Hôpital Novel surgical technique of capsule-labral de La Tour closure in the open Latarjet procedure

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Background

- Surgical treatment of anterior glenohumeral joint instability can be challenging and carries the inherent risk of recurrent instability, dislocation arthropathy and postoperative loss of external rotation.
- We are presenting a novel and easy technique for combined reconstruction of anterior labrum and capsule, with concomitant reduction of the humeral head during anterior capsule reconstruction in open Latarjet procedure.

Surgical technique

 Analogous to other techniques, the coracoid graft is fixed on anteroinferior part of the glenoid between 3 to 5 o'clock position.

- However, for this technique, during the preparation of the coracoid, two additional transosseous holes are drilled through the coracoid bellow the acromioclavicular ligament attachment, where the released labrum is later attached.
- Additionally, during the reconstruction of the anterior capsule, while the operated arm is held in abduction and external rotation to avoid the postoperative deficit of external rotation, the humeral head is reduced in the center of the glenoid.
- By doing so, the inherent risks of residual microinstability and dislocation arthropathy are believed to be decreased.



Figure: The anterior capsule (white arrow) is reconstructed by imbrication of the coracoacromial ligament (CA) with a resorbable suture.

Conclusion

• Further studies are needed to clarify the long-term consequences of this novel surgical technique in the clinical setting.



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