

¿POR QUÉ TRATAR EL DEFECTO ÓSEO GLENOIDEO CON LATARJET?

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Current Disclosure Summary

Submitted on: 05/21/2022

Arthrex, Inc: Paid presenter or speaker

ESSKA (European Society of Sports Traumatology, Knee Surgery and Arthroscopy) Board ESA Section committee member

Knee Surgery, Sports Traumatology, Arthroscopy: Editorial or governing board

Smith & Nephew: Paid presenter or speaker

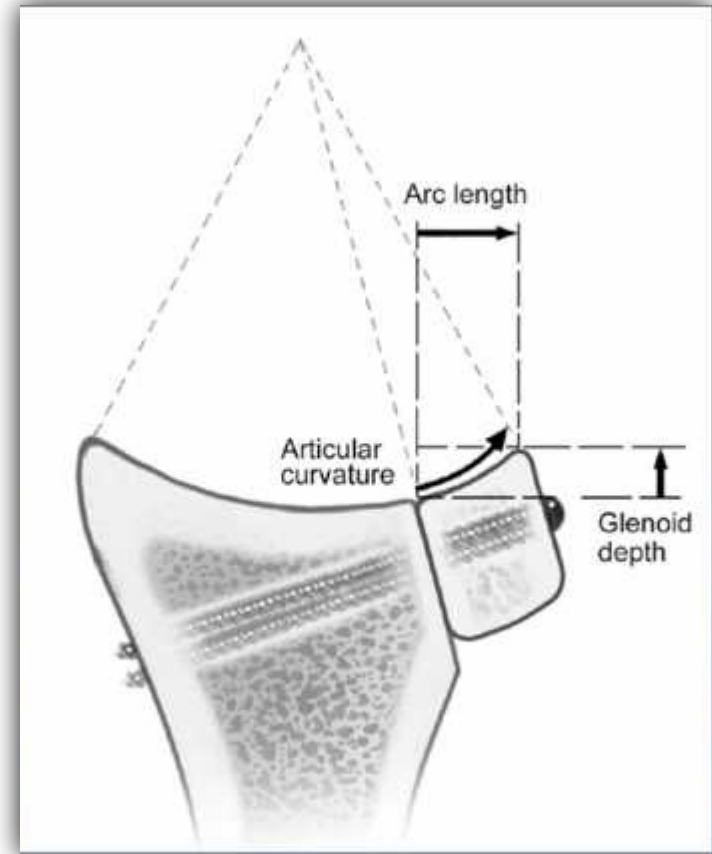


INTRODUCTION – WHY BONE CLOCK?

“ Redislocation rate with significant glenoid bone loss is unacceptable “



Namamoto et al, J Bone Joint Surg Am. (2010);92:2059-2066



- *Burkhart, De Beer Arthroscopy (2000): 67%*
- *Balg, Boileau JBJS Br (2007): >70% - ISIS > 6*

CUT OFF POINT $\longrightarrow \leq 3$

How evolved the indications!

2007 Boileau	6 points	Latarjet
2010 Thomazeau	5 points	Latarjet
2013 Nourissat, Castagna	3 points	Latarjet
2019 Loppini, Castagna	3 points	Latarjet

Table 1

Instability Severity Index Score³

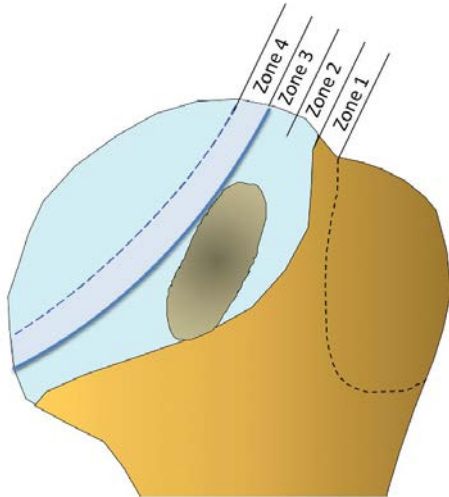
Prognostic Factors	Points
Age at Surgery	
• ≤ 20	2
• > 20	0
Level of Sport	
• Competitive	2
• Recreational	0
Type of Sport	
• Contact/forced ABER*	1
• Other	0
Clinical Exam	
• Hyperlaxity	1
• No hyperlaxity	0
AP X-ray (IR[†] and ER[‡])	
• Hill-Sachs on ER [‡] view	2
• No Hill-Sachs visible	0
AP X-ray	
• Glenoid contour loss	2
• No glenoid contour loss	0

