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HOMBRO  
CODO  
Madrid

**HSR**  
Hospital San Rafael

CONGRESO CONJUNTO  
**AEA - SEROD**  
9th JOINT AEA-SEROD CONGRESS  
**MURCIA**  
1-3 DE JUNIO | 2022

40 AEA  
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www.aeatocopa.com

serod  
www.serod.org

39 CONGRESO  
de la Asociación  
Española  
de Artroscopia  
(AEA)

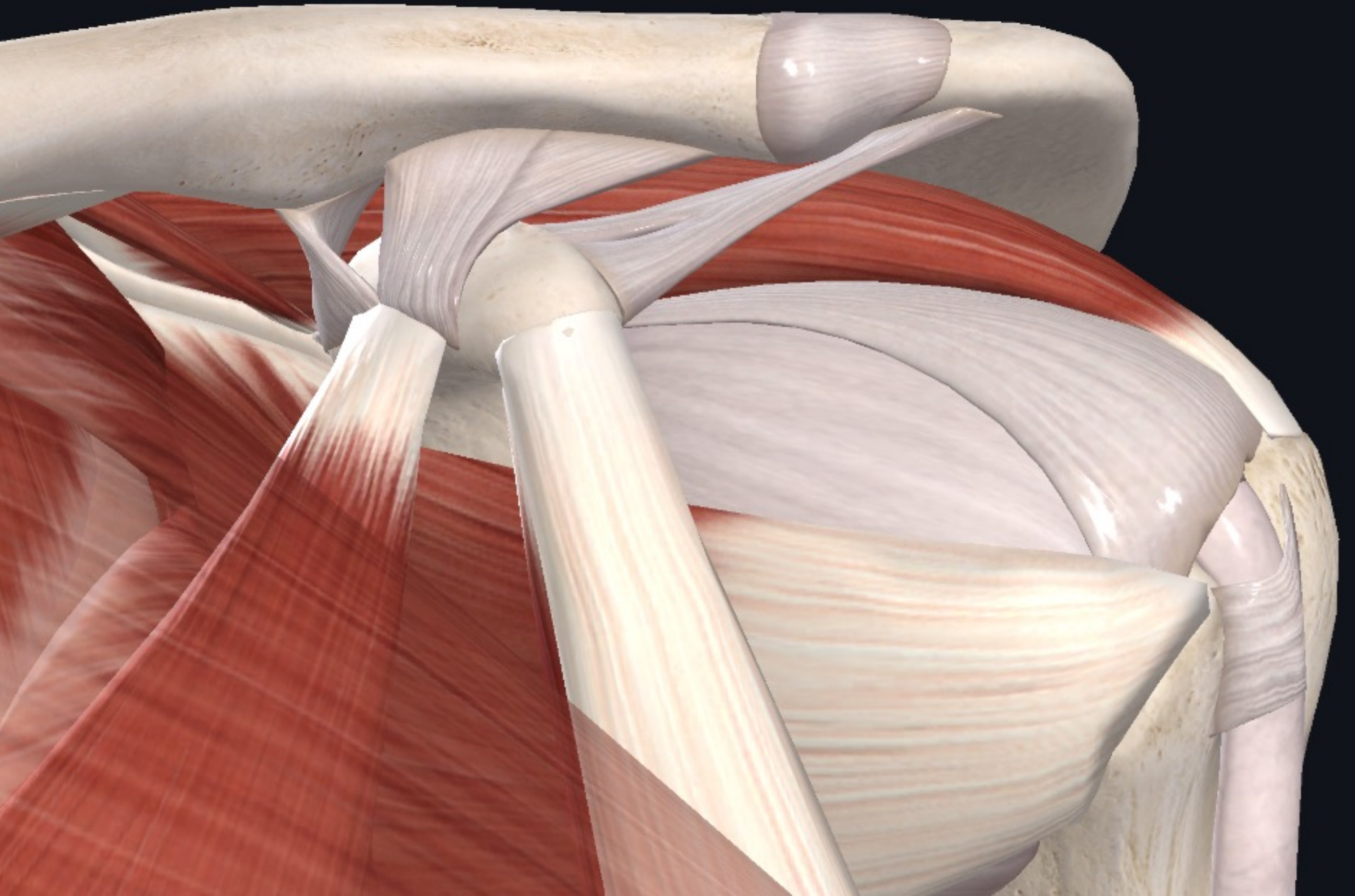
40 CONGRESO  
de la Sociedad  
Española  
de la Rodilla  
(SEROD)

