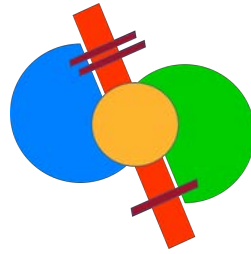




UNIVERSITY
OF BRESCIA



Centro R.I.T.M.O.
*Ricerca e Innovazione in Traumatologia,
chirurgia della Mano e Ortopedia
«Giorgio Brunelli»*



Sistema Socio Sanitario
Regione
Lombardia
ASST Spedali Civili

Posterior shoulder instability:

Spectrum of disease and current treatment

Giuseppe Milano

COI disclosure

- *Arthrex: consultant, research*
- *CONMED: consultant*
- *Stryker: consultant*
- *GreenBone: research*
- *Medacta: research*
- *FGP: research*

Epidemiology

- 5.2-17.9% of all instability cases
- M:F = 8:1
- Age: 14-19 yrs



Lanzi 2017, Woodmass 2018, Bokshan 2020

- Misdiagnosed at first examination: 60-79%

Kokkalis 2017

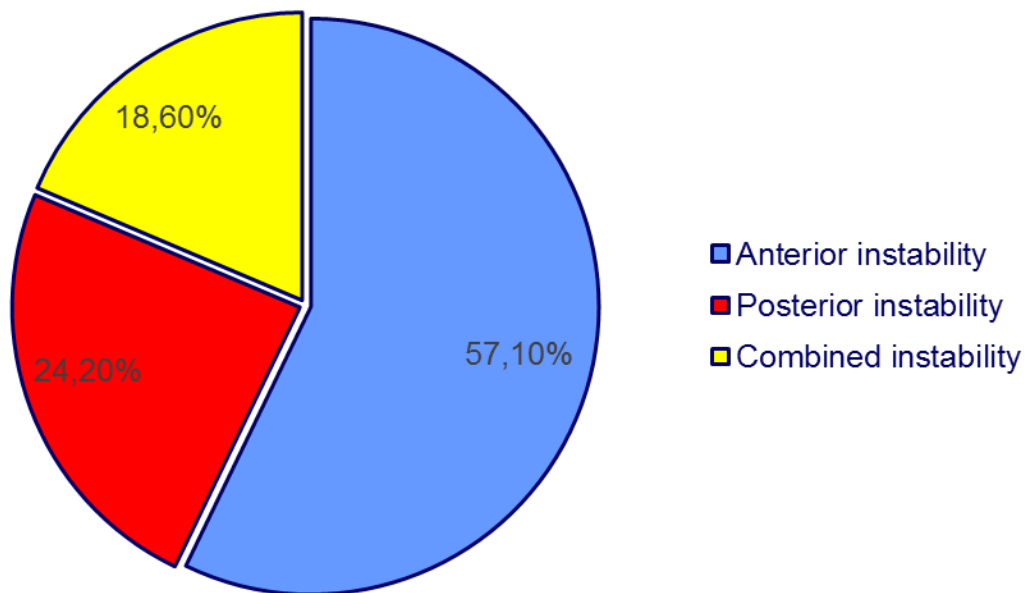
Song DJ, Cook JB, Krul KP, et al.

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

J Shoulder Elbow Surg (2015) 24, 186-190



Frequency



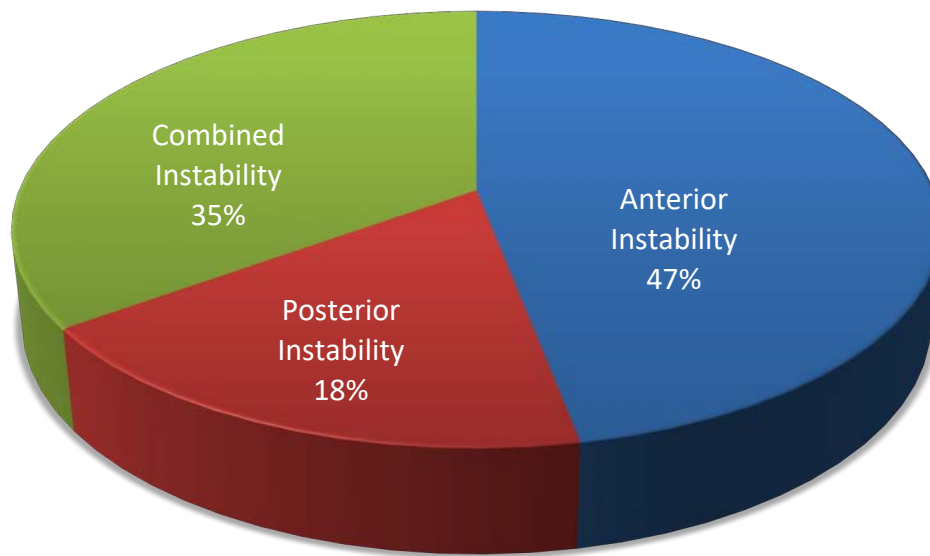
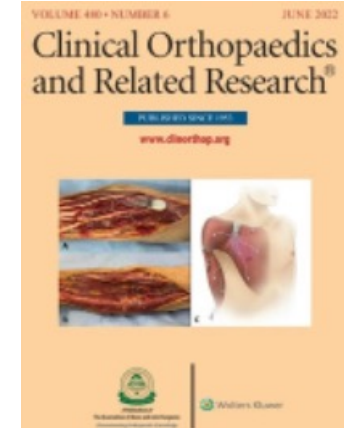
- Cohort study
- **Military population**
- 231 pts (M:F=221:10)
- Mean age= 26 yrs

Posterior + combined instability \geq 40%

Yow BG, Wade SM, Bedrin MDet al.