*ABER = abduction and external rotation; †IR = internal rotation;

‡ER = external rotation

ISIS score - evolution of treatment conception

CUT OFF POINT $\longrightarrow \leq 3$



Di Giacomo, Provencher et al., Arthroscopy 2020

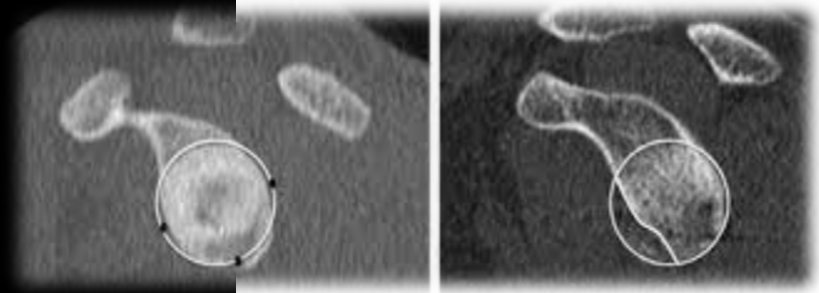
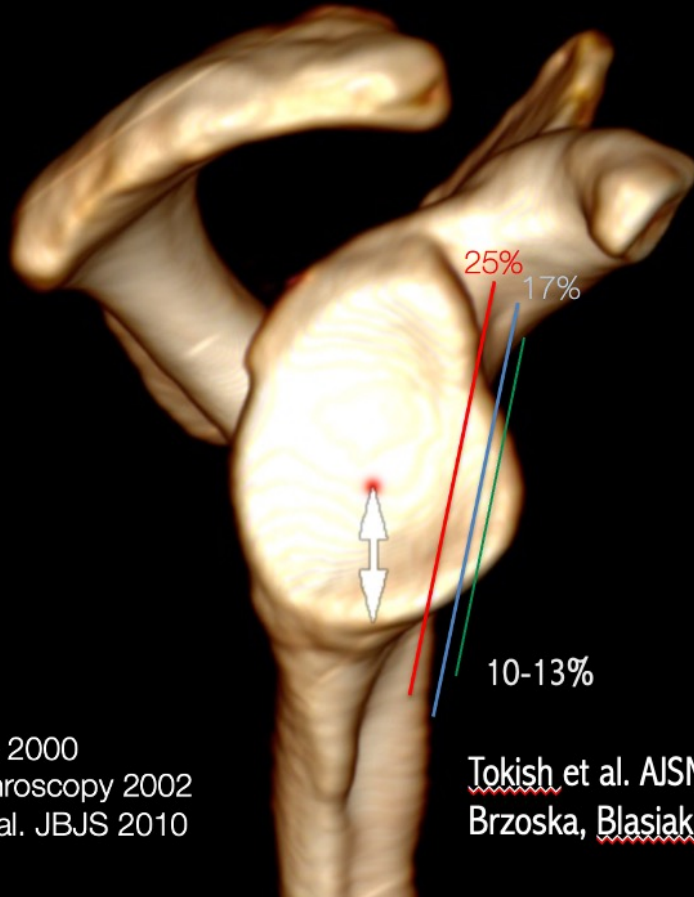
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Bone Loss

- | | |
|-------------|---|
| • ON TRACK | 0 |
| • OFF TRACK | 4 |



Best Fit Circle

1.5mm = 5% GBL

Provencher et al. JBJS

Itoi et al. JBJS Am 2000
 Burkhart et al. Arthroscopy 2002
 Yamamoto, Itoi et al. JBJS 2010

