

“Seldom do two orthopaedic surgeons agree on the precise management of a complete acromioclavicular dislocation”

*Rowe CR, Inman VT, McLaughlin HL and Neviasser JS. JBJS, 1962*  
*Mazzocca MS. ICL ISAKOS, 2011*



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# Acute acromioclavicular joint lesions

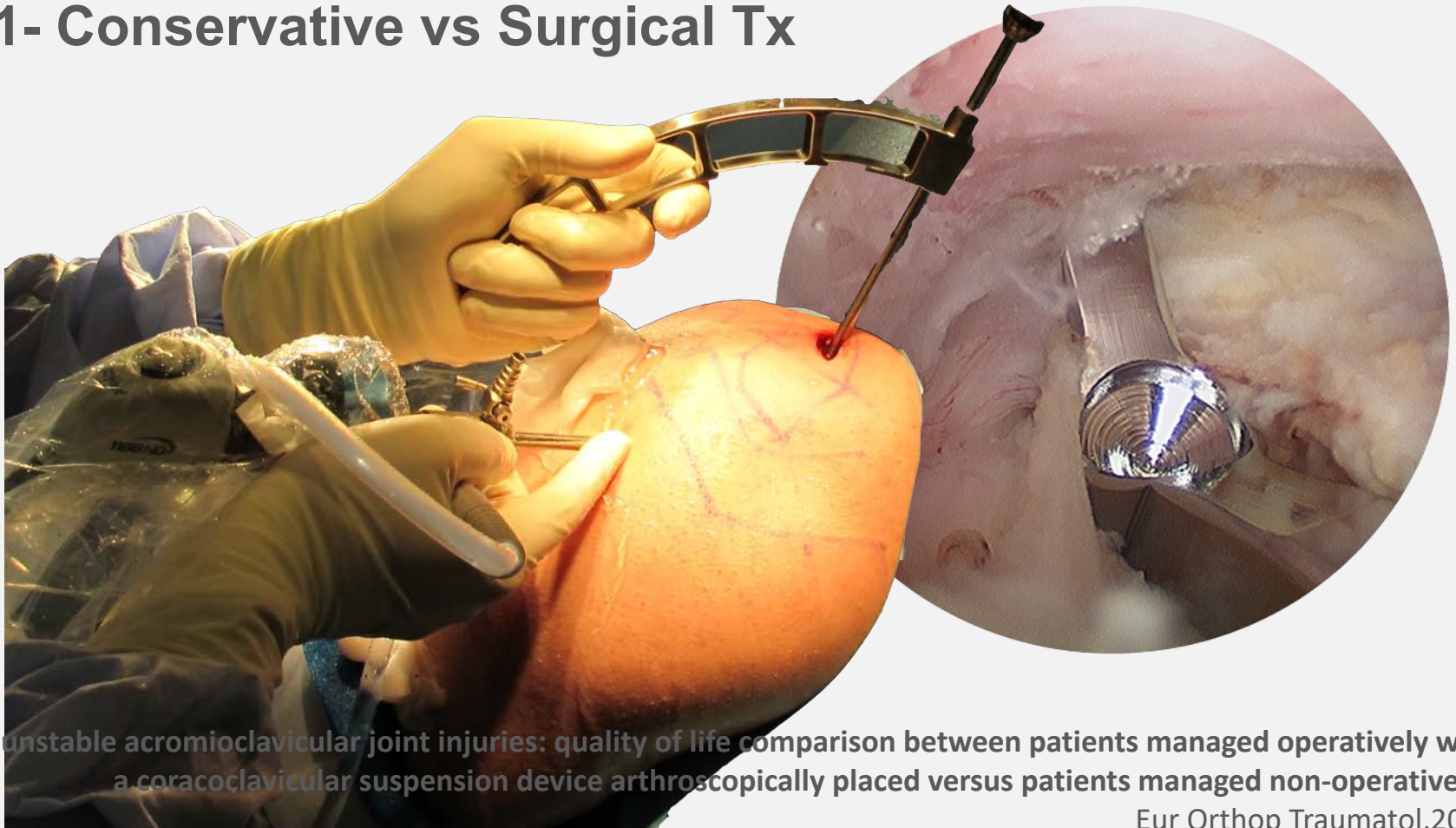
## *Questions to answer*

- 1- Conservative vs Surgical Tx
- 2- Initial treatment: acute repair or delayed Tx
- 3- Open vs Arthroscopic
- 4- When to operate grade III?
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*Questions to answer*

