

Inestabilidad Posterior

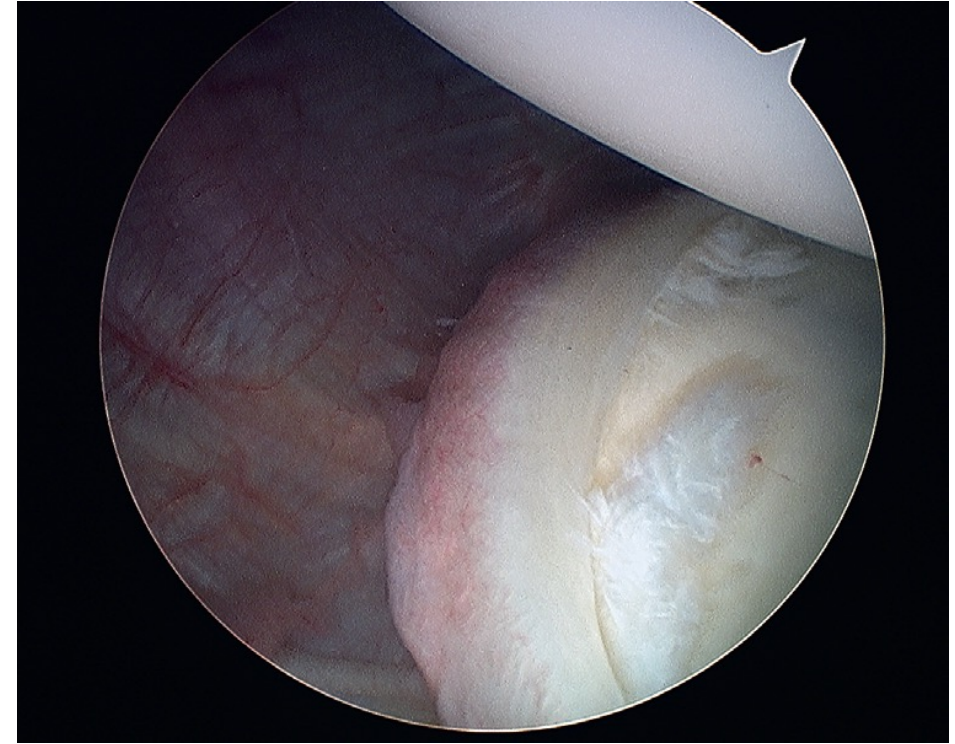
¿Cómo debo clasificarla?
*Selección del paciente para la
reparación labral*

Dr. Albert Ferrando



Introducción

- Poco frecuente (5-24%*)
- Difícil diagnóstico
- Varios sistemas de clasificación



J Shoulder Elbow Surg. 2015 Feb;24(2):186-90. doi: 10.1016/j.jse.2014.06.053. Epub 2014 Sep 11.

High frequency of posterior and combined shoulder instability in young active patients.

Song DJ¹, Cook JB², Krul KP², Bottoni CR², Rowles DJ², Shaha SH³, Tokish JM⁴.

Incidence of Posterior Shoulder Instability in the United States Military

Demographic Considerations From a High-Risk Population

Steven L. Bokshan,* MD, Halle M. Kotchman,¹ BS, Lambert T. Li,* BA,
Steven F. DeFroda,* MD, ME, Kenneth L. Cameron,¹ PhD, and Brett D. Owens,*⁵ MD
Investigation performed at Brown University, Warren Alpert School of Medicine,
Providence, Rhode Island, USA

pubmed.ncbi.nlm.nih.gov

#MURCIA2022 "posterior shoulder instability" - Search Results - PubMed

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PubMed.gov "posterior shoulder instability" Search

Advanced Create alert Create RSS User Guide

Save Email Send to Sorted by: Best match Display options

MY NCBI FILTERS 242 results

RESULTS BY YEAR

1884 2022

1 **Posterior Shoulder Instability.**
Brelin A, Dickens JF.
Sports Med Arthrosc Rev. 2017 Sep;25(3):136-143. doi: 10.1097/JSA.0000000000000160.
Cite PMID: 28777216 Review.
Share **Posterior shoulder instability** is a relatively uncommon condition, occurring in 10% of those with **shoulder instability**. ...This rate is 20 times lower than that of anterior **shoulder** dislocations. Risk factors for recurrent **instability** ...

pubmed.ncbi.nlm.nih.gov

#MURCIA2022 "superior capsular reconstruction" - Search Results - PubMed

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PubMed.gov "superior capsular reconstruction" Search

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Save Email Send to Sorted by: Best match Display options

MY NCBI FILTERS 242 results

RESULTS BY YEAR

1993 2022

1 **Superior capsular reconstruction - A systematic review and meta-analysis.**
Werthel JD, Vigan M, Schoch B; Francophone Arthroscopy Society (SFA), Lädermann A, Nourissat G, Conso C.
Cite Orthop Traumatol Surg Res. 2021 Dec;107(8S):103072. doi: 10.1016/j.otsr.2021.103072. Epub 2021 Sep 22.
Share PMID: 34560311 Review.
The quality of the studies was assessed according to the MINORS criterion (Methodological Index for Nonrandomized Studies). The inclusion criteria were studies in English evaluating **superior**