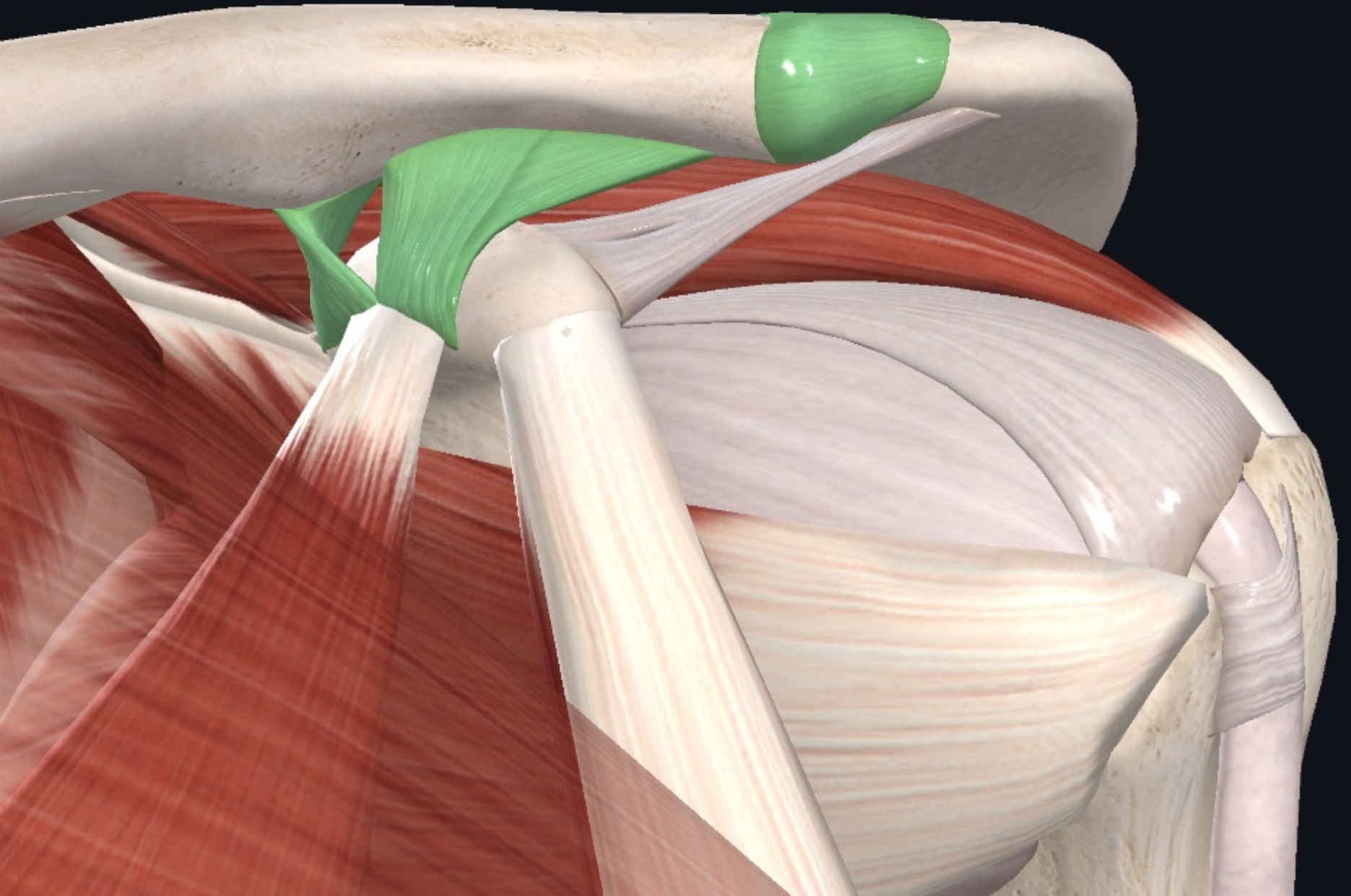
30 CURSO  
de Enfermería  
en Artroscopia  
y Rodilla

# Reparación aguda por artroscopia sin injerto

Manuel Pérez-España Muniesa

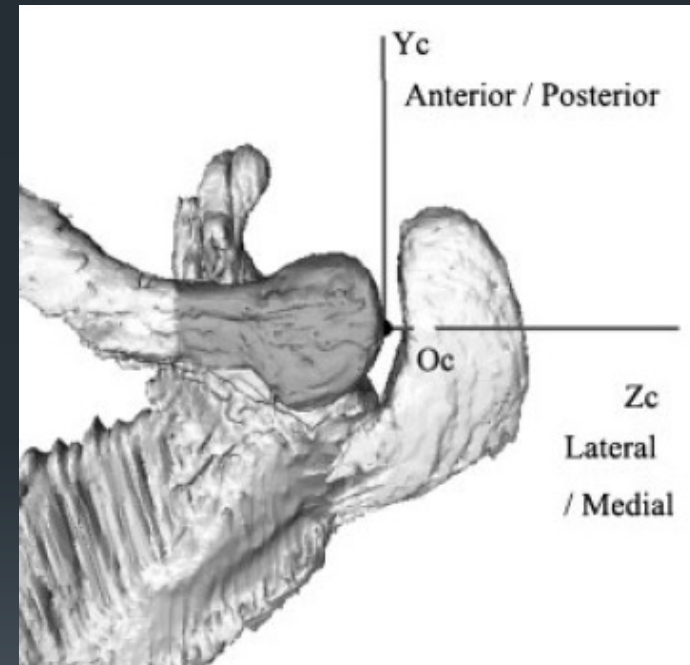
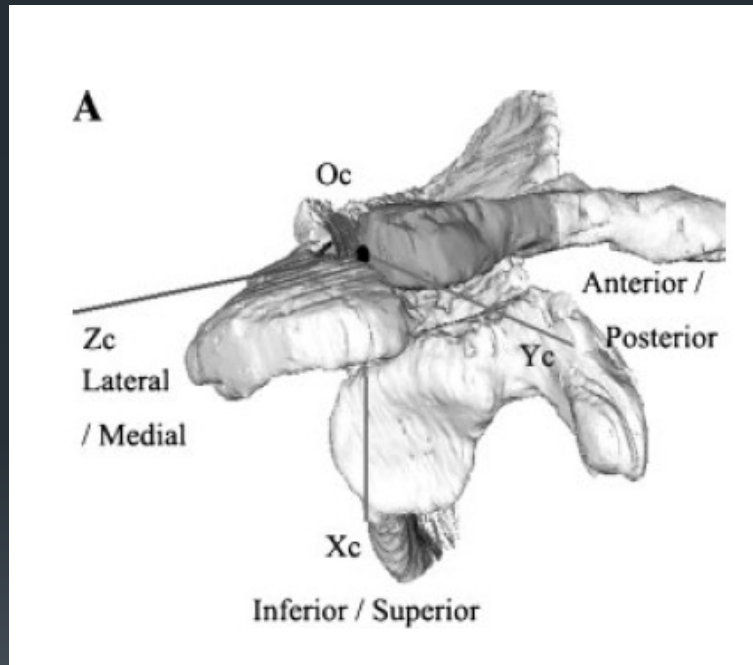
Hospital Universitario  
Infanta Leonor