The Incidence of Posterior and Combined AP Shoulder Instability Treatment with Surgical Stabilization Is Higher in an Active Military Population than in the General Population: Findings from the US Naval Academy.

Clin Orthop Relat Res. 2021 Apr 1;479(4):704-708

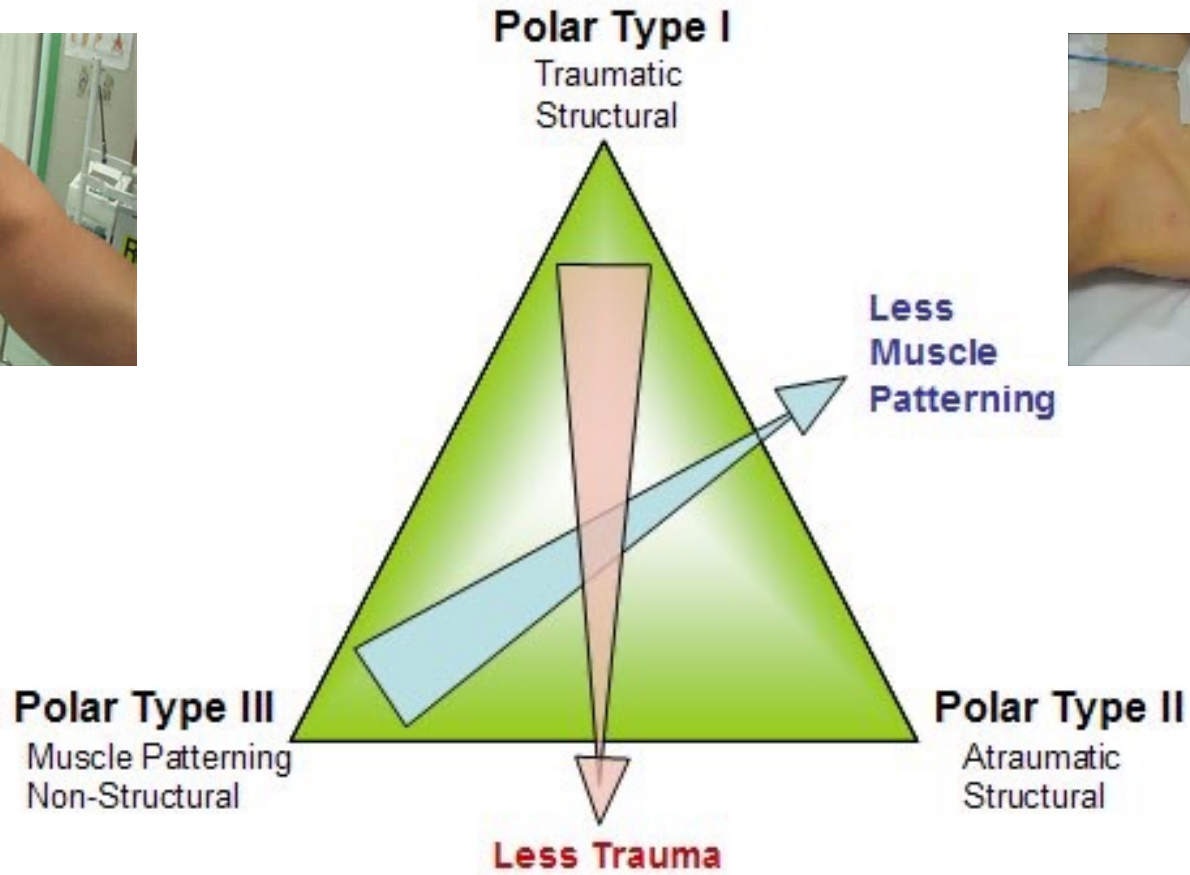


■ Anterior Instability ■ Posterior Instability ■ Combined Instability

- Cohort study
- **Military population**
- 443 pts (M:F=392:51)
- Mean age= 22 ± 4 yrs

Posterior + combined instability \geq 53%

Classification



Classification

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



Overlapping between Posterior and MDI

A: first time (acute traumatic)

- Traumatic onset / seizures
- Provocative position: adduction, flexion, internal rotation
- Symptoms:
 - A1 (subluxation): pain in provocative positions
 - A2 (dislocation): pain and reduced ROM
- Imaging (CT/MR):
 - Capsulo-labral lesions
 - Glenoid rim fx
 - Reverse Hill-Sachs: 30%-90%