Sistemas de clasificación

- **International Delphi Study**

A. Traumática

B. Microtraumática

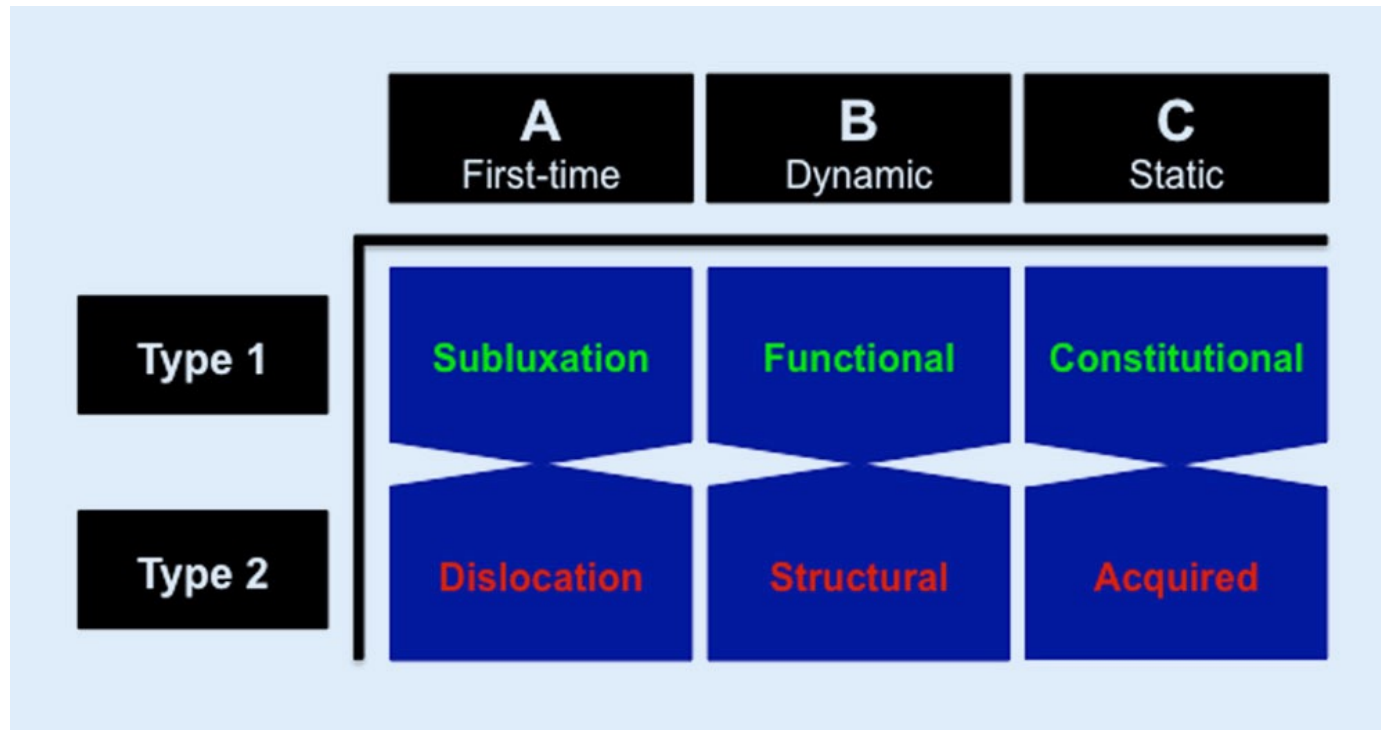
C. Atraumática

Posterior Shoulder Instability Classification, Assessment and Management: An International Delphi Study

Iackie Sadi PT MSc¹, Erik Torchia PT MCISc¹, Kenneth J. Faber MD MHPE FRCSC^{1,2}, Joy MacDermid PT PhD^{1,2}, Corinne Lalonde PT MCISc¹, Lyn Watson PT DProf³, Marjorie Weber PT MCISc¹, Nan Wu PT MCISc¹

Sistema de clasificación ABC

- Moroder y Scheibel



Grupo A

Risk of Engagement of Bipolar Bone Defects in Posterior Shoulder Instability

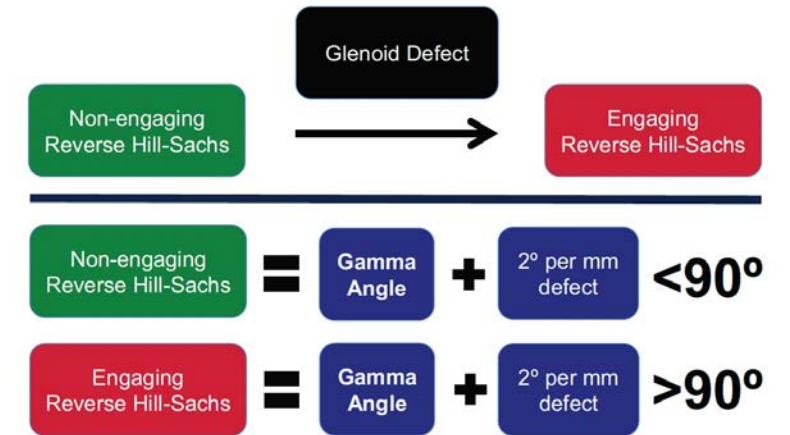
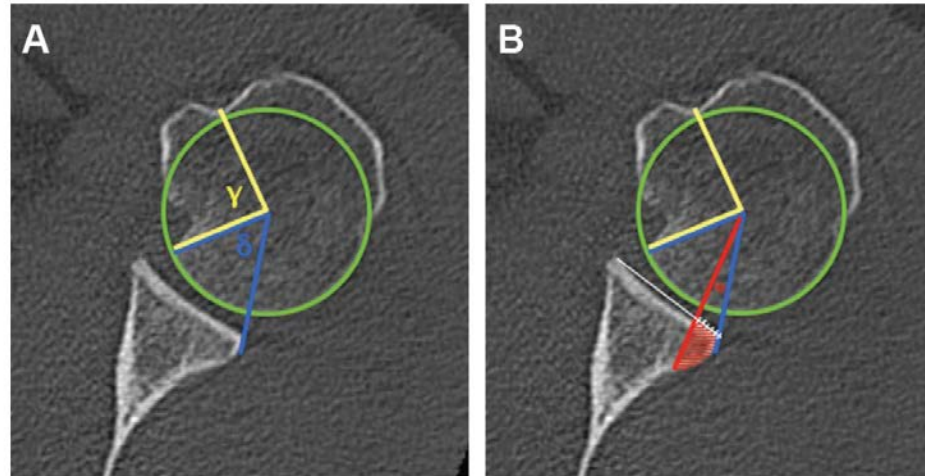
Philipp Moroder,^{*,†} MD, Fabian Plachel,^{†‡} MD, Mark Tauber,[§] MD, Peter Habermeyer,[§] MD, Andreas Imhoff,^{||} MD, Dennis Liem,[¶] MD, Helmut Lill,[#] MD, Herbert Resch,[‡] MD, Christian Gerhardt,[†] MD, and Markus Scheibel,[†] MD
Investigation performed by the German Society for Shoulder and Elbow Surgery (DVSE)

- A1. Subluxación
- A2. Luxación

- Rx, TAC, RMN

Tto:

- Individualizado
- Conservador en pacientes con cabeza humeral centrada, Gamma angle $<90^\circ$, sin lesión osea glenoidea y edad >40 años