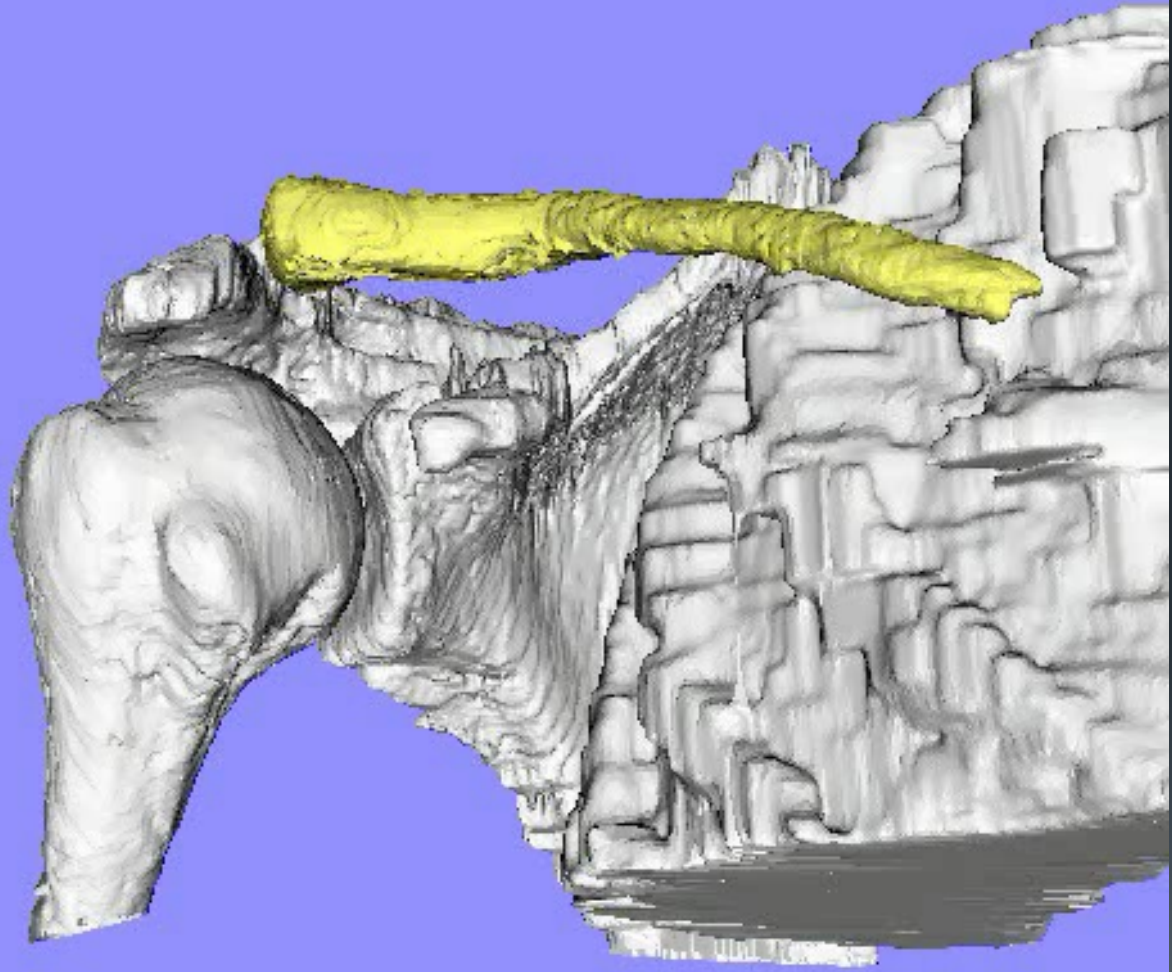




# 3D Kinematic Analysis of the Acromioclavicular Joint during Arm Abduction Using Vertically Open MRI

Wataru Sahara,<sup>1</sup> Kazuomi Sugamoto,<sup>2</sup> Masakazu Murai,<sup>3</sup> Hiroyuki Tanaka,<sup>4</sup> Hideki Yoshikawa<sup>1</sup>





# inestabilidad aguda




# Acromioclavicular Joint Injuries: Diagnosis and Management

Characterization of Acromioclavicular Joint Injuries by the Rockwood Classification\*

Type	AC Ligaments	CC Ligaments	Deltopectoral Fascia	Radlographic CC Distance Increase	Radlographic AC Appearance	AC Joint Reducible
I	Sprained	Intact	Intact	Normal (1.1 to 1.3 cm)	Normal	N/A
II	Disrupted	Sprained	Intact	<25%	Widened	Yes
III	Disrupted	Disrupted	Disrupted	25%-100%	Widened	Yes
IV	Disrupted	Disrupted	Disrupted	Increased	Posterior clavicle displacement	No
V	Disrupted	Disrupted	Disrupted	100%-300%	N/A	No
VI	Disrupted	Intact	Disrupted	Decreased	N/A	No

\* The type of AC injury can be discerned based on the pattern of ligament injury, AC joint position on radiographs, and whether the AC joint can be reduced on physical examination.

AC = acromioclavicular, CC = coracoclavicular, N/A = not applicable



## ISAKOS Upper Extremity Committee Consensus Statement on the Need for Diversification of the Rockwood Classification for Acromioclavicular Joint Injuries

**Knut Beitzel**, M.A., M.D., Augustus D. Mazzocca, M.S., M.D., Klaus Bak, M.D.,  
Eiji Itoi, M.D., Ph.D., William B. Kibler, M.D., Raffy Mirzayan, M.D.,  
Andreas B. Imhoff, M.D., Emilio Calvo, M.D., Ph.D., Guillermo Arce, M.D.,  
Kevin Shea, M.D., and the Upper Extremity Committee of ISAKOS



tipo III



tto  
conservador



6 semanas  
inmovilización

tipo IV y V



tto quirúrgico



6 semanas  
inmovilización

tipo III y V???



tto  
conservador



6 semanas  
inmovilización

tipo IV y V???



tto quirúrgico



6 semanas  
inmovilización



## tipo V

### Operative versus Conservative Management in the Treatment of Type V Acromioclavicular Dislocations

Kevin P. Krul, MD, Honolulu, HI

Jay B. Cook, MD, Richmond Hill, GA

Jason M. Cage, DO, Tripler AMC, HI

Douglas J. Rowles, MD, Edmond, OK

Craig R. Bottoni, MD, HONOLULU, HI

John M. Tokish, MD, Simpsonville, SC

tipo V: >100% distancia CC o >2cm desplazamiento borde superior clavícula

41 pacientes 2007-2012 (militares en activo)

