arthroscopic group increased from 58 preOP to 86, 88 and 89 at last follow up, in the conservative from 59 to 85, 86 and 88 respectively.

14/16 patients of the surgical group rated their result as good or excellent compared to 5/14 in the conservative group. 6/10 patients of the conservative group had their redislocation in the first year, 2 in the second and 2 in the third year.

We found a lower recurrence rate and a higher patient satisfaction by arthroscopic treatment. The crucial point might be the anatomical reconstruction of the damaged anterior-inferior capsulelabrum complex. Nevertheless in this young group of patients the recurrence rate after arthroscopic stabilisation is higher compared to our adult patients.