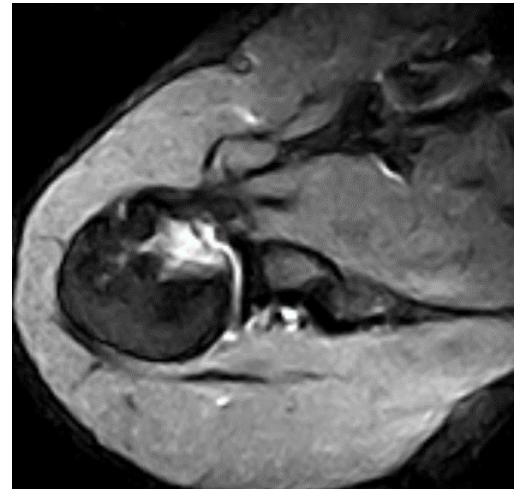
Treatment

- **Conservative:** *mainstay of treatment*

Festbaum 2022

- **Surgery**

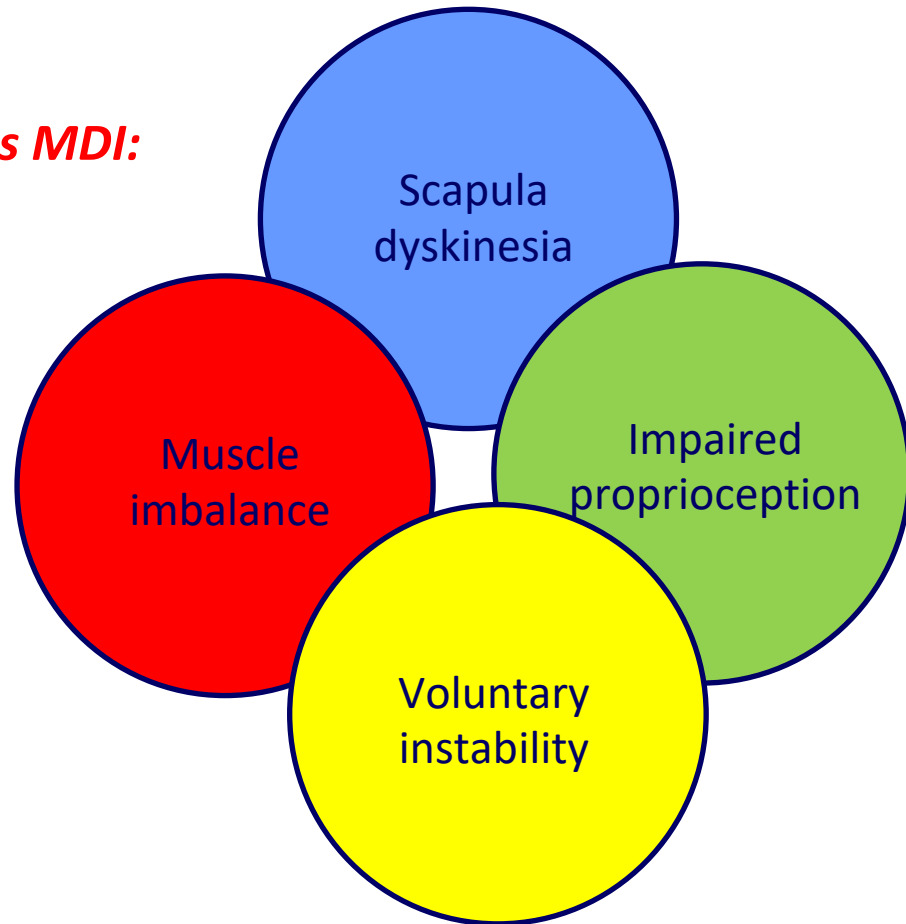
- Large reverse Hill-Sachs
- Posterior glenoid rim fx
 - Suture anchors (posterior bony Bankart)
 - Direct fixation with screws (large fragments)



B1: Dynamic (functional)

Distinction between Posterior vs MDI:

NOT POSSIBLE!



Altered neuromuscular control

- Abnormal scapular kinematics
 - ✓ Reduced scapular upward rotation through ROM
 - ✓ Increased scapular internal rotation during elevation of the arm in the scapular plane

Spanhove 2020, 2021

- Altered muscle activation
 - ✓ Prolonged activation of muscles that stabilize the humeral head
 - ✓ Shorter activation of muscles that accelerate the arm and shoulder girdle

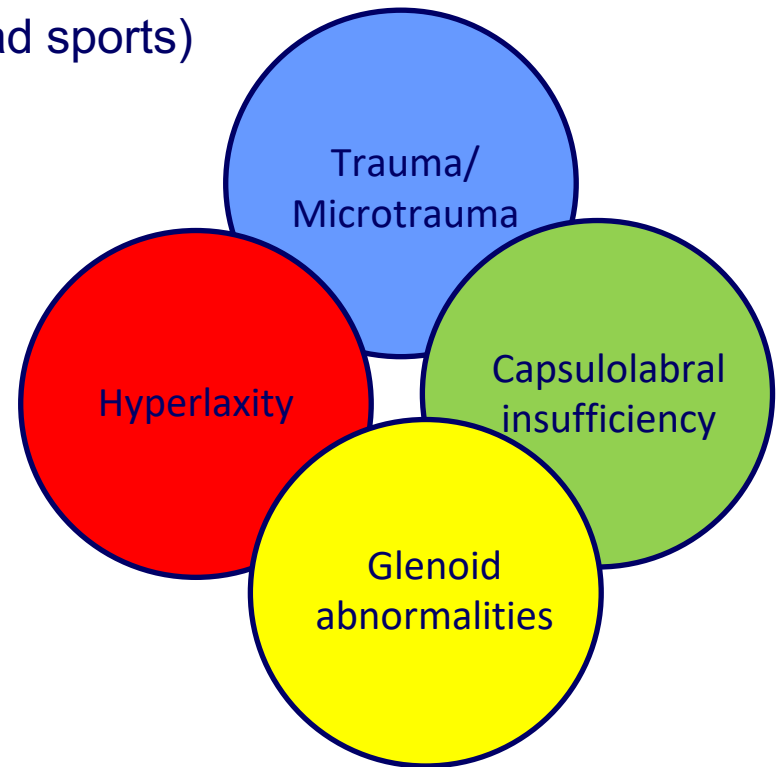
Spanhove 2020, 2021

- Impaired proprioception (joint sense position)