22 tratamiento conservador

**11 (57%) volvieron a actividad previa sin limitaciones**

6 cirugía diferida

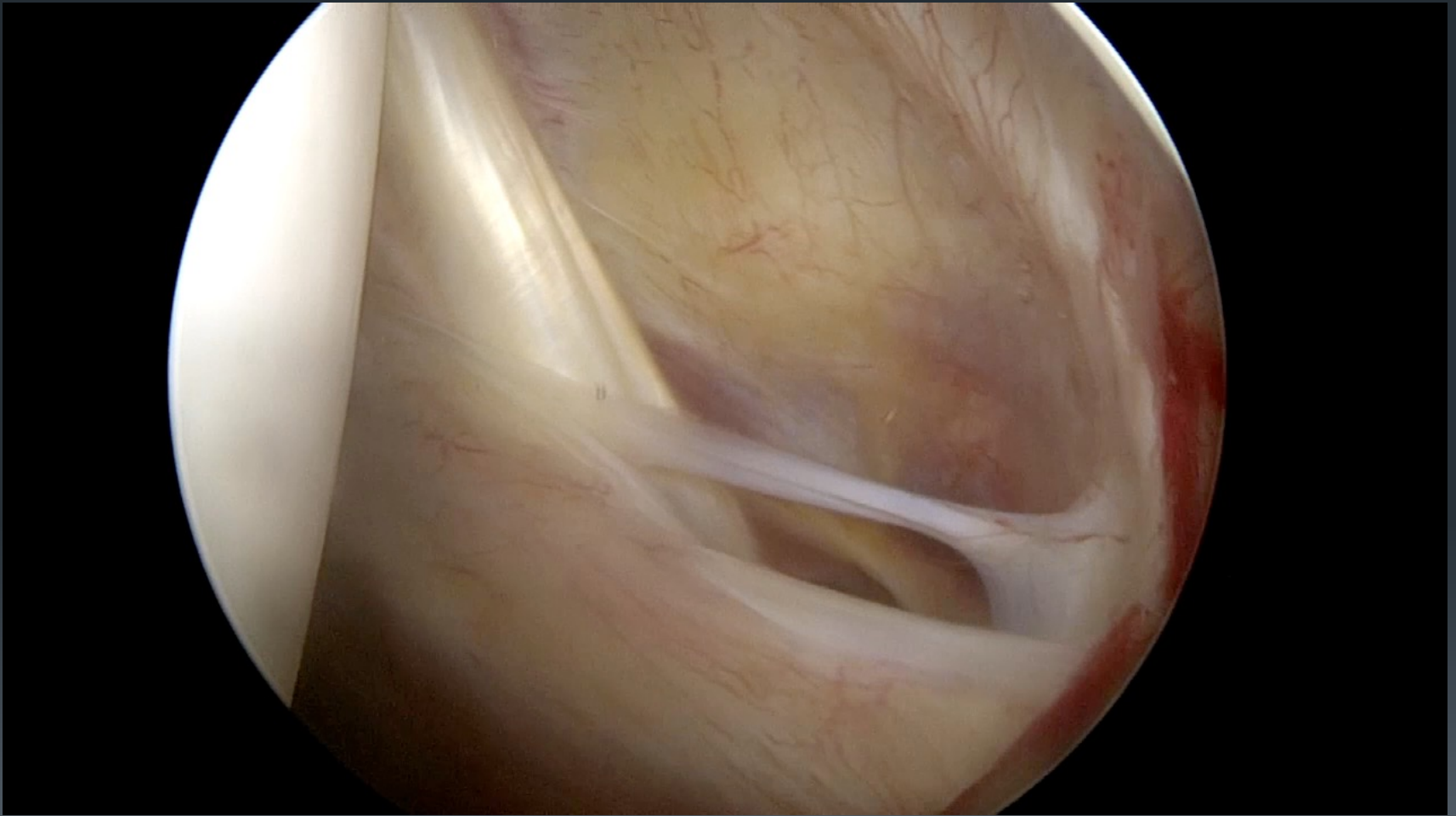
2 rechazaron cirugía y dejaron ejercito

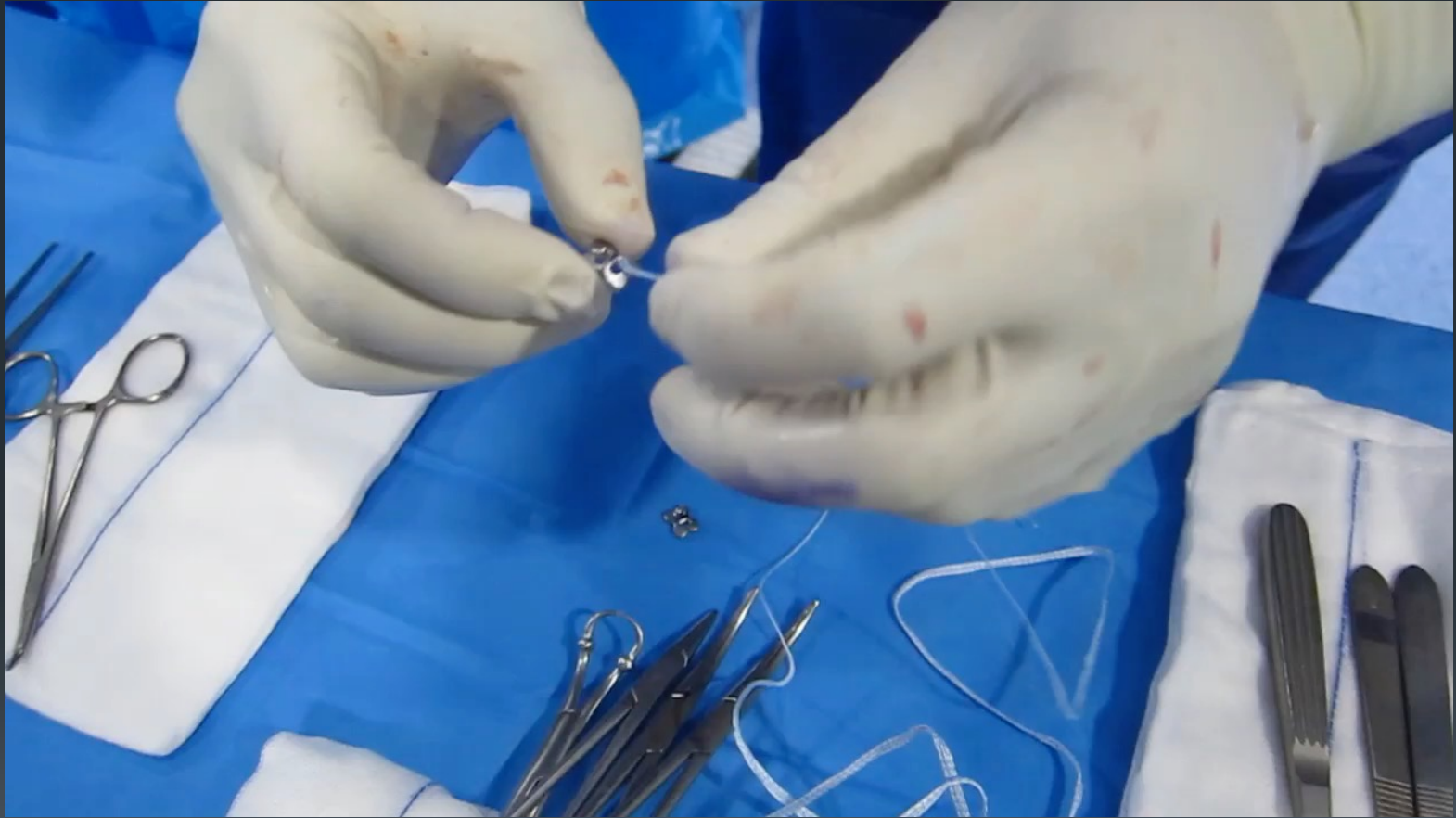
3 perdidos en seguimiento



“es una operación esperando a fallar”

más de 120 técnicas descritas para la inestabilidad A-C, desde el Weaver-Dunn a la reconstrucción anatómica con doble fascículo









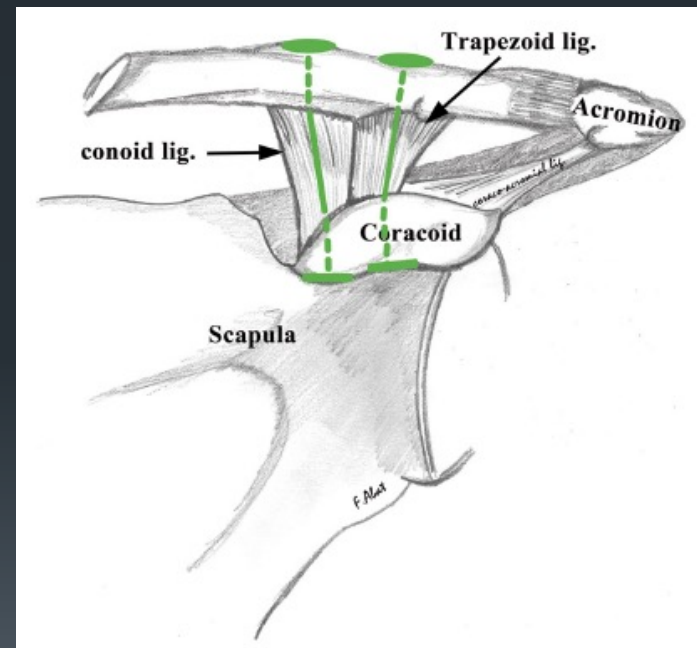
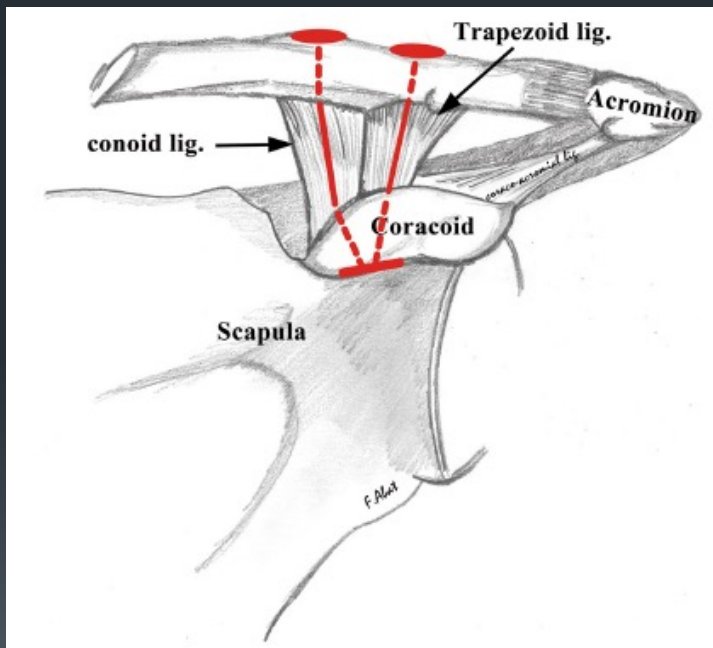
inestabilidad horizontal