## 1- Conservative vs Surgical Tx



Acute unstable acromioclavicular joint injuries: quality of life comparison between patients managed operatively with a coracoclavicular suspension device arthroscopically placed versus patients managed non-operatively.

Eur Orthop Traumatol, 2015

Natera L, Sarasquete J et al

# Acute acromioclavicular joint lesions

## Questions to answer

### 1- Conservative vs Surgical Tx

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#### Open Reduction and Tunneled Suspensory Device Fixation Compared with Nonoperative Treatment for Type-III and Type-IV Acromioclavicular Joint Dislocations

The ACORN Prospective, Randomized Controlled Trial

Iain R. Murray, BMedSci(Hons), MRCS, MFSEM, PhD, Patrick G. Robinson, MRCS, Ewan B. Goudie, FRCS(Tr&Orth), Andrew D. Duckworth, BMedSci(Hons), MSc, FRCSEd(Tr&Orth), PhD, Kathryn Clark, BSc, and C. Michael Robinson, BMedSci(Hons), FRCS

Investigation performed at the Edinburgh Shoulder Clinic, Royal Infirmary of Edinburgh, Edinburgh, United Kingdom.

J Shoulder Elbow Surg (2022) 31, 1122-1136



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**No difference in clinical outcome at 2-year follow-up in patients with type III and V acromioclavicular joint dislocation treated with hook plate or physiotherapy: a randomized controlled trial**

Helena Boström Windhamre, MD<sup>a,b,\*</sup>, Johan von Heideken, MD, PhD<sup>c</sup>, Viveka Une-Larsson, RPT<sup>a</sup>, Wilhelmina Ekström, MD, PhD<sup>b</sup>, Anders Ekelund, MD, PhD<sup>a,b</sup>

<sup>a</sup>Department of Orthopedic Surgery, Capio St. Göran's Hospital, Stockholm, Sweden

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# Acute acromioclavicular joint lesions