Grupo B

Inestabilidad posterior dinámica

- Anamnesis
 - Molestias z. posterior \pm presencia de clicks
 - Dolor > inestabilidad
 - Fatiga
- Pruebas de imagen ayudan a diferenciar los dos subtipos



B1

Characteristics of functional shoulder instability

Philipp Moroder, MD^{a,*}, Victor Danzinger^{a,1}, Nina Maziak, MD^a,
Fabian Plachel, MD^a, Stephan Pauly, MD^a, Markus Scheibel, MD^b,
Marvin Minkus, MD^a

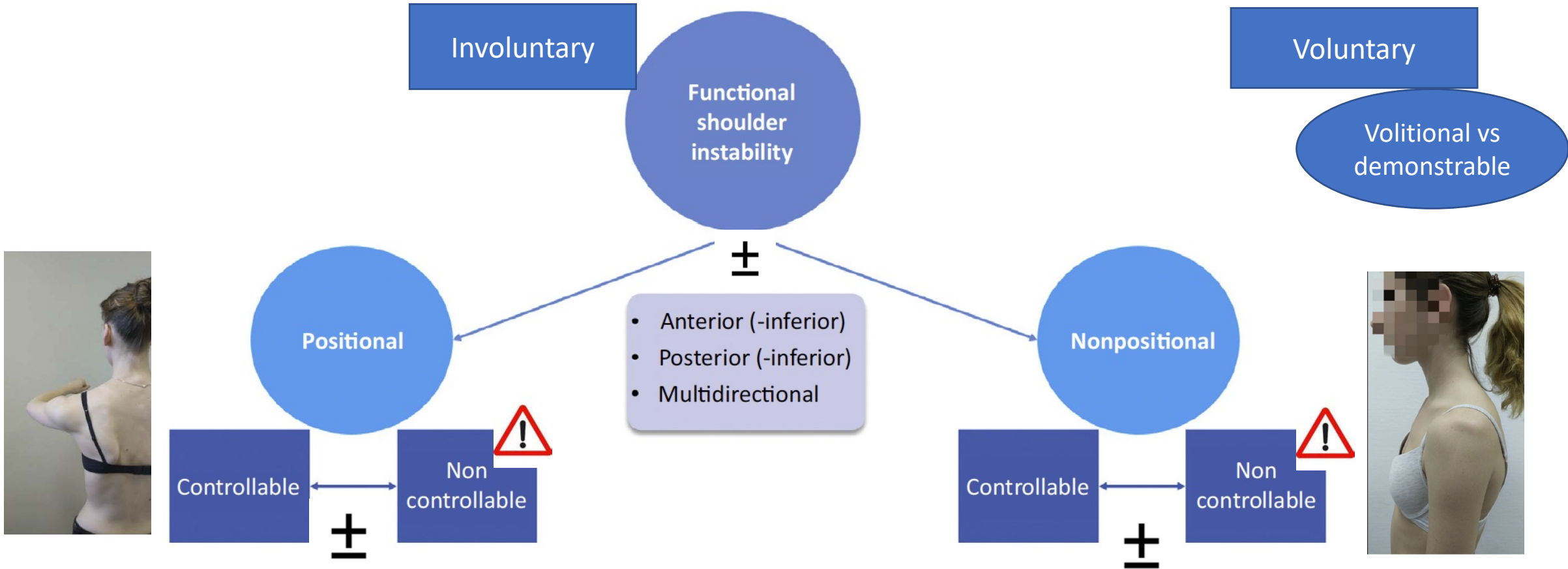
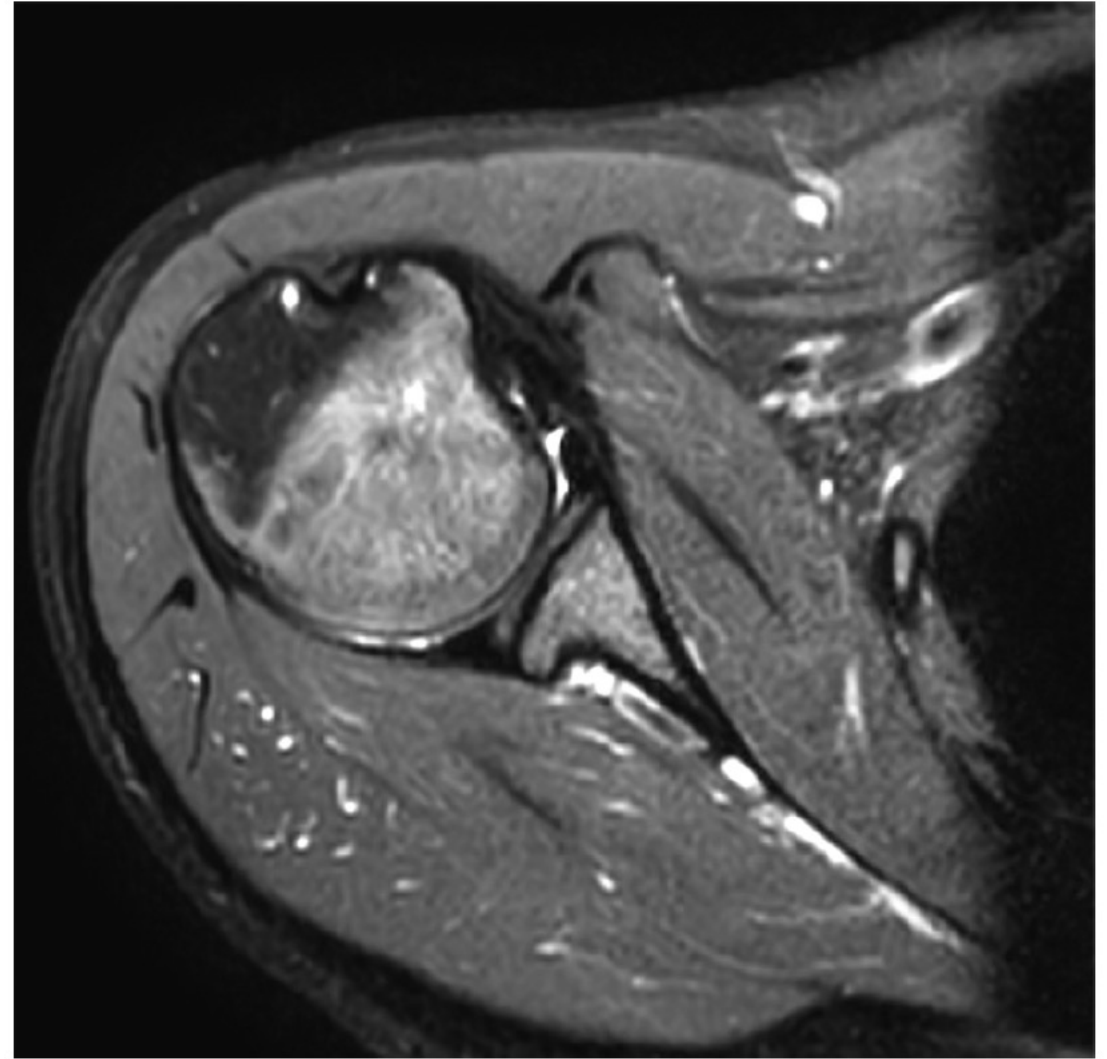