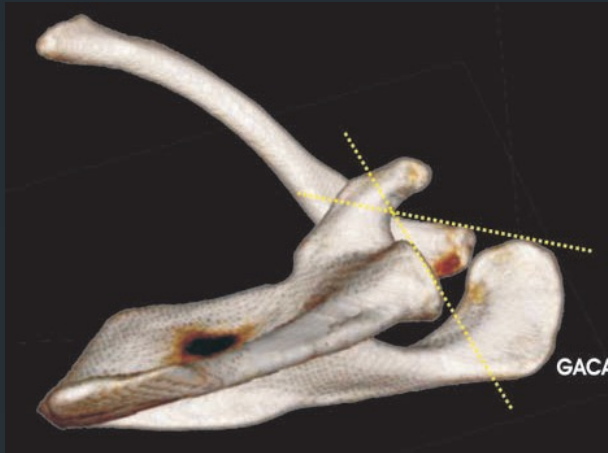
# Biomechanical analysis of acromioclavicular joint dislocation repair using coracoclavicular suspension devices in two different configurations

Ferran Abat · Juan Sarasquete · Luis Gerardo Natera · Ángel Calvo ·  
Manuel Pérez-España · Néstor Zurita · Jesús Ferrer · Juan Carlos del Real ·  
Eva Paz-Jimenez · Francisco Forriol



Is coracoclavicular stabilisation alone sufficient for the endoscopic treatment of severe acromioclavicular joint dislocation (Rockwood types III, IV, and V)?