Barden 2004, Warby 2017

B2: Dynamic (structural)

- Recurrence after acute episode
- Repetitive microtrauma (contact, overhead sports)
- Often associated to structural deficiency



Congenital hyperlaxity

- Connective tissue disorders
 - Ehlers-Danlos syndrome
 - Marfan's syndrome
 - Benign hypermobility syndrome
- Not related to a pathological condition (5-15%)



Acquired hyperlaxity



Symptomatic disease

Adaptive pathology



Normal anatomy

Capsular insufficiency

- **Fetal and embryonic shoulders:**

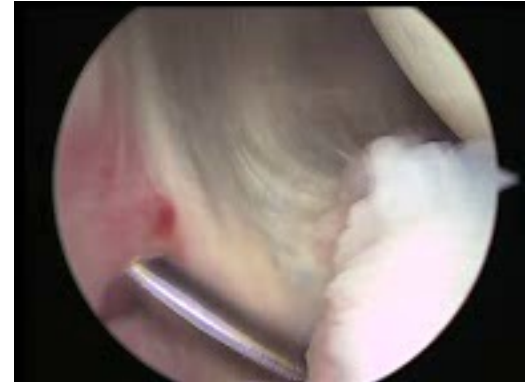
Redundant capsule may be a
developmental variant rather the
consequence of trauma

Uthoff 1985

- **UNI vs MDI:** Similar capsule properties

(collagen and elastic fibers)

Rodeo 1998

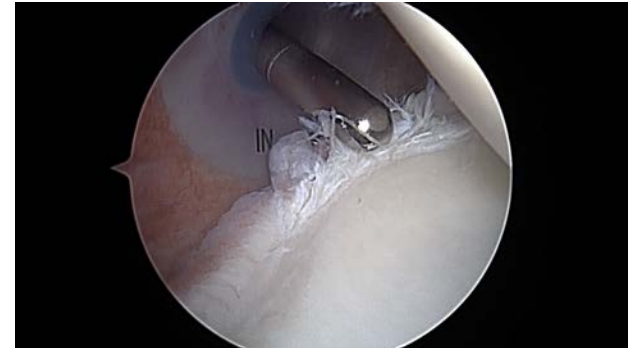


CONGENITAL OR ACQUIRED?

Condrolabral containment

- Posterior/MDI
 - Loss of posterior labral height

Kim 2005



- Posterior labral cleft (MRI finding)
 - Rounded or truncated glenoid rim
 - Shoulder instability

Campbell 2014



Glenoid abnormalities

Controversial...

- Increased glenoid retroversion
(range 2.6°-16.6°)

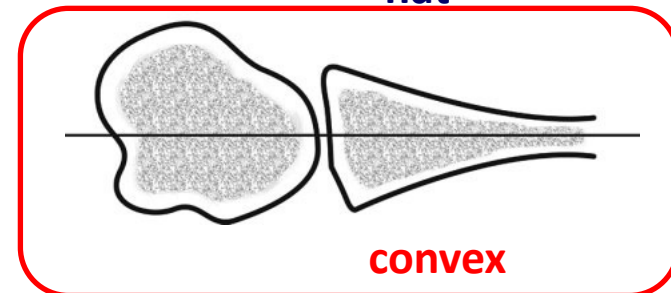
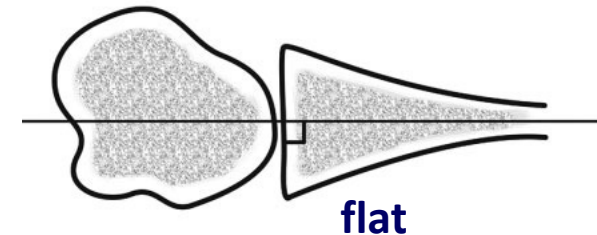
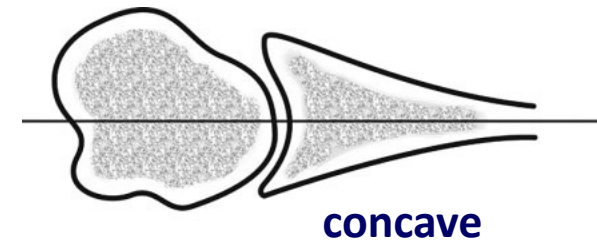
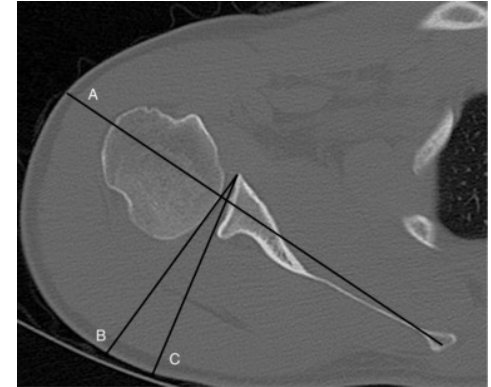
Kim 2005, von Eisenhart-Rothe 2010