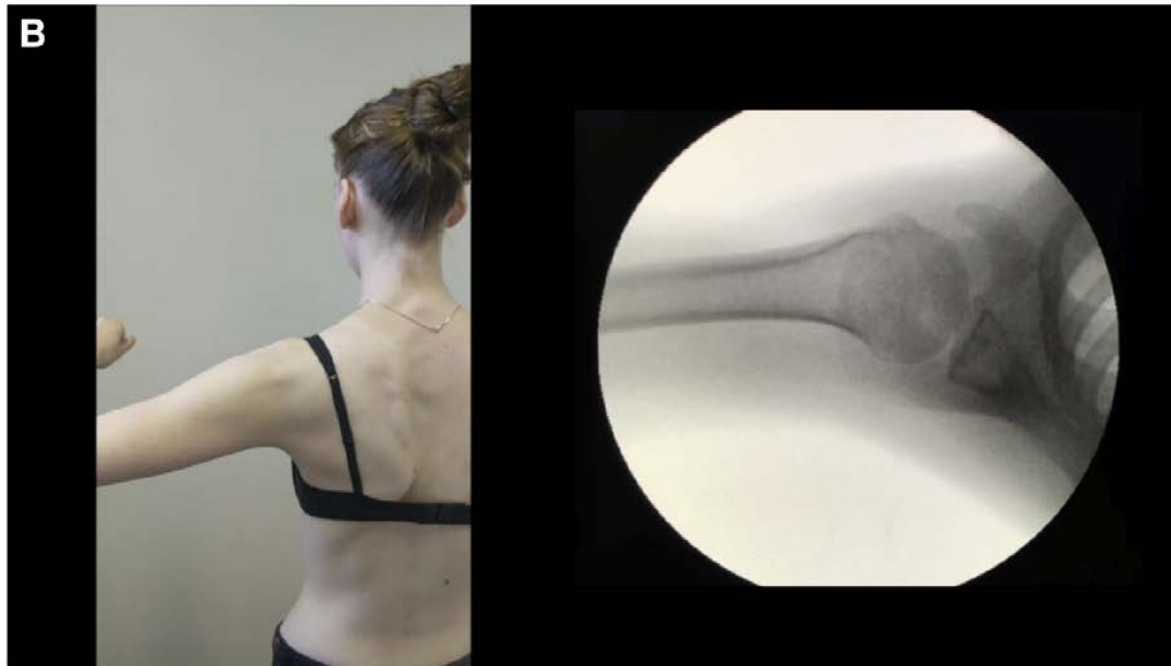
Table I Structural deficiencies and defects observed on MRI scans of patients with functional shoulder instability

Structural deficiency or defect	n (%)
Rotator cuff lesions: muscle atrophy or fatty degeneration	0 (0)
Biceps tendon lesions	0 (0)
Cartilage lesions	0 (0)
Labral damage	4 (16)
Bony glenoid defect	0 (0)
(Reverse) Hill-Sachs lesion	3 (12)
Shape of articular surface	
Concave	20 (80)
Flat	3 (12)
Convex	2 (8)
Glenoid dysplasia	
With soft tissue compensation	6 (24)
No compensation	0 (0)
Decentered humeral head	2 (8)

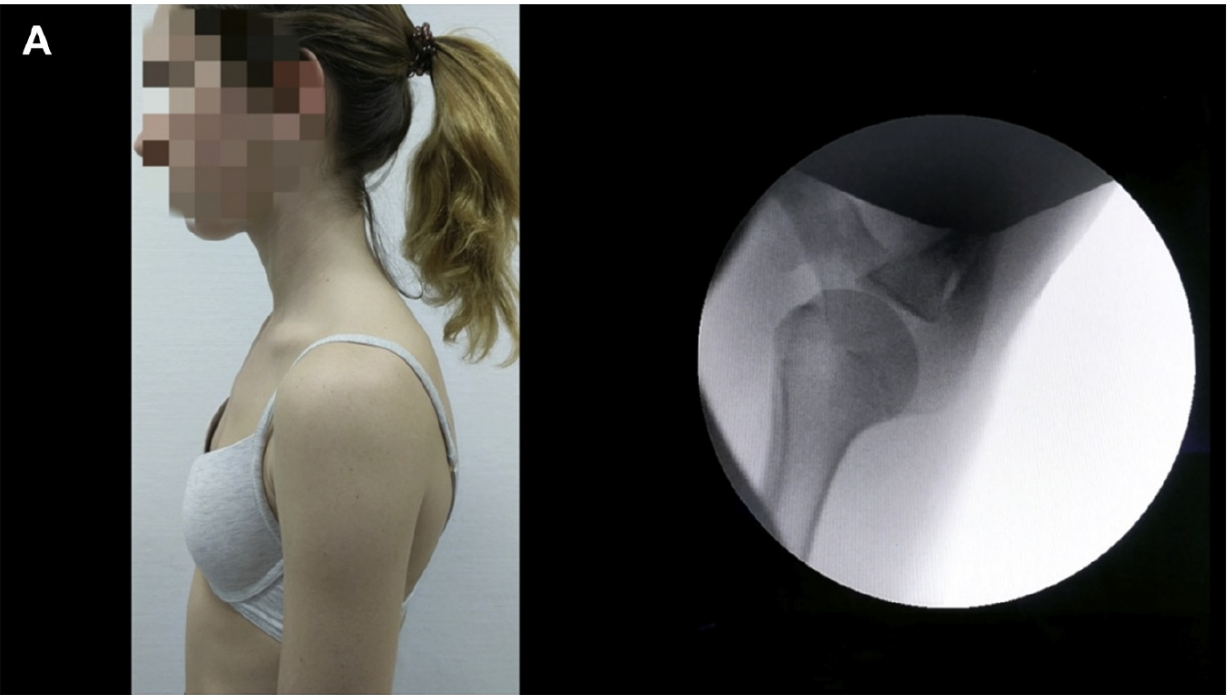
MRI, magnetic resonance imaging.

