Evidence in focus

Publication summary

SmithNephew

Clinical and radiological findings of an arthroscopically assisted Latarjet procedure with Double ENDOBUTTON⁽⁾ Fixation Device

Taverna E, Longo UG, Guarrella V, et al. A new mini-open technique of arthroscopically assisted Latarjet. BMC Musculoskelet Disord. 2020;21:285.

Available at: BMC Musculoskeletal Disorders

Key points



Overview

- Retrospective, consecutive case series assessing clinical and radiological findings following an arthroscopically assisted Latarjet with Double ENDOBUTTON fixation to treat patients with glenoid bone loss and anterior instability of the shoulder
 - 60 patients (mean age, 25.5 years; mean follow-up, 32.5 months)
 - All patients had a glenoid bone deficit ≥10% on pre-surgery CT scan

Results

- At last follow-up, no revisions were reported
- No neurological complications or infections
- At last follow-up, 93.3% (56/60) patients reported a stable shoulder, without complaints
- At last follow-up, the mean Walch-Dupay score was 92.4, mean Rowe score was 93.6 and mean SSV was 88.1
- 94.1% patients were mostly or very satisfied, and 93.3% would undergo the same procedure again
- 82.1% (23/28) patients returned to sport at pre-injury level (Figure)
 - 76.5% (13/17) at competitive level
- Mean loss of external rotation with the elbow at the side was 980
 - 26.7% (16/60) 16 patients (26.7%) were aware of the loss of range of motion
- At 1-year CT scan follow-up:
 - Flush graft placement was achieved in 98.3% of cases (59/60) and at the equator or just under in 96.7% (58/60)
 - No sign of cartilage joint degeneration in 95% patients (57/60)



 At 1-year post-surgery, graft positioning and healing was assessed via a CT scan



Figure. Percentage of patients that returned to sport at pre-injury level post-surgery (n=23/28)

Conclusions

An arthroscopically assisted Latarjet with Double ENDOBUTTON fixation resulted in high levels of patient satisfaction and return to sport, as well as accurate graft placement.

Developed by Evidence Communications Global Clinical & Medical Affair www.smith-nephew.com/educatio

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