- Loss of glenoid concavity

von Eisenhart-Rothe 2010, Moroder 2015

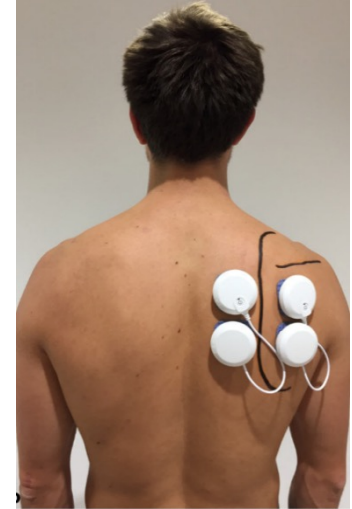
- Convex glenoid

Weishaupt 2000, Inui 2002, Yoo 2021



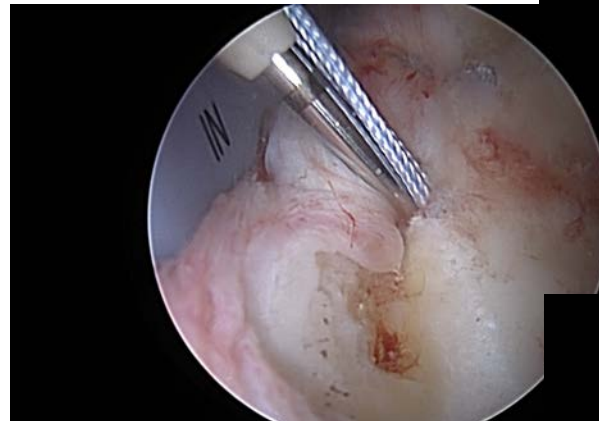
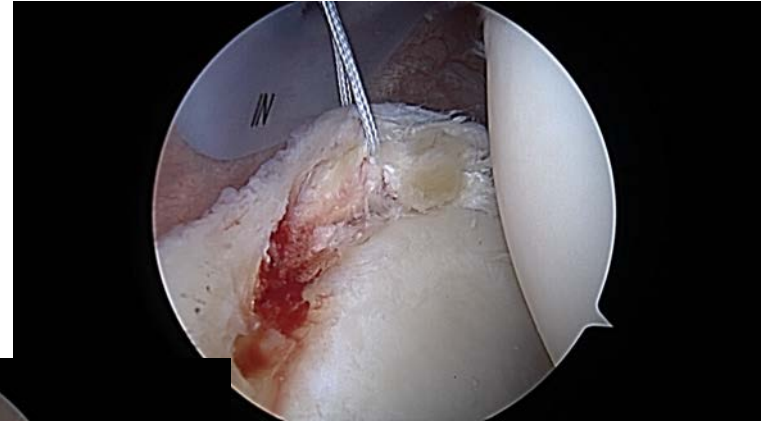
Treatment

- B1 Functional
 - Conservative treatment
 - Shoulder pacemaker (*Moroder 2017, 2020*)
- B2 Structural
 - Surgical treatment
 - Capsulolabral defects or insufficiency
 - Critical bone defects (???)



Anchor-based repair

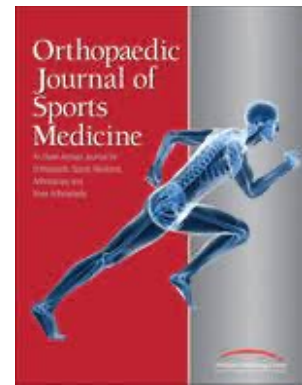
- Kim lesion
- Reverse Bankart
- POLPSA
- GLAD
- pHAGL
- Stretched posterior capsule



Vopat ML, Coda RG, Giusti NE, et al.

Differences in Outcomes Between Anterior and Posterior Shoulder Instability After Arthroscopic Bankart Repair: A Systematic Review and Meta-analysis.