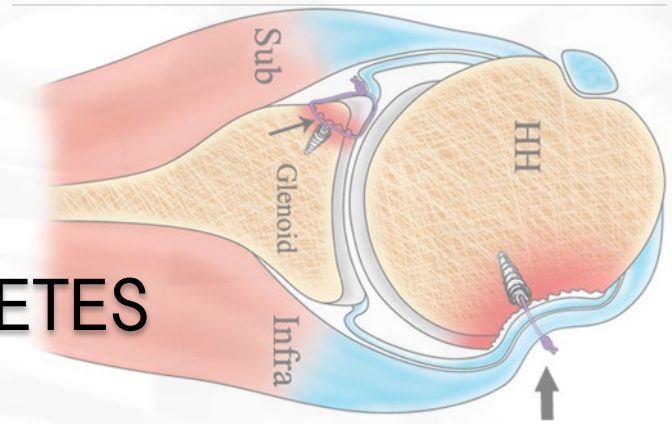
Tokish et al. AJSM 2015 *
 Brzoska, Blasiak et al. KSSTA 2019

* 10-25% GBL + Risk Factors + Symptoms = Bone Block

Let's do a remplissage?

CAUTION

- REVISIONS
- COLLISION/CONTACT ATHLETES
- GBL >15%



Let's do Arthroscopic Subscapularis Augmentation (ASA)?

THE MINI
BATTLES
E-SERIES
Countdown to #ASC2022



When we use ASA?

Hyperlaxity capsular deficiency

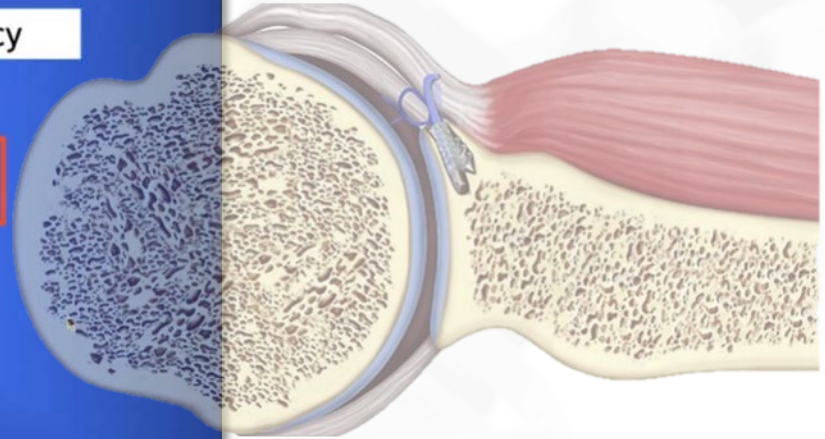


GBL < 15%

contact sports



ASA



#4: INSTABILITY



ESSKA
HIGHLIGHT
WEBINAR

BONE BLOCK OPTIONS?