*Questions to answer*

**2- Initial treatment: acute repair or delayed Tx**





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*Questions to answer*

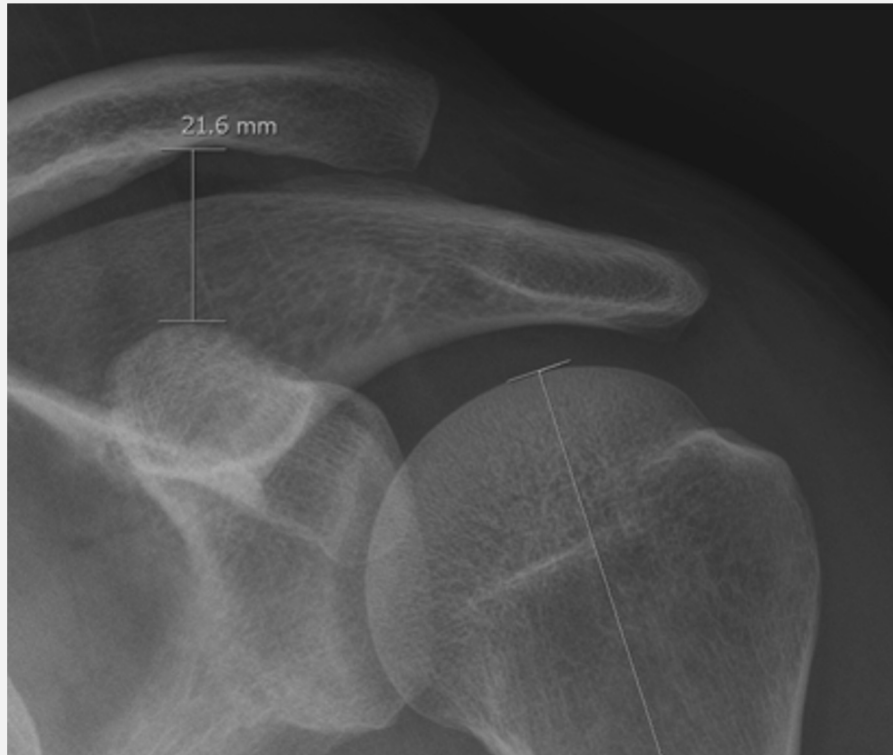
## 3- Open vs Arthroscopic



# Acute acromioclavicular joint