Orthop J Sports Med. 2021 May 25;9(5):23259671211006437



- LOE IV
- 39 studies
- 2077 patients

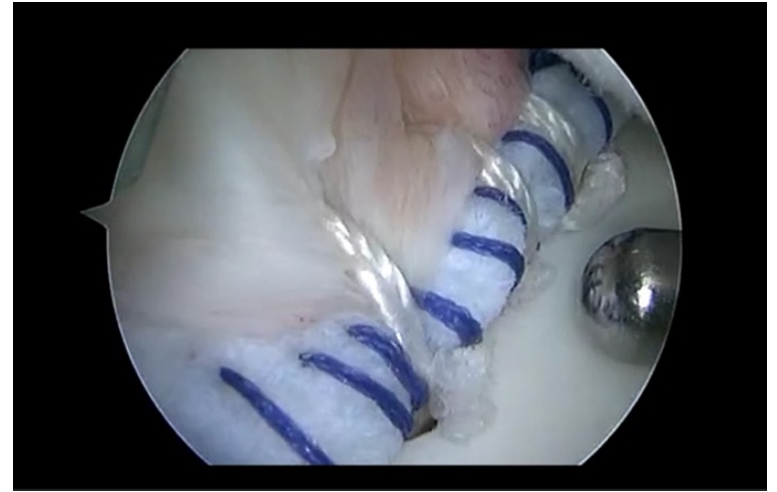
Difference in Return to Sport Between Anterior and Posterior Instability Patients ^a		Difference in Postoperative Instability Between Anterior and Posterior Instability Patients ^a	
	Returned to Sport		Postoperative Instability
Anterior instability (n = 874)	695 (79.52)	Anterior instability (n = 1406)	195 (13.87)
Posterior instability (n = 283)	240 (84.81)	Posterior instability (n = 440)	42 (9.54)
Odds ratio (95% CI)	2.31 (1.76-3.04)	Odds ratio (95% CI)	1.53 (1.07-2.23)
<i>P</i>	<.001 ^b	<i>P</i>	.02 ^b

Posterior shoulder instability

- **Lower** recurrence rate
- **Lower** rate of return to sport

Labral augmentation

- **Indication:**
 - Capsulolabral insufficiency



BENEFITS

- Deepens the glenoid cavity
- Increases the joint surface area

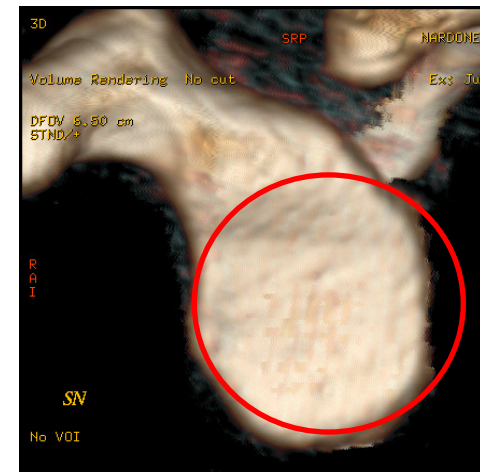
Critical bone defects

- **Glenoid**

- 20% (or less?) (*Nacca 2018*)
- **11% ???** *Arner 2021*

- **Humeral head**

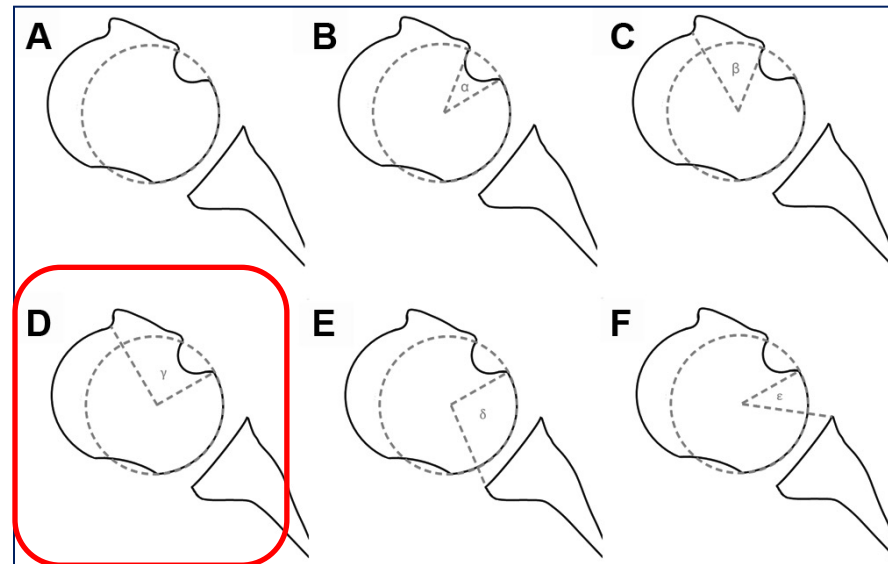
- Defect size
 - Small : <25%
 - Medium: 25-45%
 - Large: >45%
- *Location and orientation??*



- **Bipolar bone loss??**



- Cadaveric study
- 10 specimens
- CT scan
 - α (size)
 - B (location)
 - γ (combination)



