Chronic Acromioclavicular Joint Disruption: The Medium Term Result of Coracoclavicular Ligament Reconstruction at Hospital Selayang, Selangor

Nurul Shakirah Abdul Halim, Hishamudin Masdar

Hospital Selayang, Kuala Lumpur, Malaysia

ABSTRACT

Introduction: The best treatment for chronic acromioclavicular joint disruption is still controversial especially in a Rockwood type III injury. **Objective:** The purpose of this retrospective study is to review the medium term outcome of patients with chronic acromioclavicular joint disruption treated with coracoclavicular ligament reconstruction with or without distal clavicle excision. **Methodology:** Patients were evaluated using the University of California, Los Angeles (UCLA) scoring system and the Constant score. The examinations also include radiographs of the shoulder. **Results:** The study involved four men, three of whom were diagnosed preoperatively with acromioclavicular joint disruption Rockwood type III, and one with Rockwood type IV. The patients had undergone the procedure mentioned above at Hospital Selayang at various times between 2009 till 2011. Three of the patients have been re-assessed clinically and radiographically for an average of 30 months while one patient could not be traced. According to their UCLA and Constant scores, these three patients have achieved fair to good results from the procedure. **Conclusions:** Operative intervention on patients with chronic acromioclavicular joint disruption Rockwood type III injury shows shows good potential of producing satisfactory functional outcomes.

Open Bone Augmentation for Large Osseous Defects in Chronic, Recurrent Glenohumeral Instability

T M Shihabudin*, Mohd Ariff Sharifudin*,, D A J Muslim***

*Department of Orthopaedics, School of Medical Sciences, Universiti Sains Malaysia, Kota Bharu, Malaysia
**Department of Orthopaedics, Traumatology and Rehabilitation, International Islamic University Malaysia, Kuantan, Malaysia

ABSTRACT

Introduction: The glenohumeral joint is one with the greatest mobility and intimate contact between the articular surfaces of the humeral head and glenoid labrum contributes to its stability. Patients with recurrent dislocations have bone deficits in one or both of these surfaces, due to the presence of a Bankart lesion or an engaging Hill-Sachs lesion. Although successful arthroscopic management of instability associated with osseous defects is an alternative, open reconstruction is often indicated. Large osseous defects can be challenging and preclude arthroscopic treatment. **Case Report:** A 30-year-old man with a history of chronic, recurrent left shoulder dislocation for more than 10 years was referred to us for further evaluation and treatment. Our assessment revealed a large Bankart lesion combined with a large Hill Sach lesion over the humeral head. Open reduction with bone augmentation of the glenoid osseous defect was performed using autogenous bone graft from the iliac crest. Intra-operative assessment showed adequate stability for the humeral head defect without the need for intervention. The technical aspect of the surgery is described together with the clinical outcomes of the patient. **Discussion/Conclusion:** An estimated osseous defect with a width of 20% of the glenoid length remains unstable and requires bone augmentation. Bone grafting was the stabilizing mechanism in the restoration of the glenoid concavity. Most patients with bone deficits on both articular surfaces can suitably be treated by reconstructing only one of the deficits, but occasionally both defects may require intervention. To date, there are no validated preoperative guidelines for cases when both procedures are required. An intra-operative assessment remains our best tool.