

Use of Double ENDOBUTTON[®] Fixation Device in patients with glenoid bone loss demonstrates favourable clinical and patient-reported outcomes

Banffy M, Sedgwick M. Cortical suture-button fixation for glenoid bone loss: a systematic literature review. Poster presented at: Arthroscopy Association of North America (AANA); May 1–6, 2023; New Orleans, USA.

Key points



Overview

- Systematic literature review to evaluate the performance of Double ENDOBUTTON Fixation Device in patients with anterior instability associated with glenoid bone loss
- Searches were conducted on Embase and PubMed from 1 January 2010 – 20 July 2021 with search terms ([glenoid AND bone AND loss] OR [anterior AND shoulder AND instability]) AND (eden-hybinette OR latarjet OR bristow OR “bone block”)
- In total, 14 studies with 752 patients were included, which resulted in 10 independent cohorts with 454 patients*
- Most patients were male and aged 20 to 30 years
- The most common surgical procedure was arthroscopic Latarjet; others included were open Latarjet, arthroscopic Bristow, open or arthroscopic Eden-Hybinette using autograft and Eden-Hybinette using allograft
- Outcomes assessed were recurrence rate, re-operation rate, return to sport, bone healing, migration, complications and patient-reported outcome measures (PROMs): Walch-Duplay and Rowe scores

Results

- In the treatment of anterior instability associated with glenoid bone loss, Double ENDOBUTTON Fixation Device demonstrated:
 - No subsequent subluxation or dislocation in 97.0% of patients (95% CI: 94–98)
 - No re-operation in 99.1% of patients
 - No neurovascular or hardware complications
 - Return to pre-injury level of sport in 82.1% of patients (95% CI: 69.2–90.4; Figure)
 - Bone healing in 93.2% of patients (95% CI: 89.9–95.5)
 - No migration in 98.0% of patients (95% CI: 0.9–4.3)
- Double ENDOBUTTON Fixation Device was associated with excellent post-operative PROMs:
 - Walch-Duplay score was ‘excellent’ (90.4; 95% CI: 86.1–94.6; Figure) at mean follow-up time 25.1 months
 - Rowe score was ‘excellent’ (91.2; 95% CI: 86.6–95.8; Figure) at mean follow-up time 24.5 months

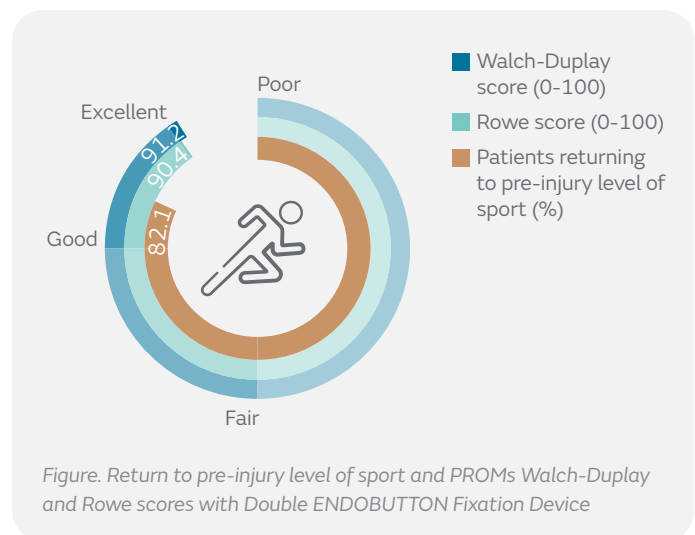


Figure. Return to pre-injury level of sport and PROMs Walch-Duplay and Rowe scores with Double ENDOBUTTON Fixation Device

Conclusions

The authors concluded that in patients with glenoid bone loss associated with anterior instability, the Double ENDOBUTTON Fixation Device demonstrated favourable clinical and patient-reported outcomes.

*Among articles with likely patient overlap, articles with the most patients were included in the analysis.

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