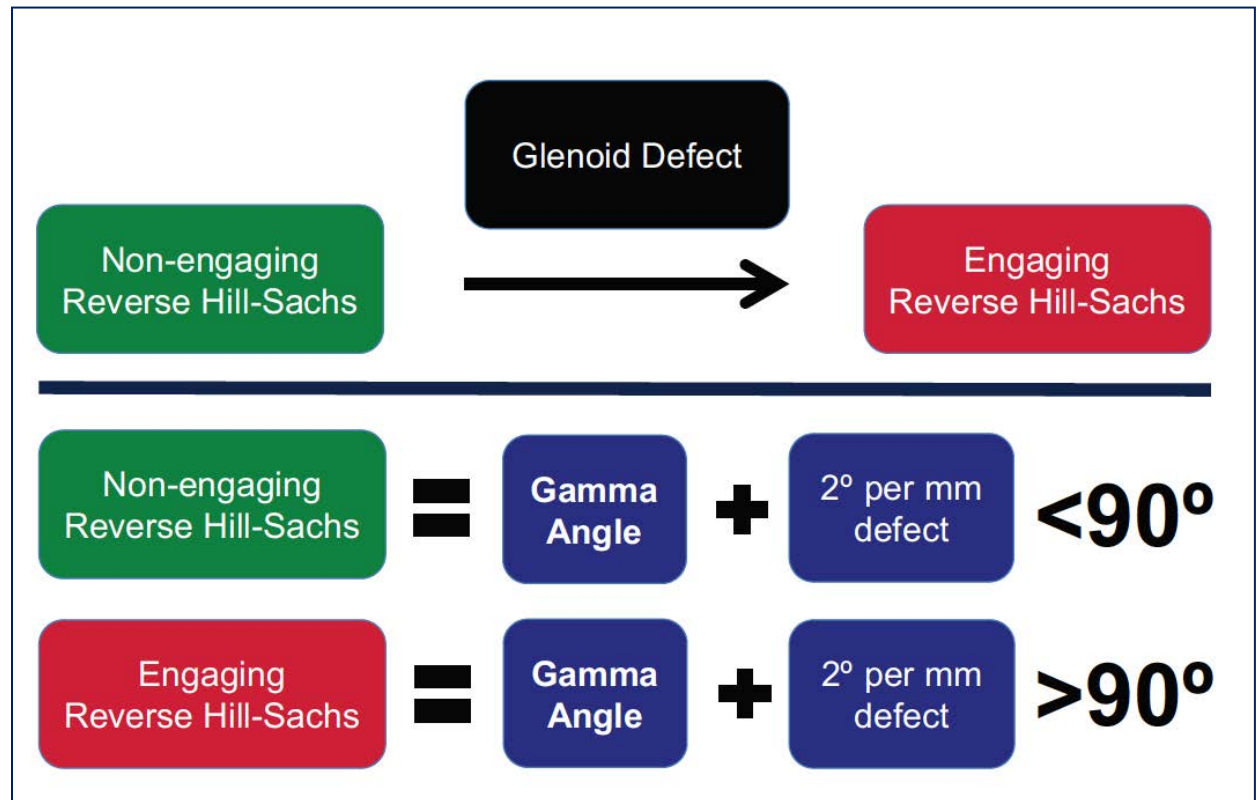
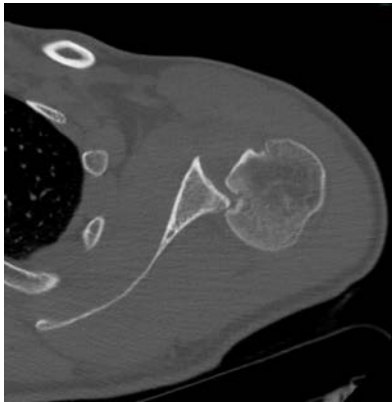
Gamma angle: cut-off value 90°

100% sensitivity and 75% specificity

Moroder P, Plachel F, Tauber M, et al.

Risk of Engagement of Bipolar Bone Defects in Posterior Shoulder Instability

Am J Sports Med. 2017 Oct;45(12):2835-2839.



Treatment: glenoid defects

Allograft/autograft options

- Iliac crest
- Scapular spine
- Acromion
- Distal tibia allograft

Recurrent instability: 0-73%

Revision rates: 0-67%

Complications: 13.8%

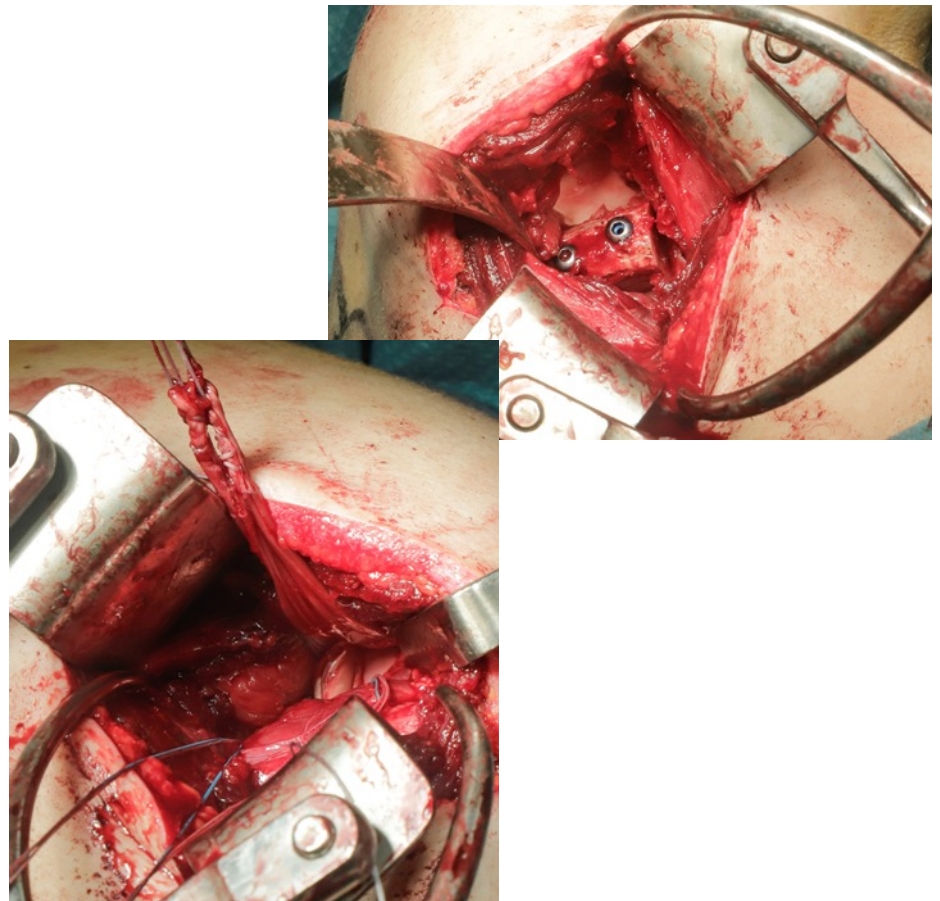
(mainly related to hardware)