lesions

## *Questions to answer*

### 4- When to operate grade III?



Management of acute unstable acromioclavicular joint injuries.

*Cisneros LN, Sarasquete Reiriz J*

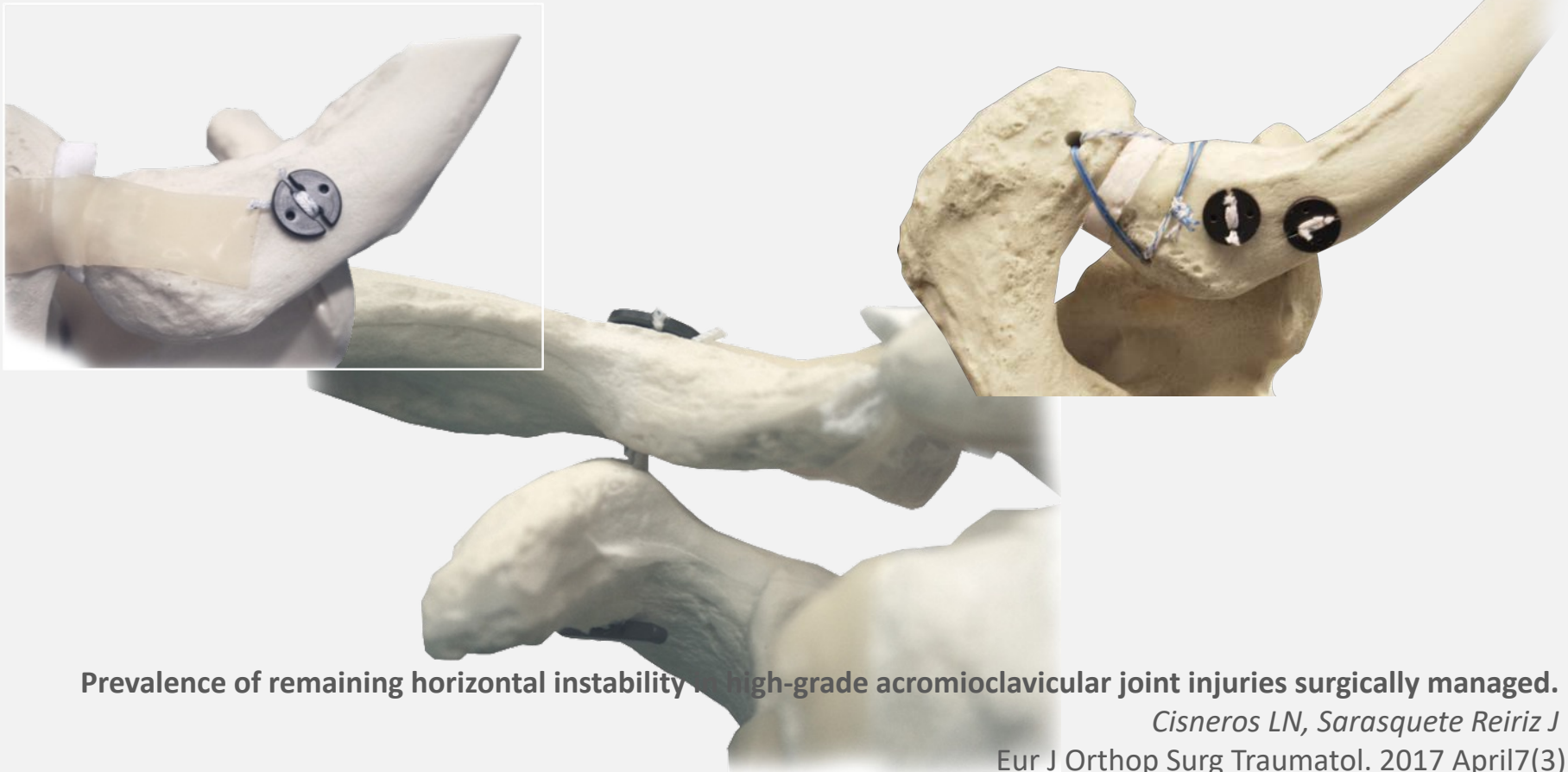
Eur J Orthop Surg Traumatol. 2016 Dec;26(8):817-830