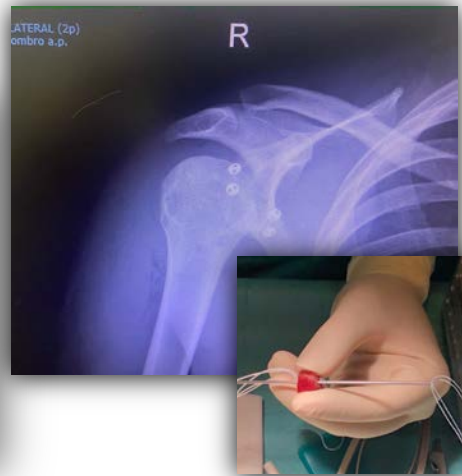
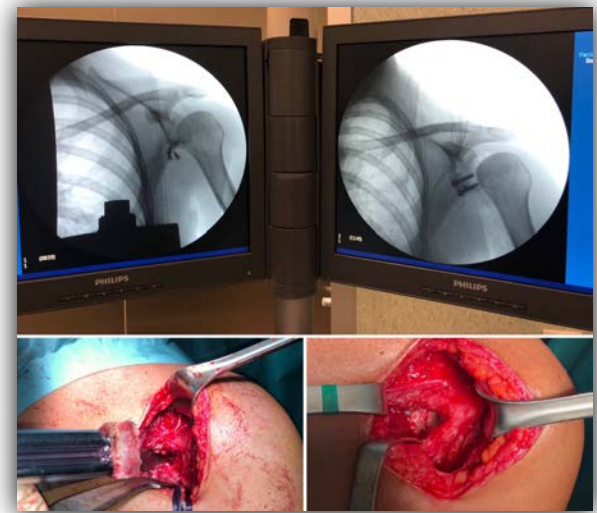
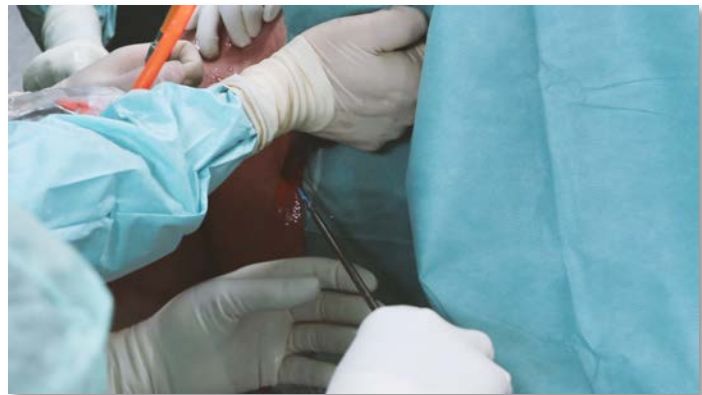
ESA

European Shoulder Associates
A section of ESSKA



OPEN / ARTHROSCOPIC LATARJET / BONE BLOCK

(Screws/Buttons/Cerclage)



Coracoid transfer (Bristow/Latarjet)

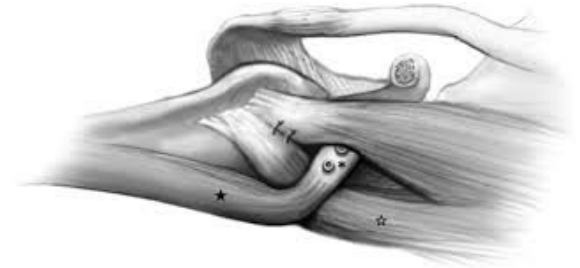
GOLD STANDARD



BONE BLOCK EFFECT (BUTÉE)

SLING EFFECT

- Vascularized bone graft
- Triple blocking effect
- Proven reliable technique



MÉTODO PREFERIDO

Coracoid Transfer - LATARJET

- Established in 1954
- The longest FU in bone procedures
- The best documented method
- The largest literature
- In experienced / supervised hands the best stabilization method
- The lowest recurrence rate (2 - 5%)
- Arthroscopic or open similar clinical results

ISIS score - evolution of treatment conception

CUT OFF POINT $\longrightarrow \leq 3$

INDEPENDENT FACTORS others than Bone defect

- Collision/Competitive sports
- Chronicity
- Revisions
- Hiperlaxity

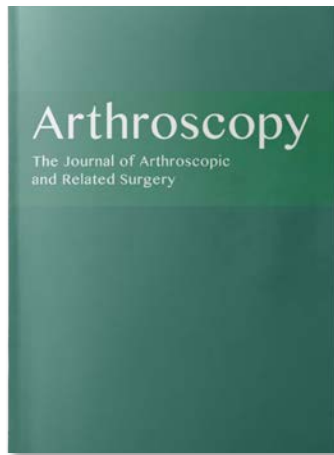
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Bone Loss

- ON TRACK 0
- OFF TRACK 4



Arthroscopic Latarjet

Technical guide and tips on the all-arthroscopic Latarjet procedure

Claudio Rosso^{1, 2}, Vito Bongiorno³, Gonzalo Samitier³, Guillaume D Dumont⁴, Gregor Szöllösy³, Laurent Lafosse³

> *Knee Surg Sports Traumatol Arthrosc.* 2016 Feb;24(2):564-72. doi: 10.1007/s00167-014-3038-x. Epub 2014 May 10.