***Considerable heterogeneity in study design and samples
limits decisive conclusions***

Treatment: Glenoid defect

Autologous bone-hamstring tendon graft

- Bone reconstruction
- Capsule augmentation

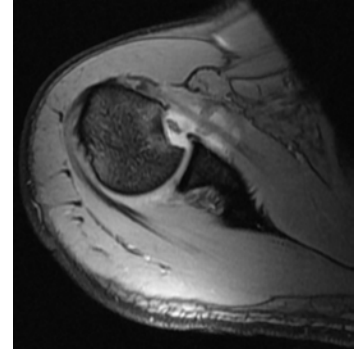


Treatment: HH defect

Small to medium: *anatomic procedures*

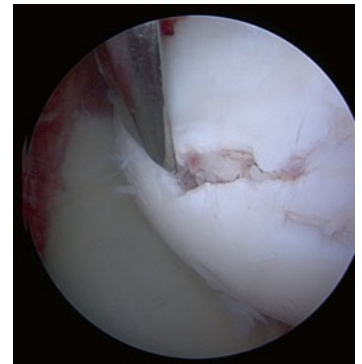
- Disimpaction w/wo bone grafting

Bock 2007, Beckmezci 2015, Eular 2015, Cirpar 2017



- Disimpaction w ballon + cement

Jacquot 2013



- OC allograft

Alkaduhimi 2017, Mitchell 2017, Muccioli 2021

Treatment: HH defect

Small to medium: *Non anatomic procedures*

- McLaughlin procedure (Arthro/Open)

Krackhardt 2006, Lavender 2016, Kelly 2017, Luedke 2017

- Neer procedure

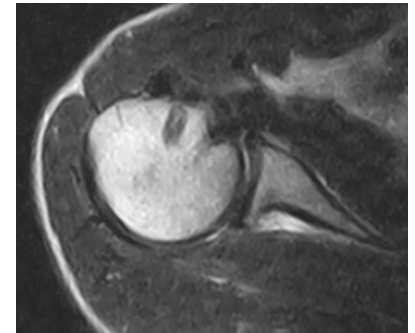
Banerjee 2013, Demirel 2017

- Rotational osteotomy

Schliemenan 2011, Ziran 2015

- **Large defects: HA / TSA**

Gravididis 2010, Paul 2011, Schliemenan 2011, Raiss 2017



C: Static

- C1: Constitutional

- Etiology: unclear
- Mostly asymptomatic
- Late diagnosis (degenerative changes)



- C2: chronic locked posterior dislocation

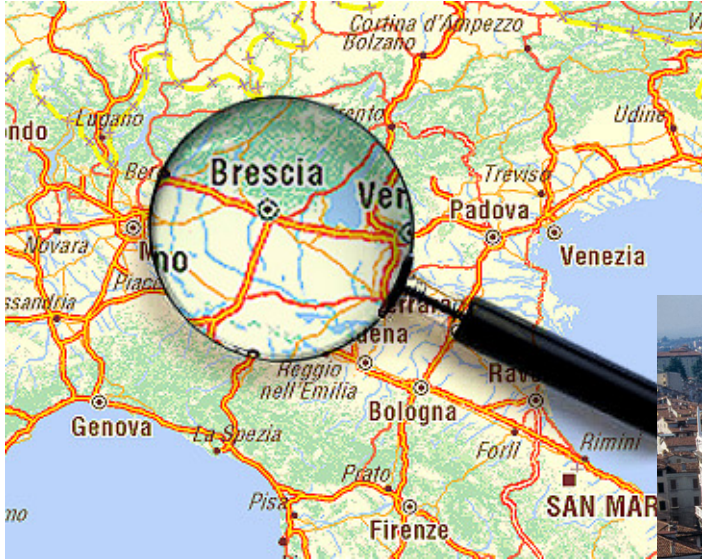
- Allograft reconstruction (glenoid and humeral head) *Rüttershoff 2022*
- Shoulder replacement

Conclusions

- Different subtypes of PI can overlap or even co-exist
- Conservative treatment still remains the first line option
 - ✓ Acute traumatic (A1/2)
 - ✓ Recurrent functional (B1)
 - ✓ Static constitutional (C1)
- Surgical treatment:
 - ✓ Arthroscopic repair/labral augmentation (soft tissue)
 - ✓ Bone defects (bipolar defect ?)



giuseppe.milano@unibs.it



Thank you!!