J. Barth<sup>a,\*</sup>, F. Duparc<sup>b</sup>, K. Andrieu<sup>a</sup>, M. Duport<sup>c</sup>, B. Toussaint<sup>j</sup>, S. Bertiaux<sup>b</sup>, P. Clavert<sup>d</sup>, O. Gastaud<sup>e</sup>, N. Brassart<sup>f</sup>, E. Beaudouin<sup>g</sup>, P. De Mourgues<sup>h</sup>, D. Berne<sup>i</sup>, J. Bahurel<sup>j</sup>, N. Najihi<sup>k</sup>, P. Boyer<sup>l</sup>, B. Faivre<sup>m</sup>, A. Meyer<sup>n</sup>, G. Nourissat<sup>o</sup>, S. Poulain<sup>p</sup>, F. Bruchou<sup>q</sup>, J.-F. Ménard<sup>r</sup>, the French Society of Arthroscopy (SFA)





¿es la estabilización coracoclavicular suficiente en la inestabilidad AC?

no

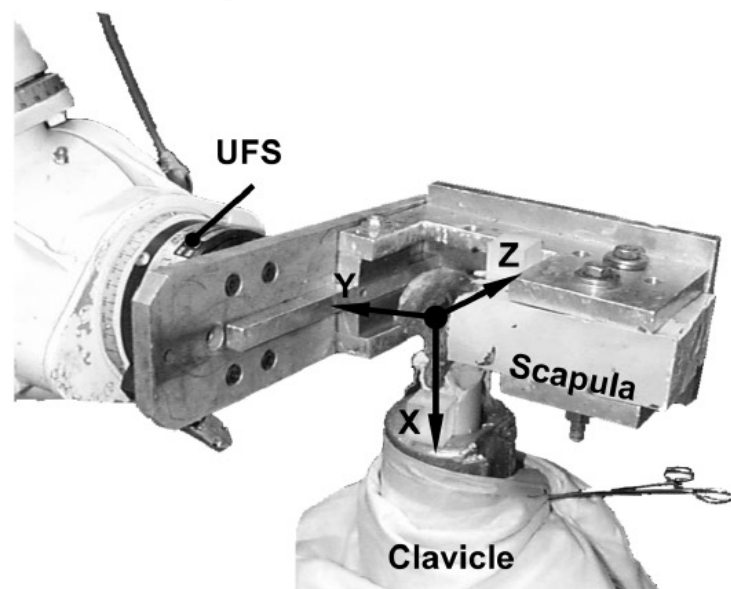
# EFFECT OF CAPSULAR INJURY ON ACROMIOCLAVICULAR JOINT MECHANICS

BY RICHARD E. DEBSKI, PHD, I.M. PARSONS IV, MD, SAVIO L-Y. WOO, PHD, AND **FREDDIE H. FU, MD**

*Investigation performed at the Department of Orthopaedic Surgery, Musculoskeletal Research Center, University of Pittsburgh, Pittsburgh, Pennsylvania*

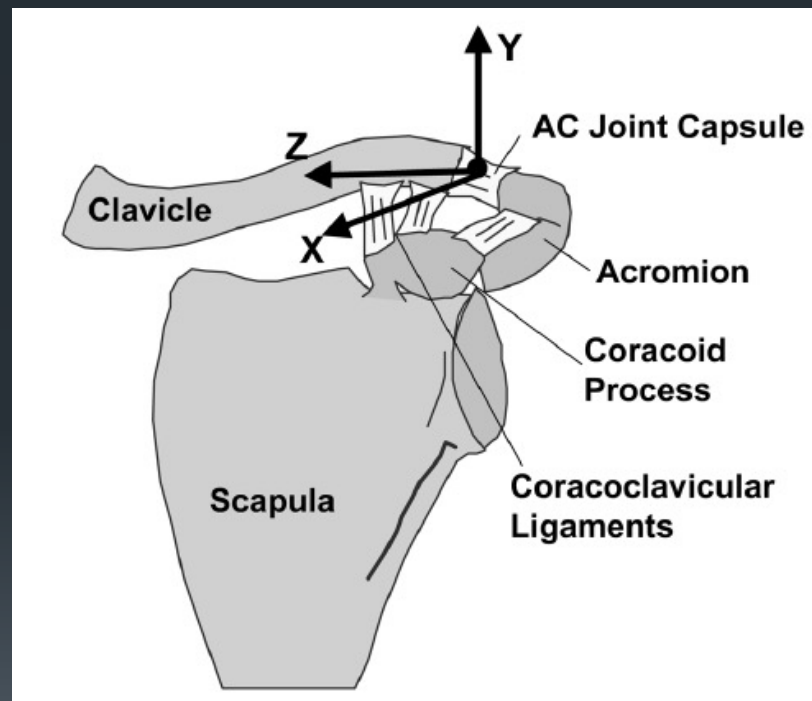


## Robotic Manipulator



A)

Base of Testing System





carga	lig AC inferior	lig AC superior	trapezoide	conoide
anterior	<b>26 +- 20</b>	<b>46 +- 26</b>	12 +- 19	13 +- 16
posterior	8 +- 10	<b>19 +- 13</b>	24 +- 20	17 +- 21
superior	12 +- 13	20 +- 23	<b>32 +- 38</b>	<b>58 +- 30</b>