# Acute acromioclavicular joint lesions

*Questions to answer*

## 5- CC reconstruction: Single vs double



Prevalence of remaining horizontal instability in high-grade acromioclavicular joint injuries surgically managed.

*Cisneros LN, Sarasquete Reiriz J*

Eur J Orthop Surg Traumatol. 2017 April7(3)

# Acute acromioclavicular joint lesions

## *Questions to answer*


### 5- CC reconstruction: Single vs double

Knee Surgery, Sports Traumatology, Arthroscopy  
<https://doi.org/10.1007/s00167-019-05674-1>

SHOULDER



#### **Acromioclavicular joint reconstruction: an additional acromioclavicular cerclage does not improve horizontal stability in double coraco-clavicular tunnel technique**

Jan Theopold<sup>1</sup> · Tobias Schöbel<sup>1</sup> · Jean-Pierre Fischer<sup>2</sup> · Sabine Löffler<sup>3</sup> · Georg Osterhoff<sup>1</sup> · Stefan Schleifenbaum<sup>2</sup> · Pierre Hepp<sup>1</sup> 

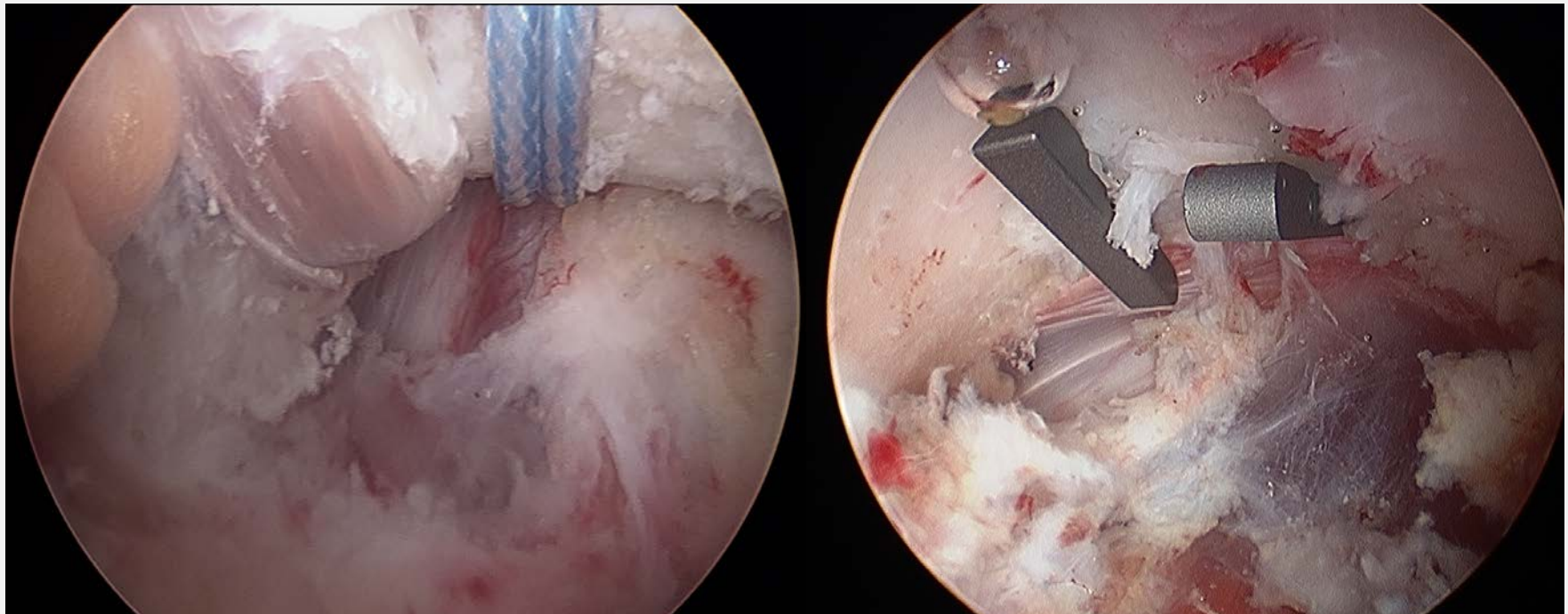
Received: 15 May 2019 / Accepted: 9 August 2019