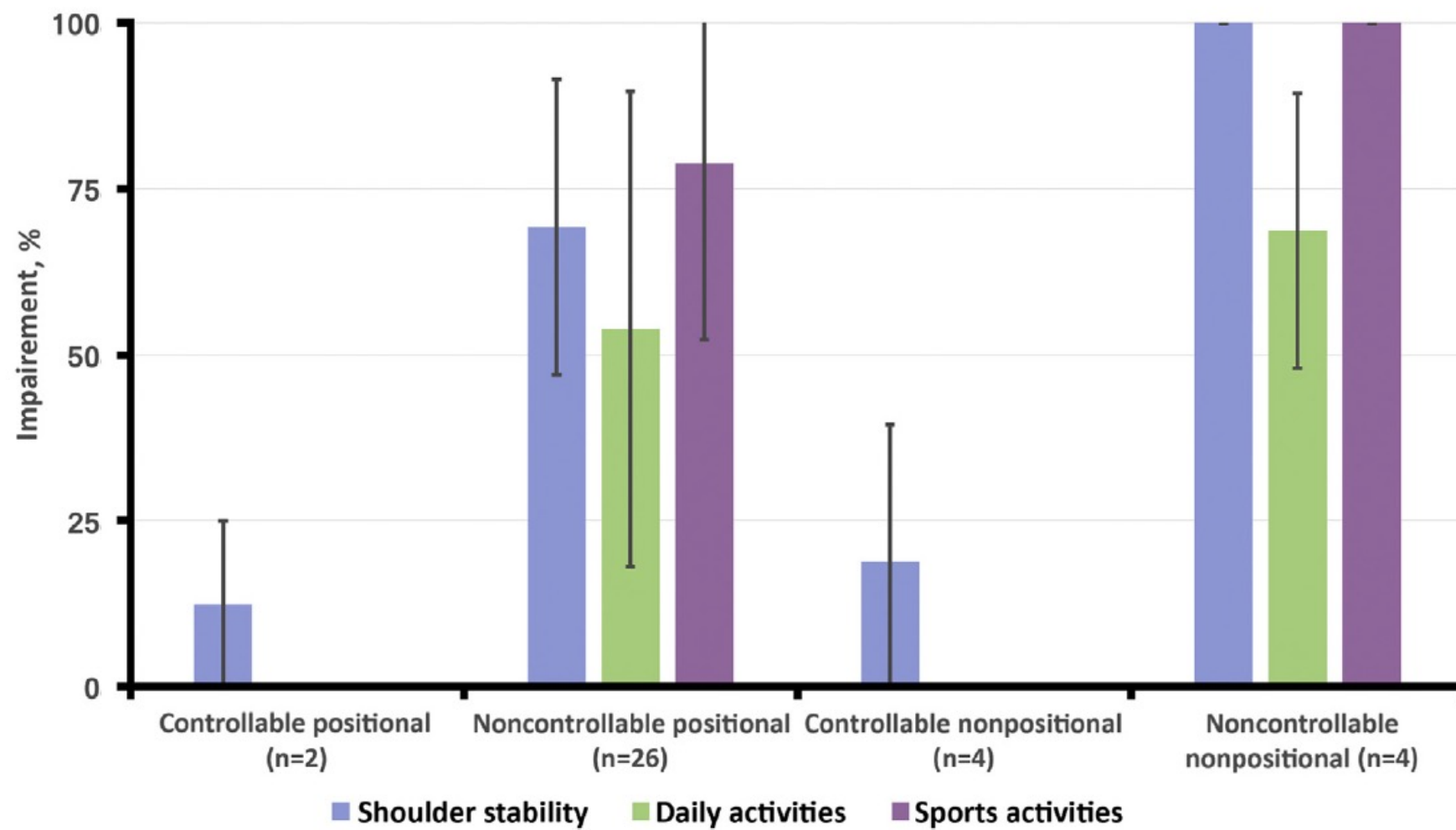


Posicional



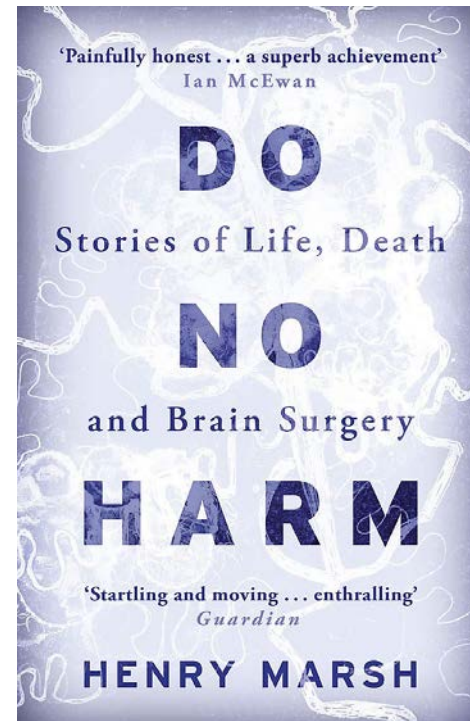
No posicional

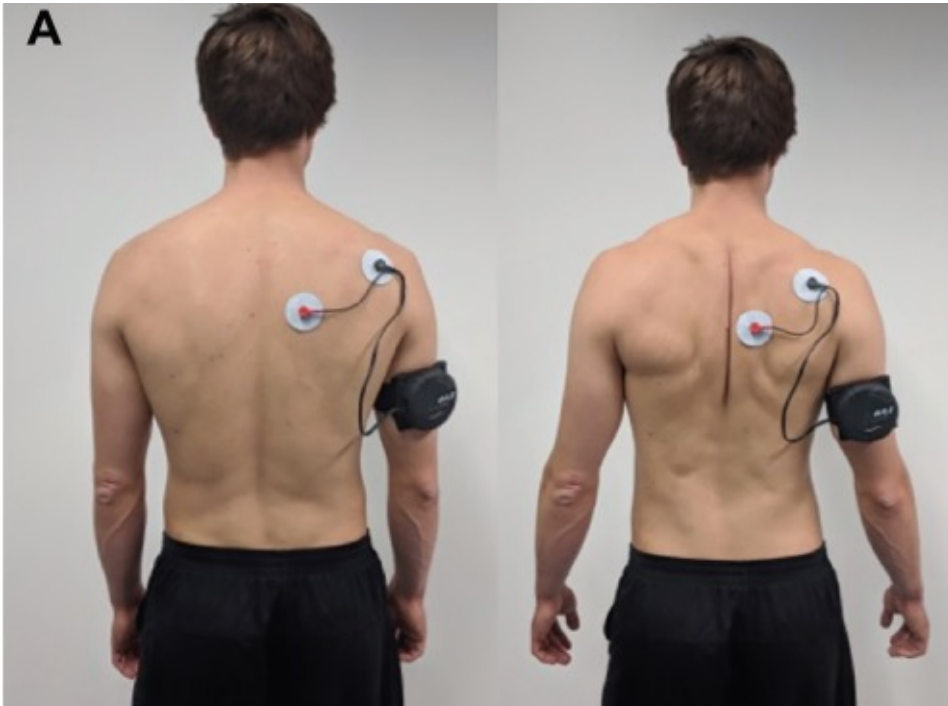




Tratamiento B1

- **No operar!**
- No hacer nada vs Rehabilitación dirigida vs Skillful neglect

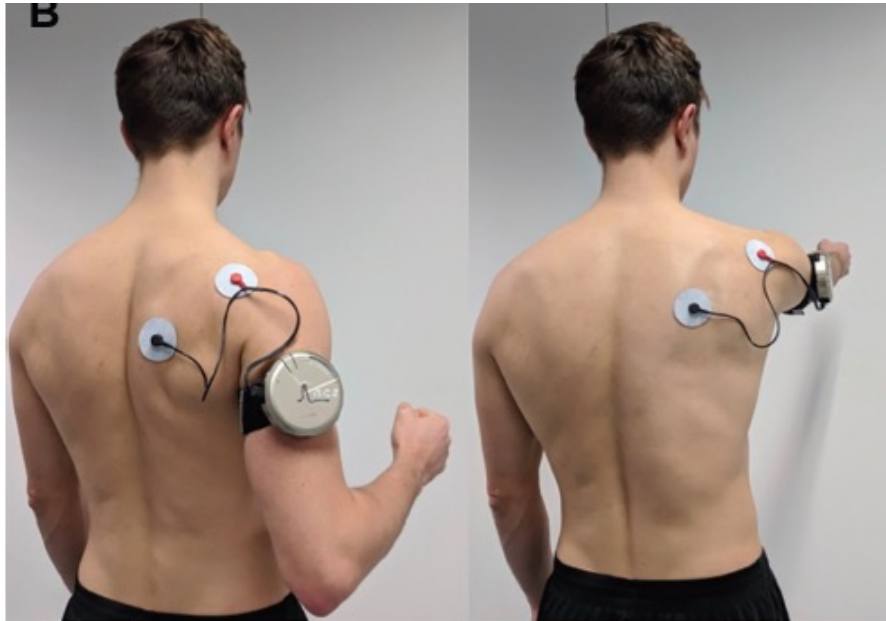
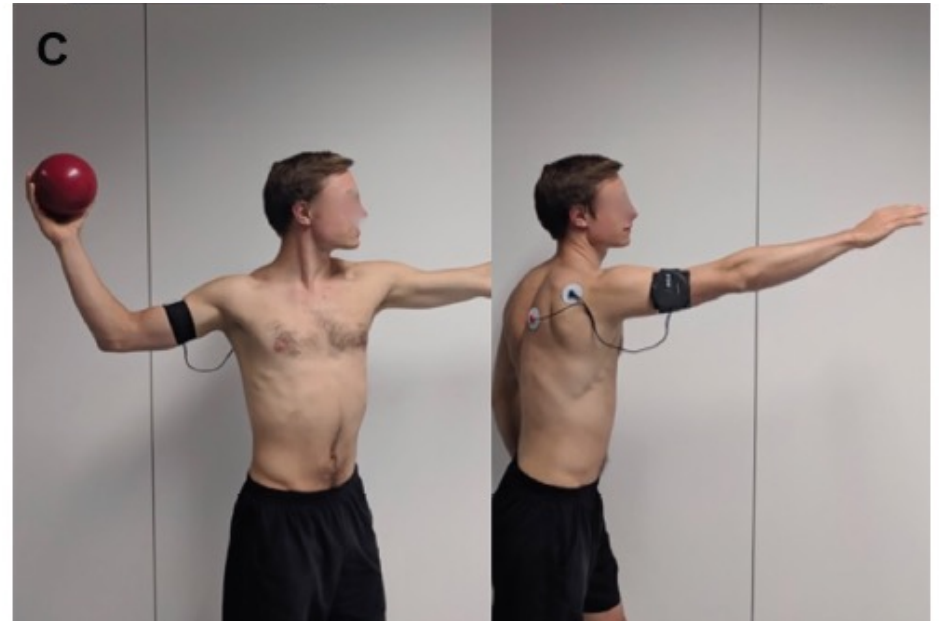


A

Shoulder-Pacemaker Treatment Concept for Posterior Positional Functional Shoulder Instability

A Prospective Clinical Trial

Philipp Moroder,^{*†} MD, Fabian Plachel,[†] MD, Heiko Van-Vliet,[‡] BSc,
Christiane Adamczewski,[§] MSc, and Victor Danzinger,[†] MD
*Investigation performed at the Department for Shoulder and Elbow Surgery,
Center for Musculoskeletal Surgery, Campus Virchow, Charité–Universitätsmedizin Berlin,
Berlin, Germany*

B**C**

B2 Inestabilidad posterior dinámica estructural

Causa: microtrauma repetitivo que causa daño estructural o accidente traumático (A)

Clínica: subluxaciones recurrentes durante los movimientos de flexión y RI con carga axial

- 20-30a
- Trabajador manual/ deportistas
- **Dolor o debilidad o clicks**
- Jerk test +, Kim test +, O'Brien's+



