

Rotator Cuff Tear. Partial Repair with Long Head Biceps Augmentation

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Introduction

Surgical treatment of retracted rotator cuff tears is a big deal. The healing outcomes are usually bad.

Objective

To show our technique to repair a rotator cuff tear and how we perform an augmentation with the long head biceps (LHB).

Material and Methods

Clinical case: 58 years old woman with a long history of right shoulder pain. Physical exam: active flexion 120°, normal internal and external rotations Jobe sign positive, bear hug negative. MRI: total supraspinatus (SE) tear with grade 3 retraction and grade 3 fat atrophy (Figure 1) [1,2].

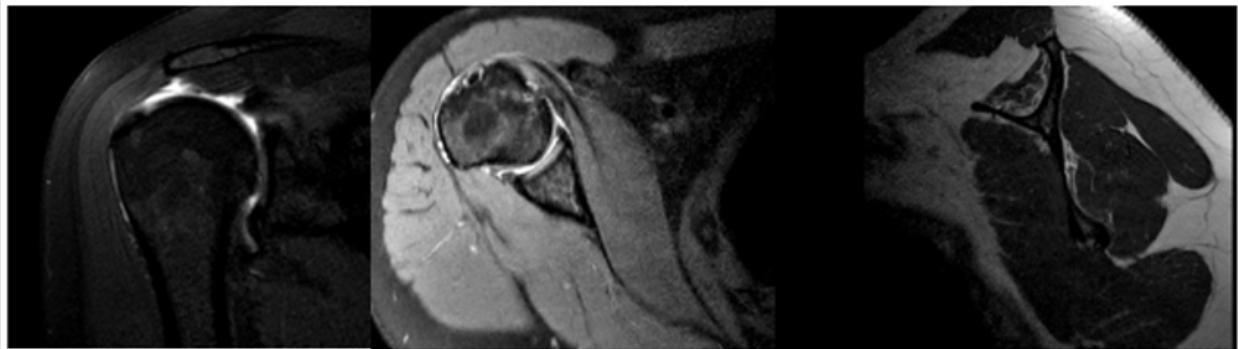


Figure 1: 1) Supraspinatus tendon tear. 2) Subscapularis conserved. 3) Fat atrophy.

Surgical Treatment

Under general anesthesia and additional interscalene nerve block, the patient is placed in the lateral position. Right shoulder arthroscopy through as usual portals is performed. The subscapularis tendon was conserved and the LHB did not have any tendinopathy signs. The SE tendon had a total tear retracted until the glenoid and it was only amenable to be reduced to the half posterior area of the footprint. A 4,5mm Cross Ft (Linvatec) was used to move the LHB from the bicipital groove to the center of the humeral head. Two sutures were passed

through the LHB, performing a "lasso-loop" configuration. The suture stumps rested in another portal to use them later. After that, the infraspinatus and SE tendon were repaired with a 4,5mm Cross Ft (Linvatec) posterior in the footprint, using a combination of mattress and Mason Allen suture techniques. Finally, we passed the sutures used in the LHB through the supraspinatus tendon to enhance the repair, to avoid tendon retraction and to cover the maximum area possible, providing an additional side-to-side, "tension-free" marginal repair of the SE tendon with the LHBT (Figures 2-5).

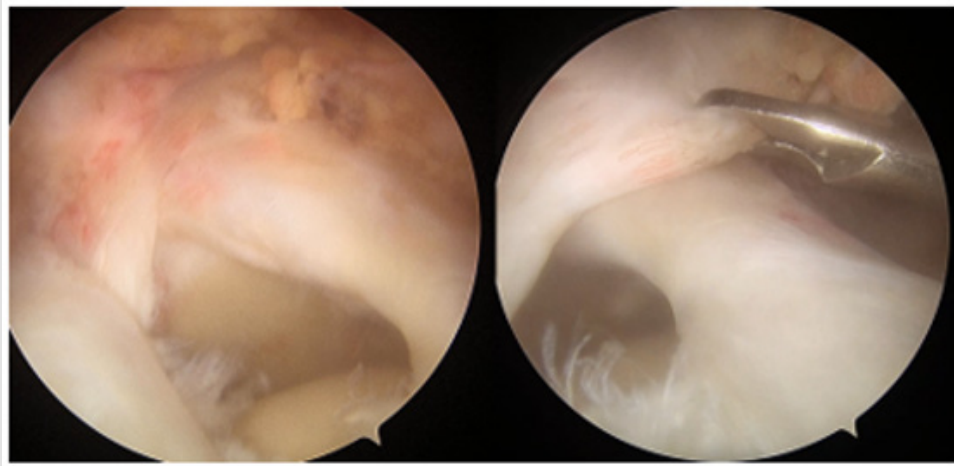


Figure 2.