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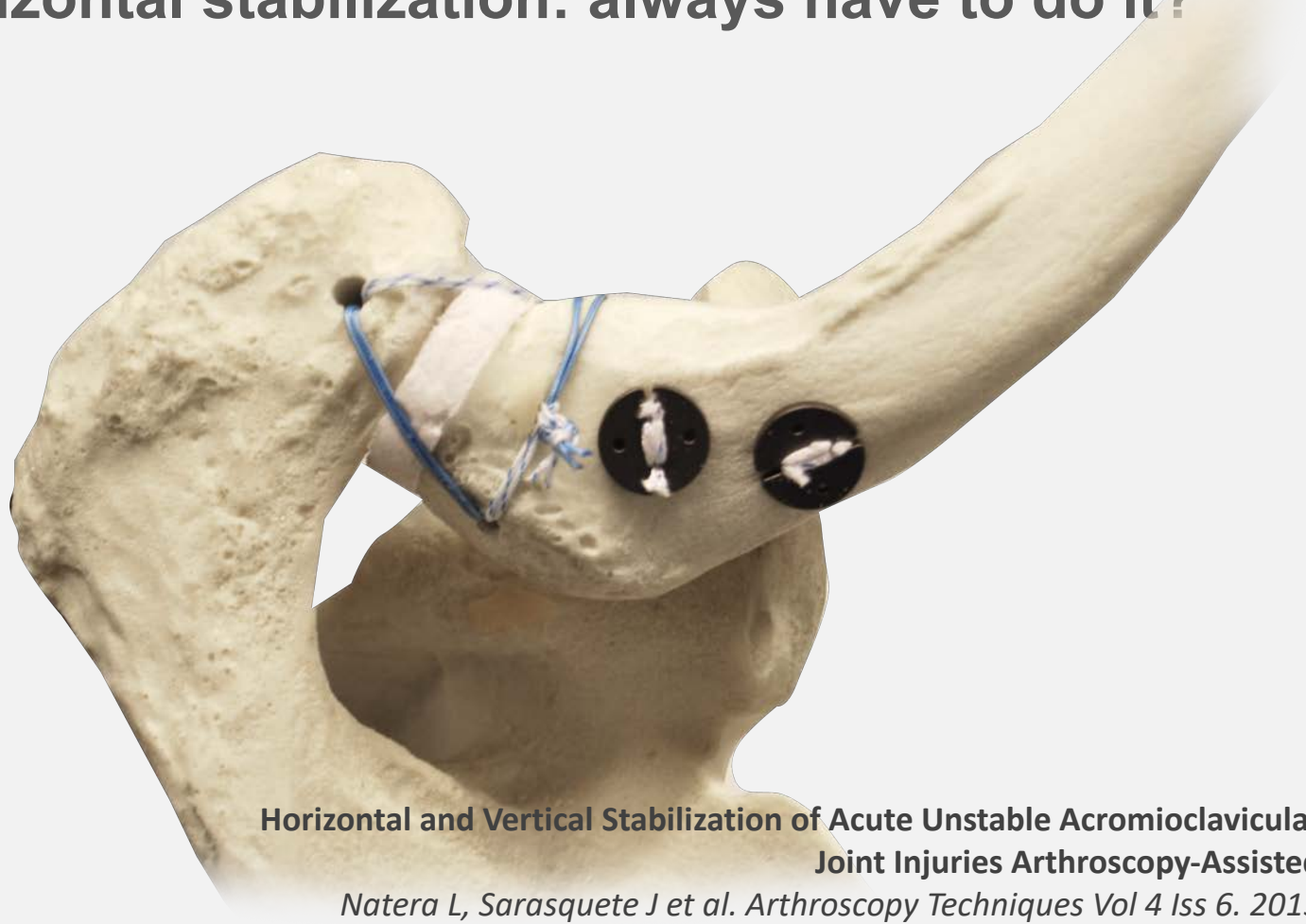
**6- Biologic graft augmentation: yes/no**