B2

artroRMN/ artroTAC

- rBankart
- Lesión Bennet
- POLPSA
- Lesión Kim
- rGLAD
- rGAGL
- rHAGL
- Morfología glenoidea



Índice CWI

The Cartilage Wear Index: a new evaluation method to improve patient selection in surgical treatment of recurrent posterior glenohumeral instability

Albert Ferrando, MD, PhD^{a,*}, Juan Aguilar, MD^b, Maria Valencia, MD, PhD^b, Ulrike Novo, MD^c, Emilio Calvo, MD, PhD^b



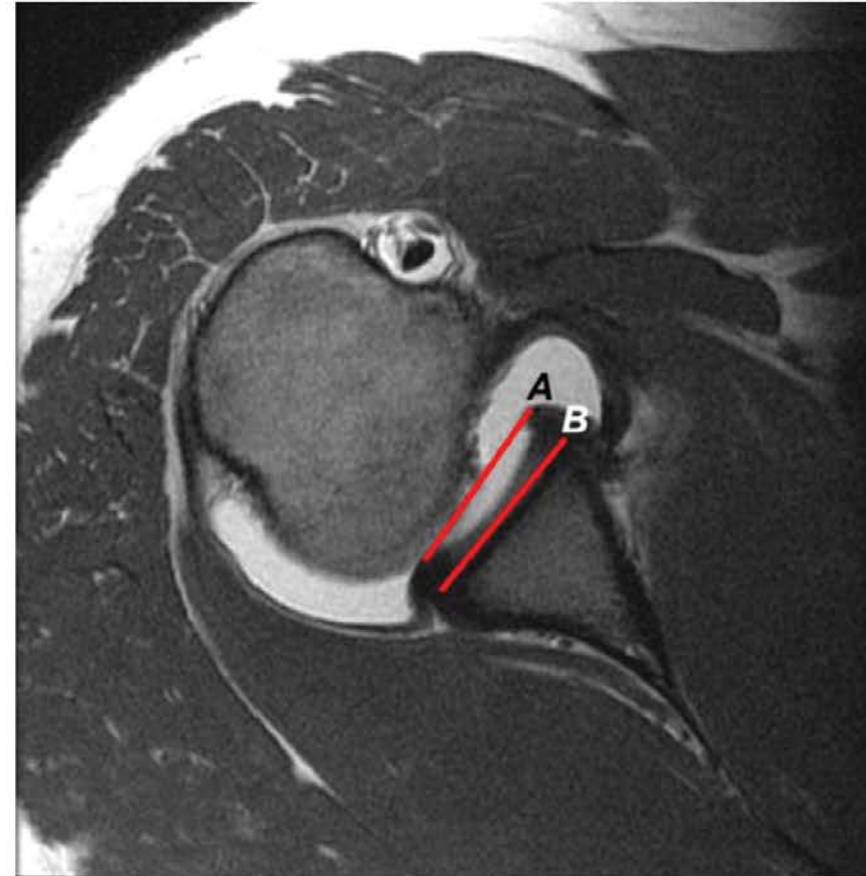
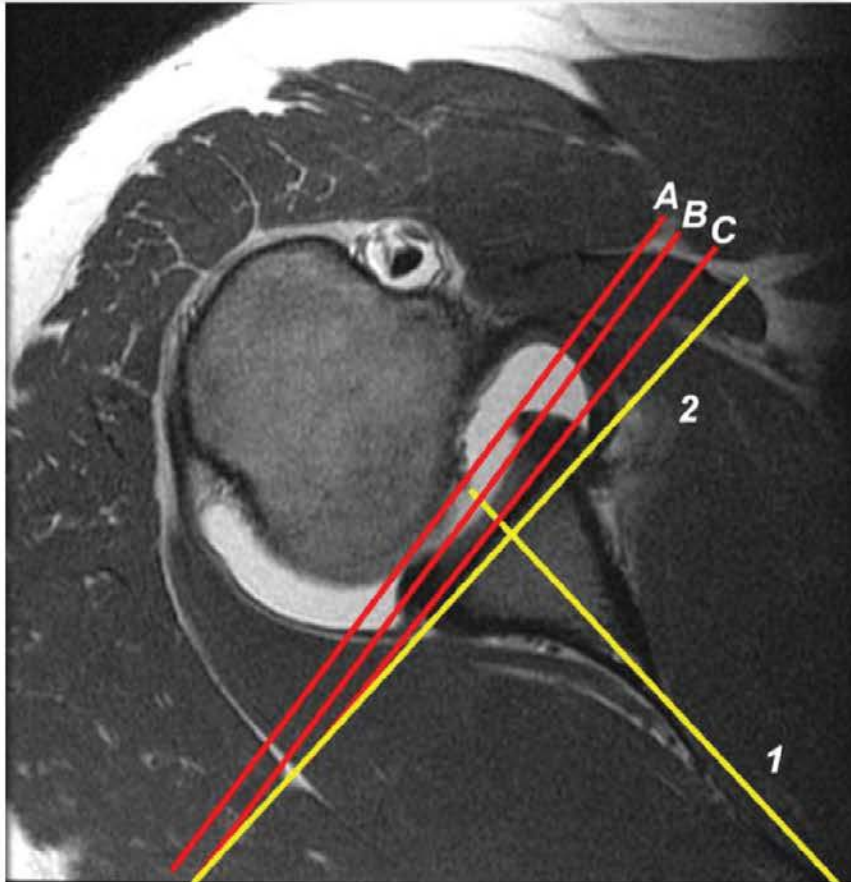
CW index=0,91



CW index= 2.37

Effect of Glenoid Version and Width on Outcomes of Arthroscopic Posterior Shoulder Stabilization

Craig S. Mauro,^{*†} MD, Michael P. McClincy,[†] MD, and James P. Bradley,[†] MD
*Investigation performed at the University of Pittsburgh Medical Center,
Pittsburgh, Pennsylvania, USA*



Anchura labral <32mm probabilidad de fracaso del 15% vs anchura labral >32mm tasa de fracaso del 4%

Risk Factors and Outcomes of Revision Arthroscopic Posterior Shoulder Capsulolabral Repair

James P. Bradley,^{*†} MD, Justin W. Arner,[‡] MD, Sachidhanand Jayakumar,[§] BS, and Dharmesh Vyas,^{||} MD, PhD
Investigation performed at University of Pittsburgh Medical Center, Pittsburgh, Pennsylvania, USA