- Visualization is better for positioning the graft
- Treat concomitant injuries
- General advantages of arthroscopic surgery
 - Cosmesis
 - Lower infection rate
 - Lower Pain level
 - Less Stiffness

Open/Arthroscopic

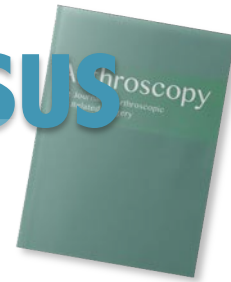
NO DIFFERENCE



SFA 2015 on 1555 Latarjet cases

NO DIFFERENCE in CLINICAL OUTCOMES

INDICACIONES - CONSENSUS



Anterior Shoulder Instability Part II—Latarjet, Remplissage, and Glenoid Bone-Grafting—An International Consensus Statement



Eoghan T. Hurley, M.B., B.Ch., M.Ch., Ph.D., Bogdan A. Matache, M.D., C.M., F.R.C.S.C.,
Ivan Wong, M.D., F.R.C.S.C., Eiji Itoi, M.D., Ph.D., Eric J. Strauss, M.D.,
Ruth A. Delaney, F.R.C.S., Lionel Neyton, M.D., George S. Athwal, M.D., F.R.C.S.C.,
Leo Pauzenberger, M.D., Hannan Mullett, M.Ch., F.R.C.S.I. (Tr & Orth),
Laith M. Jazrawi, M.D., and The Anterior Shoulder Instability International Consensus
Group

- Chronicity/Revisions
- Failed previous surgery
- Collision/Competitive athlete
- Critical glenoid bone loss (>15-20%)
- Bi-polar bone loss “off-Track” lesion

97%

PROS



ESA

European Shoulder Associates
A section of ESSKA

40  **AEA**
aniversario
1982-2022



Alta tasa de satisfacción (>95%)
Muy baja tasa de recurrencia (1.5%)

CONS



Técnicamente demandante
Problemas & complicaciones (25%)

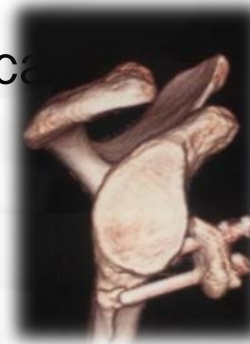
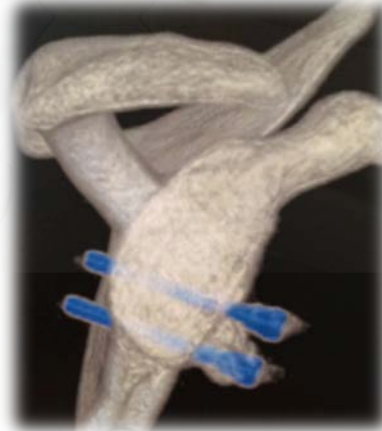
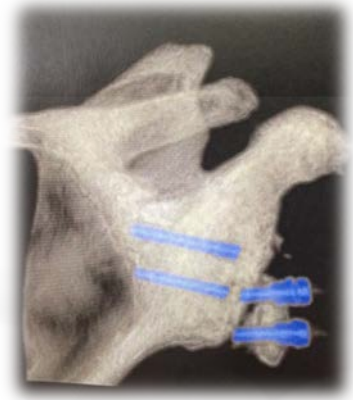
Técnicamente demandante

Problemas & complicaciones (25%)

- Tornillo superior prominente
- Limitation RE
- Injerto prominente / OA?

Complications of Latarjet

- Screw fracture mostly due to a postoperative trauma
- Too long screws
- Graft malposition
- Haematoma
- Retractive Capsulitis
- Nerve palsy (axillary, musculocutaneus, suprascapular)
- Subscapular weakness
- Resorption and osteolysis
- Infection
- Nonunion
- Graft fracture
- Recurrence
- Limited ER



- Arthroscopy: The Journal of Arthroscopic and Related Surgery, Vol 32, No 10 (October), 2016: pp 1971-1972

Arthroscopy
The Journal of Arthroscopic
and Related Surgery

EDITORIAL



Editorial Commentary: Not for The Faint of Heart: The Arthroscopic Latarjet Procedure, A North American Experience



Abstract: The Latarjet operation is a very difficult operation both when performed arthroscopically and when performed with an open approach. I do not think that this is an operation that should be done by a casual shoulder surgeon. I think, in the best interests of the patient, that this surgery should be performed only by orthopaedic surgeons who are trained in it.