# Acute acromioclavicular joint lesions

*Questions to answer*

**7- AC horizontal stabilization: always have to do it?**



**Horizontal and Vertical Stabilization of Acute Unstable Acromioclavicular Joint Injuries Arthroscopy-Assisted**

*Natera L, Sarasquete J et al. Arthroscopy Techniques Vol 4 Iss 6. 2015*

# Acute acromioclavicular joint lesions

## *Questions to answer*

### 7- AC horizontal stabilization: always have to do it?

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


Felix Dyrna,<sup>\*†</sup> MD, Florian B. Imhoff,<sup>\*†</sup> MD, B. Haller,<sup>†‡</sup> MS, Sepp Braun,<sup>†</sup> MD, Elifho Obopilwe,<sup>\* MS</sup>, John M. Apostolakis,<sup>\* MD, MPH</sup>, Daichi Morikawa,<sup>†§</sup> MD, PhD, Andreas B. Imhoff,<sup>\* MD</sup>, Augustus D. Mazzocca,<sup>†</sup> MS, MD, and Knut Beitzel,<sup>†||</sup> MA, MD  
*Investigation performed at the Department of Orthopaedic Surgery, University of Connecticut, Farmington, Connecticut, USA*

Knee Surgery, Sports Traumatology, Arthroscopy  
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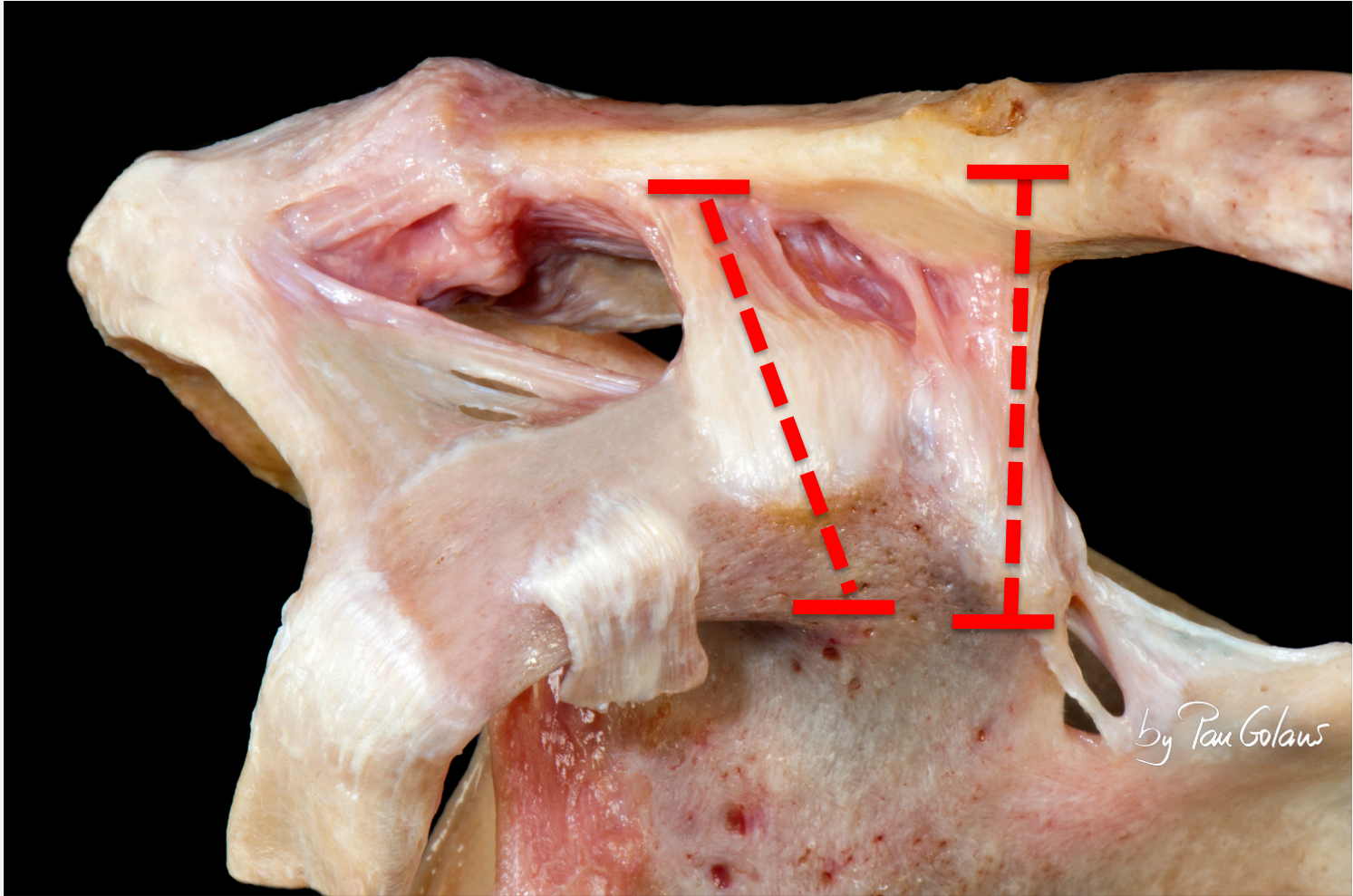
*Questions to answer*

**8- How to treat a surgical AC failure?**



“The glory is not for surgeons have never encountered but for those who always rise...”





*by Pau Golans*



**jsarasquete@santpau.es**

# Acute acromioclavicular joint lesions



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# **Acute Acromioclavicular Joint Lesions**

# Acute acromioclavicular joint repair

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## 5- CC reconstruction: Single vs double

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# History

**28yo, Male**

**Amateur basketball**

**2007. (18yo) 1st time: Traumatic shoulder dislocation (R)  
Conservative treatment  
Recurrent dislocation (4t)  
Surgery: Open Putti-Platt Tech**