- Factores de riesgo de fracaso que precisaron cirugía de revisión:
 - Sexo femenino
 - Lado dominante
 - Lesión del manguito concomitante
 - < 3 anclajes
 - **Anchura glenoidea** pero no anchura labral ni versión glenoidea

C. Inestabilidad posterior crónica/estática

- C1. Constitucional
- C2. Adquirida

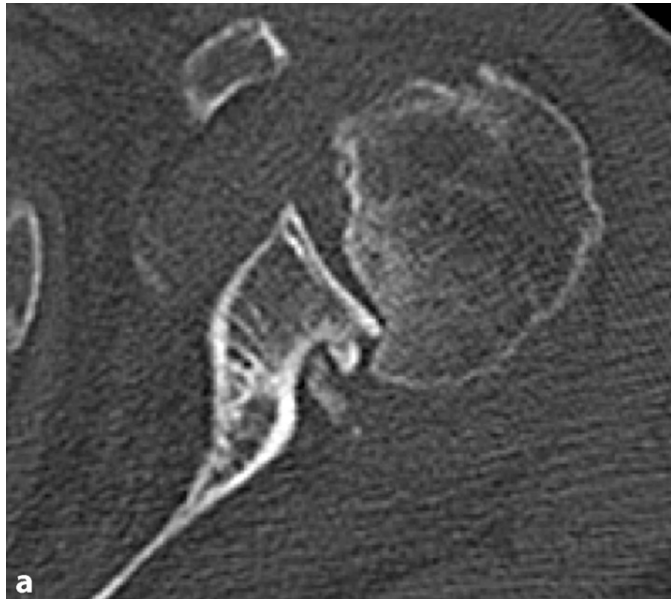
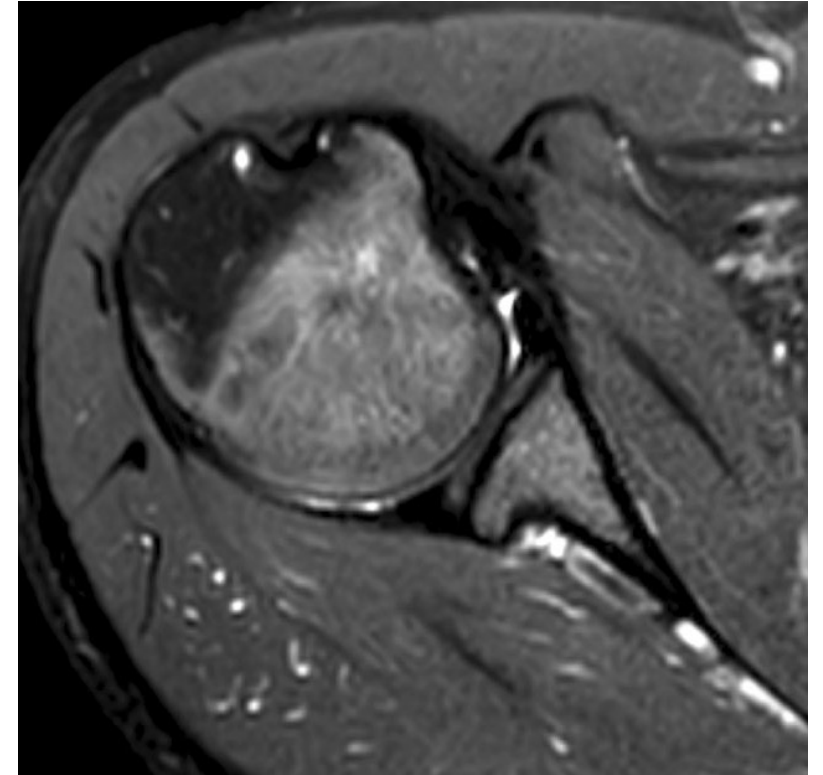
Walch B0 glenoid: pre-osteoarthritic posterior subluxation of the humeral head

Peter Domos, MD, FRCS^{a,*}, Caio Santos Checchia, MD^b, Gilles Walch, MD^c

^aSheffield Teaching Hospitals NHS Foundation Trust, The Northern General Hospital, Sheffield, UK

^bSanta Casa Hospitals and School of Medicine, São Paulo, Brazil

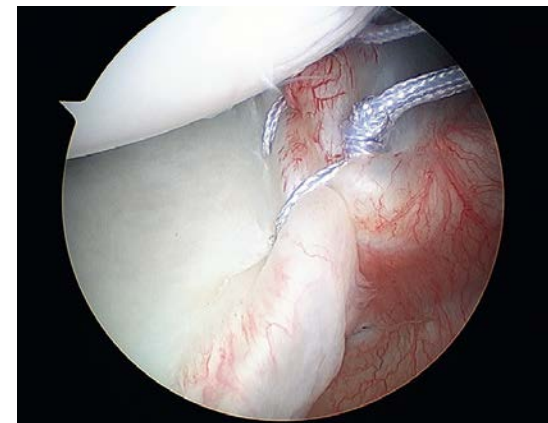
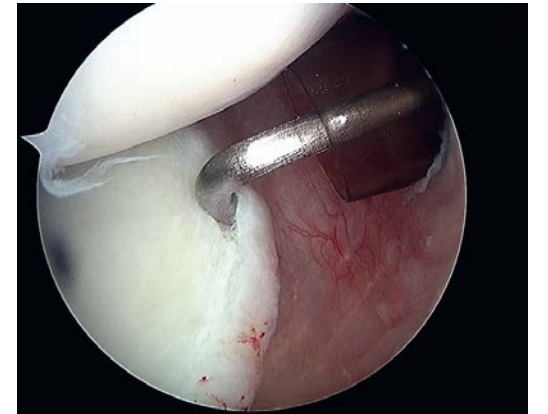
^cCentre Orthopédique Santy, Lyon, France



CWI >2

¿A quienes realizaremos una reparación labral?

	A First-time	B Dynamic	C Static
Type 1	Subluxation	Functional	Constitutional
Type 2	Dislocation	Structural	Acquired



Conclusiones



- Importante identificar los pacientes con inestabilidad posterior
- Utilizar el sistema clasificación ABC/ selección y tratamiento
- Conocer los factores de mal pronóstico (Indice CWI, morf/anchura G)

Gracias

Dr. Albert Ferrando

albert.ferrando@salutsantjoan.cat