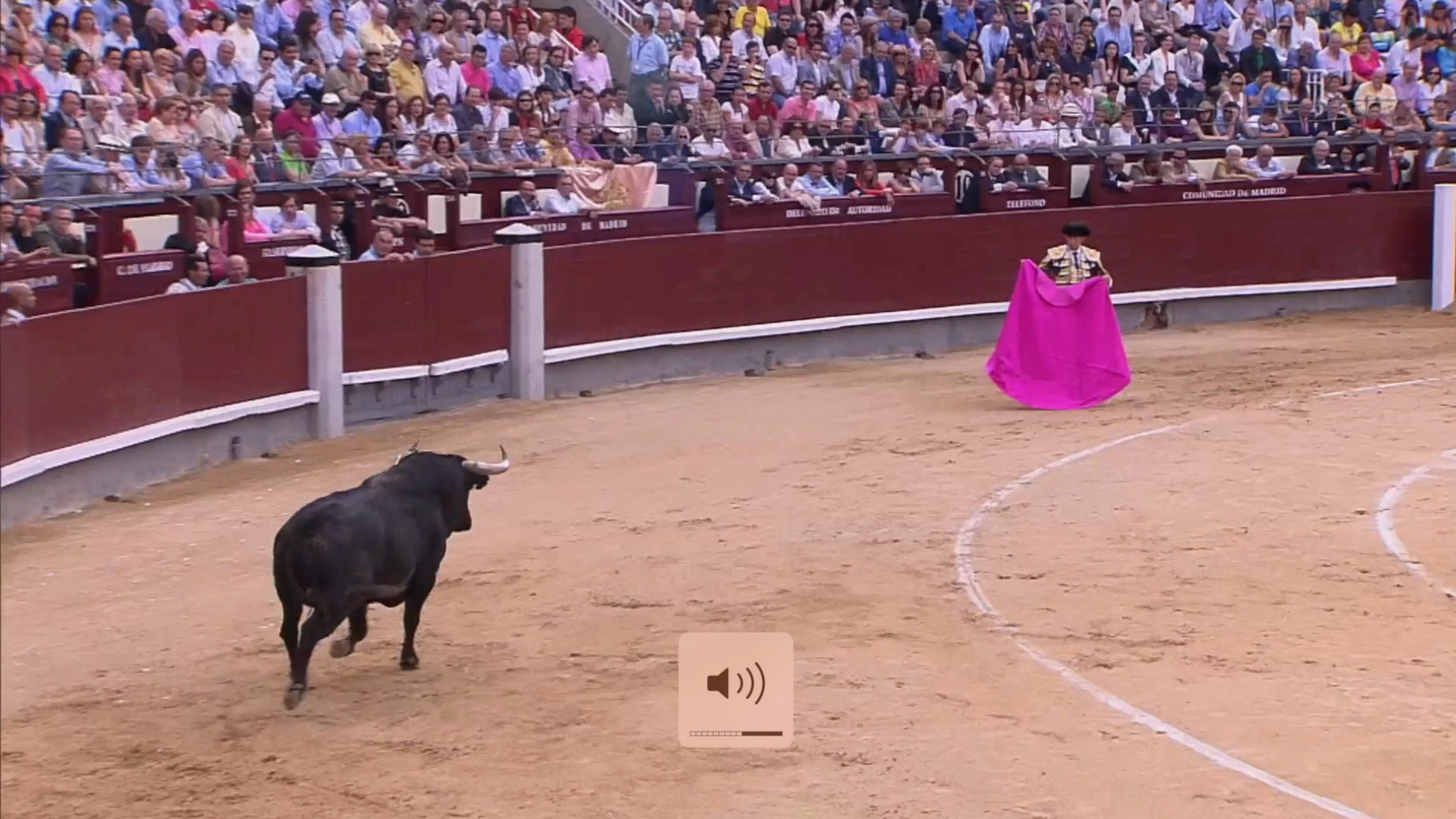
See related article on page 1965

James Tibone, M.D.
University of Southern California

CASOS CLÍNICOS

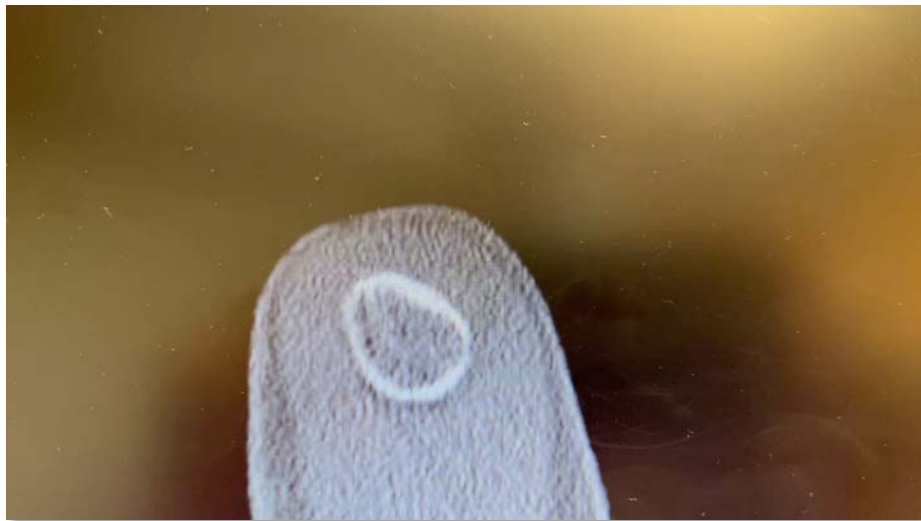
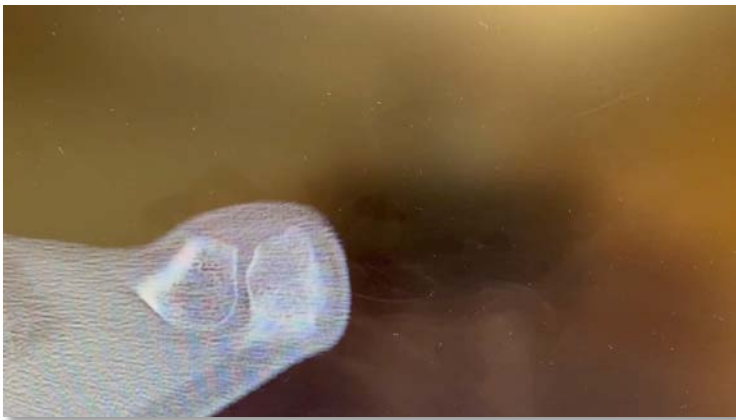
CASO INESTABILIDAD 1

- Varón 36 años
- Antecedente de Bankart 2 años
- Reluxación durmiendo y múltiples subluxaciones