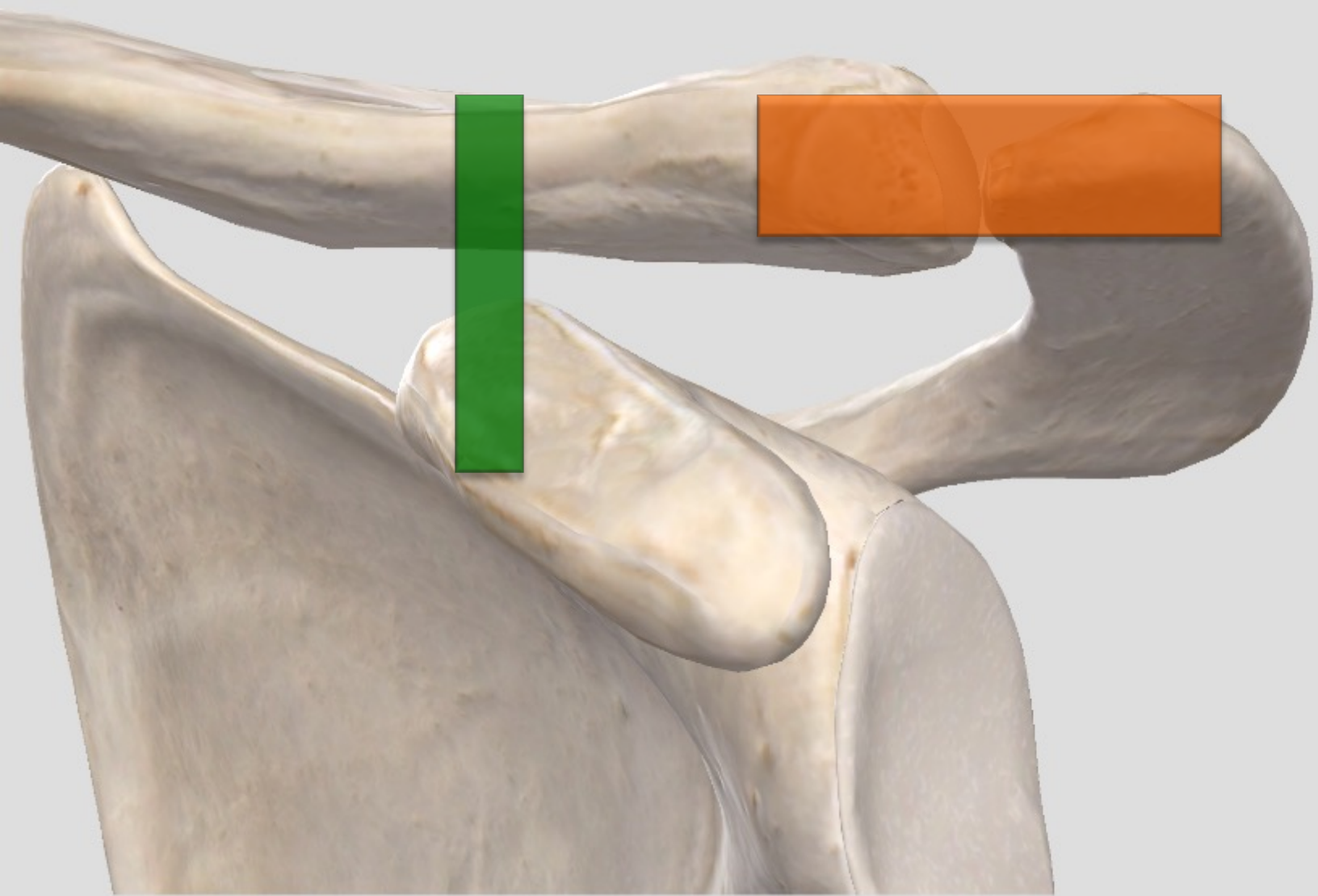
carga	trapezoide	conoide
anterior	<b>23 +- 28</b> (12+-19)	<b>58 +- 33</b> (13+-16)
posterior	<b>45 +- 33</b> (17+-21)	23 +- 29 (17+-21)
superior	29 +- 28 (32+-38)	69 +- 40 (58+-30)

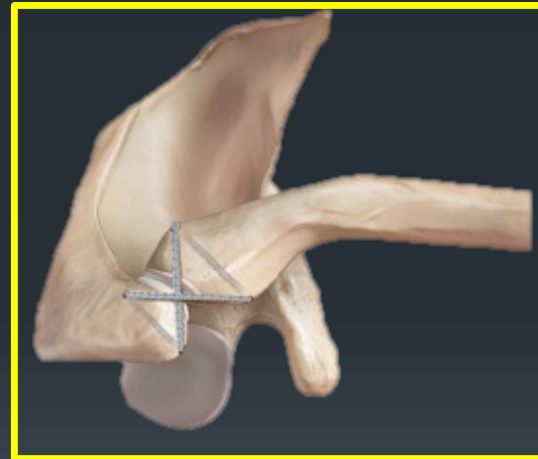












## Primary Stability of an Acromioclavicular Joint Repair Is Affected by the Type of Additional Reconstruction of the Acromioclavicular Capsule

Felix Dyma,<sup>1</sup> MD, Florian B. Imhoff,<sup>1</sup> MD, B. Halter,<sup>1,4</sup> MS, Sepp Braun,<sup>1</sup> MD, Eilho Chopilwa,<sup>5</sup> MS, John M. Apostolakis,<sup>7</sup> MD, MPH, Daichi Morikawa,<sup>7,8</sup> MD, PhD, Andreas B. Imhoff,<sup>6</sup> MD, Augustus D. Mazzocco,<sup>7</sup> MS, MD, and Krut Beltzel,<sup>11</sup> WA, MD  
Investigation performed at the Department of Orthopaedic Surgery, University of Connecticut, Farmington, Connecticut, USA