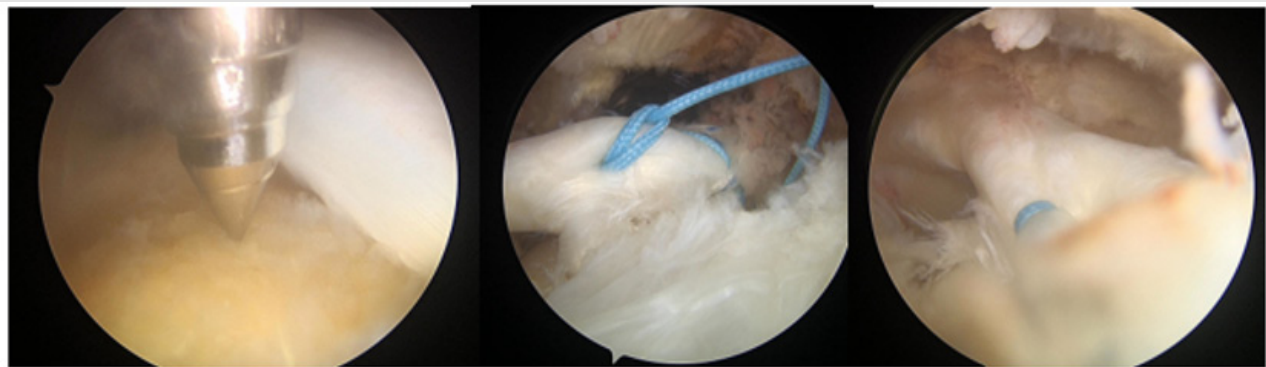


Figure 3.

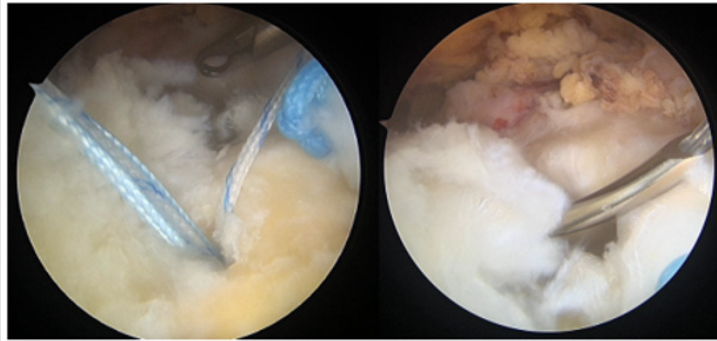


Figure 4.

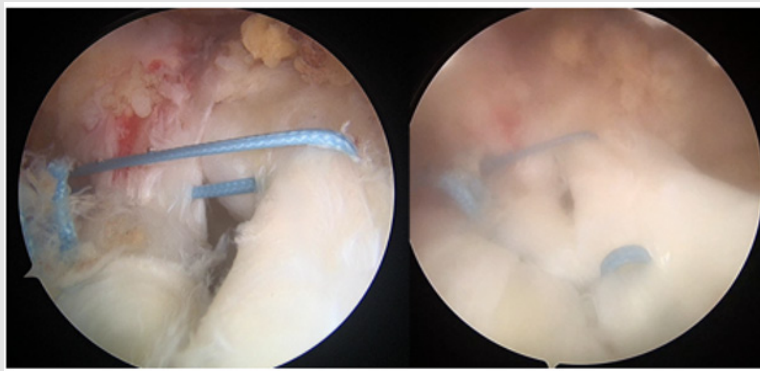


Figure 5.

Results

Patient wore a sling for 6 weeks. She attended physiotherapy

treatment. 9 months after surgery she didn't feel any pain, had returned to her previous work and her mobility was complete.



Figure 6.

Conclusion

We need more reports to know the real effectiveness of this technique. At the moment, it is an economic alternative with less resources needed.

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