**2011. New traumatic dislocation  
Chronic recurrent dislocation after open surgery**





# Physical Exam

**Right shoulder**

**ROM (a) 170/70/T8**

**No hyperlaxity: Gagey (-) Sulcus (-) RE0 70°**

**Aprehension test (++) Relocation (++)**

**Jerk test (-) Kim (-)**

**O'Brien (-) Biceps (-)**

**No scapular dyskinesia**

# Acute acromioclavicular joint repair



## *Questions to answer*

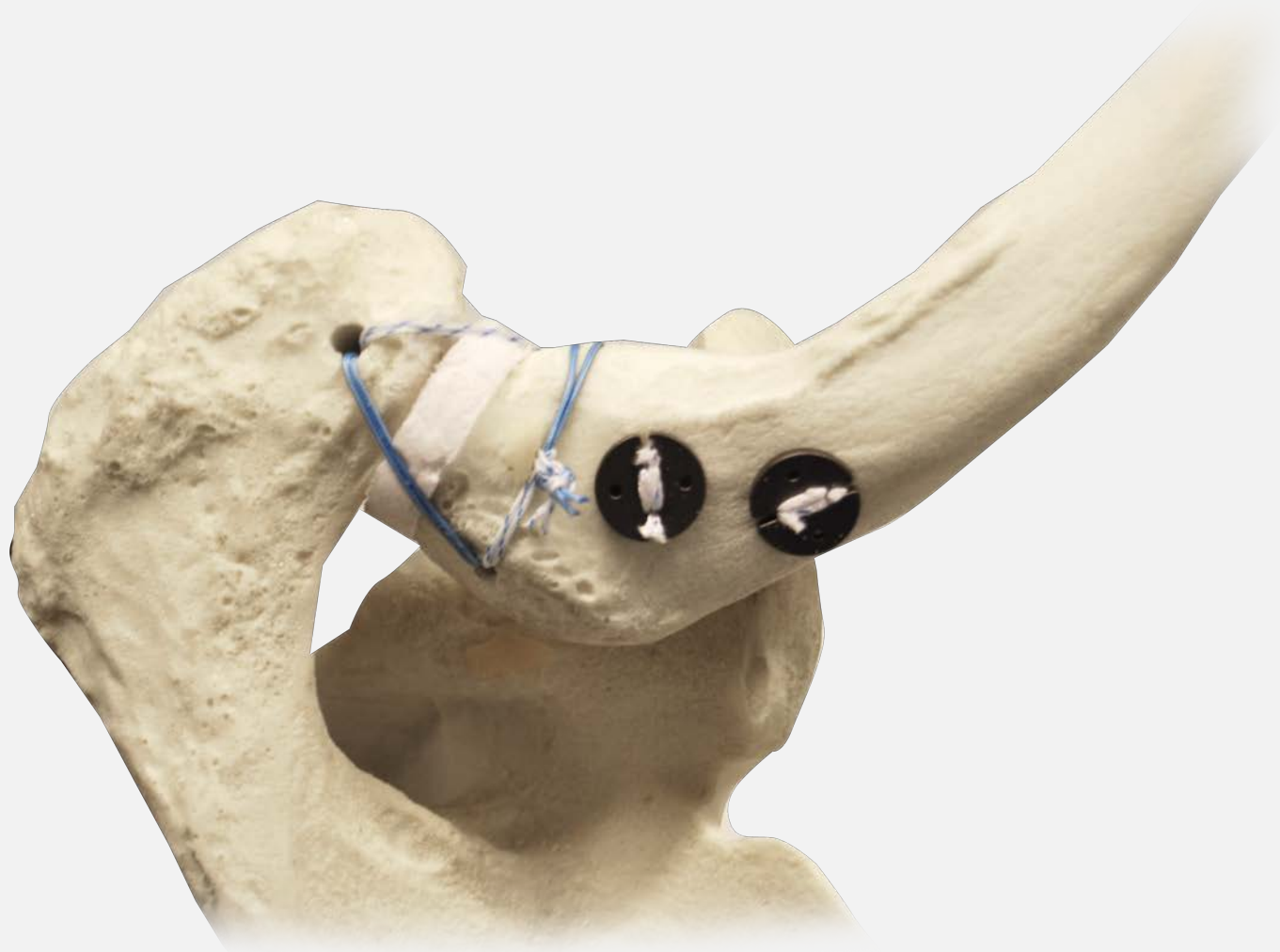
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