31 MAR 13 05:11

DEFEND

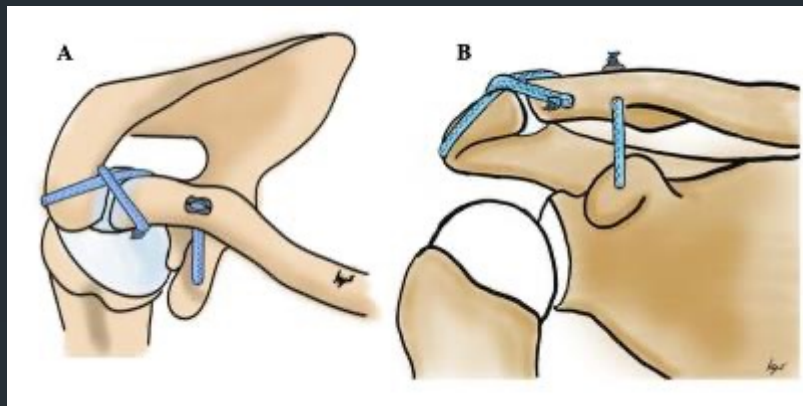
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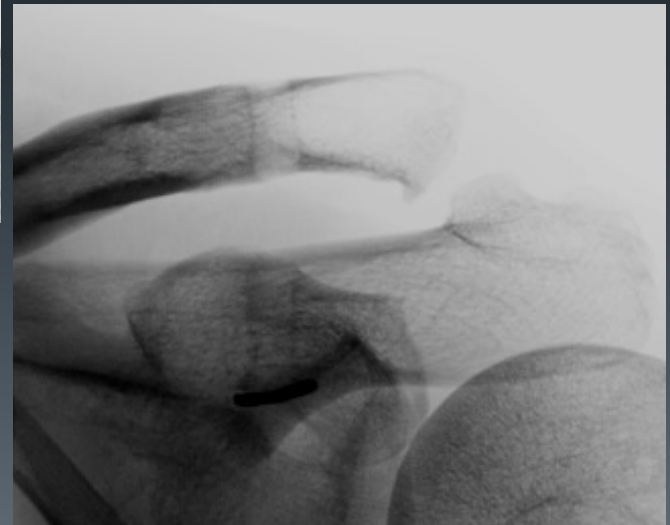
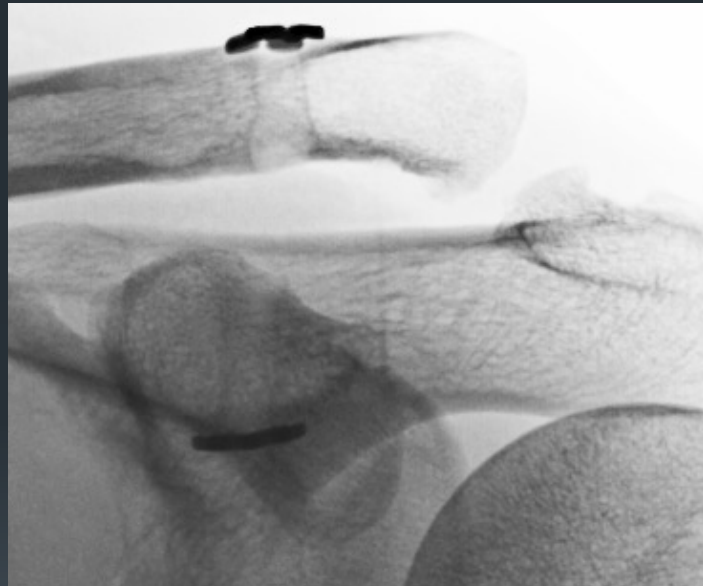


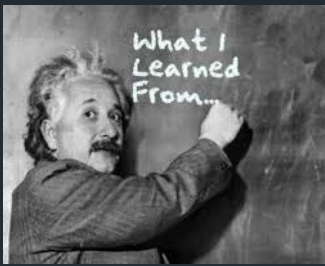
# Arthroscopically Assisted Comprehensive Double Cerclage Suture Fixation Technique for Acute Acromioclavicular Joint Separation



Abdul-Ilah Hachem, M.D., Rafael Rondanelli S., M.D., Gino Costa, D'O., M.D.,  
Ifigo Verdalet, M.D., Hady Ezzeddine, M.D., and Xavier Rius, M.D.

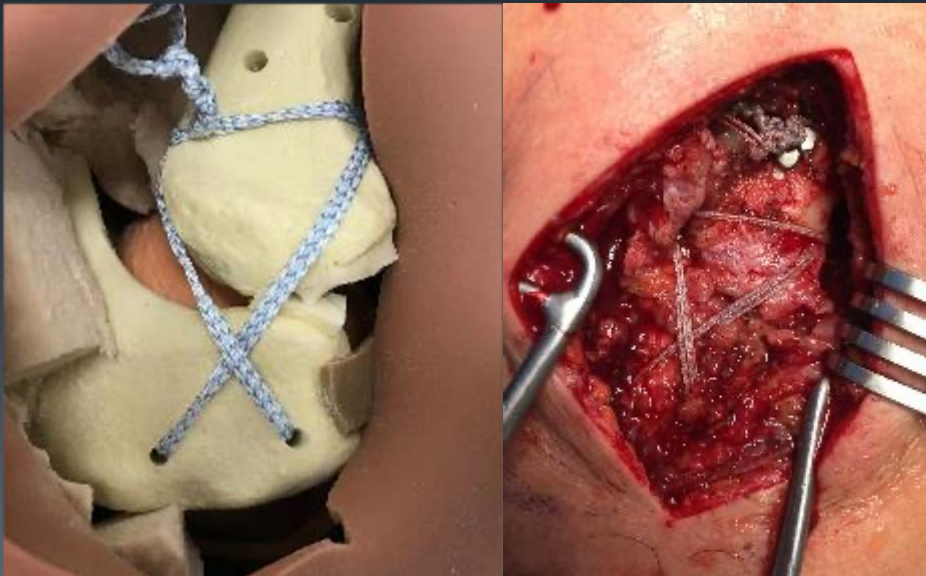






<3 semanas

x6 semanas







GRACIAS POR VUESTRA ATENCIÓN