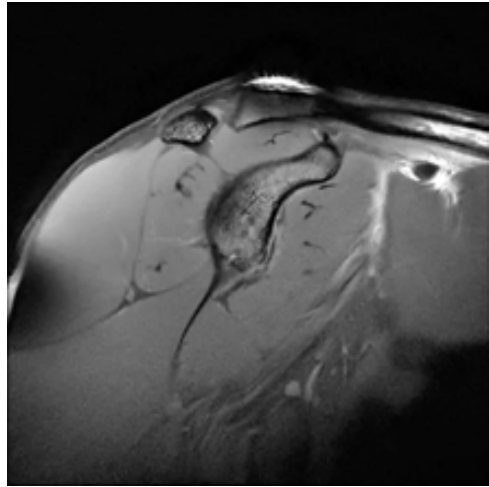
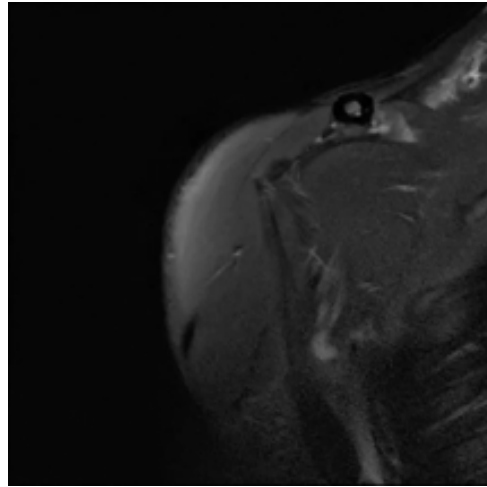
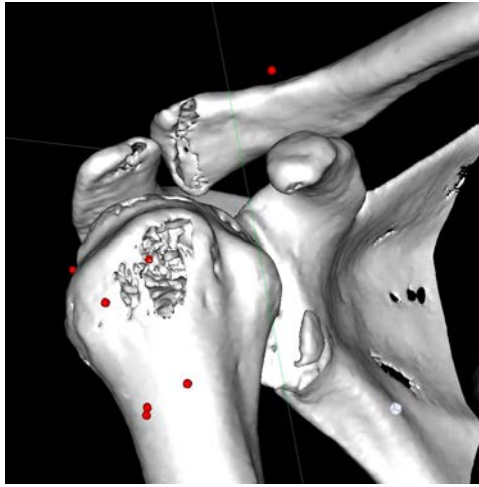


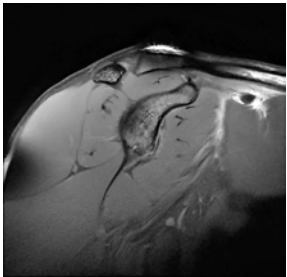
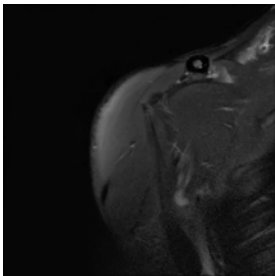
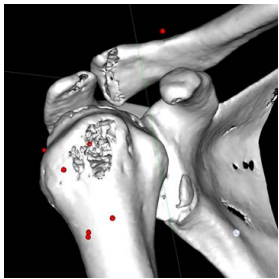




CASO INESTABILIDAD 2

- Varón 18 años
- Antecedente de Bankart 1 año antes
- Relaxación y múltiples subluxaciones

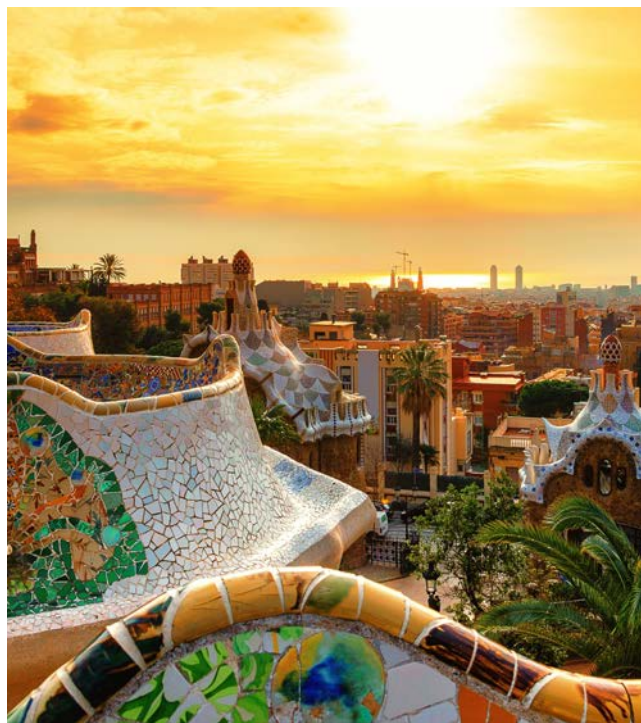






Take Home Message

- Proper selection of procedure for each patients provides better clinical results
- Significant Bony lesion should be treated with bony procedures
- Latarjet has the lowest recurrence risk at the expense of increased risk of complications
- Currently available bone block options are multiple with similar clinical results



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10-11 November 2023

