Shoulder dislocation in the young patient

Arthroscopic treatment may be better treatment for first-time dislocations

**AANA 2010 Annual Meeting**

Arthroscopic treatment of traumatic anterior-inferior shoulder dislocation offers greater patient satisfaction than conservative treatment in younger patients, according to data presented by Rico Listringhaus, MD, at the annual meeting of the Arthroscopy Association of North America. Dr. Listringhaus and his coauthors are associated with the Center for Orthopedics and Traumatology, St Ann hospital, in Herne, Germany.

“We conducted this study to prospectively compare treatment outcomes for first-time traumatic anterior-inferior shoulder dislocation in adolescent patients,” explained Dr. Listringhaus.

**Table 1: Mean Rowe scores**

<table>
<thead>
<tr>
<th></th>
<th>Surgical group</th>
<th>Nonsurgical group</th>
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</thead>
<tbody>
<tr>
<td>Preoperative</td>
<td>58</td>
<td>59</td>
</tr>
<tr>
<td>12 months</td>
<td>86</td>
<td>85</td>
</tr>
<tr>
<td>24 months</td>
<td>88</td>
<td>86</td>
</tr>
<tr>
<td>36 months</td>
<td>89</td>
<td>88</td>
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The Rowe score for instability is a clinician-completed assessment of healing that measures stability, motion, and function.

The authors used the Rowe Score for Instability to evaluate 30 of the patients at 12, 24, and 36 months follow-up. If a patient had any dislocation of the treated shoulder during the course of follow-up, the research team counted the treatment as having failed.

Overall, 16 patients in the surgical group and 14 patients in the nonsurgical group were available for the full term of follow-up. Three patients in the surgical group and 10 patients in the nonsurgical group experienced a second dislocation during the follow-up period. Both groups had similar increases in mean Rowe scores for instability at each follow-up point (Table 1).

In addition, 16 of the 18 patients in the surgical group rated their result as “good” or “excellent,” compared to only 5 of the 15 in the nonsurgical group.

“We found a lower rate of recurrence and higher patient satisfaction among patients in the arthroscopic surgery group,” said Dr. Listringhaus. “We believe that the crucial factor might be the anatomic reconstruction of the damaged anterior-inferior capsulolabrum complex.”

Dr. Listringhaus’ coauthors for “Conservative or Arthroscopic Treatment of First Time Traumatic Anterior-Inferior Shoulder Dislocation in Adolescents—Prospective Results after 36 Months” were Roderich Heikenfeld, MD, and Georgios Godolias, MD.

Disclosure information: The authors report no conflicts.

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**Bottom line**

- This prospective study conducted in Germany examined outcomes for arthroscopic surgical versus nonsurgical treatment of first-time traumatic anterior-inferior shoulder dislocation.
- Even through Rowe scores were similar, patients treated arthroscopically for a first-time shoulder dislocation had a lower rate of subsequent dislocation and were more satisfied than patients treated nonsurgically.

PRP from page 5

in a beneficial direction.

Dr. Mishra: We have found some evidence that PRP, in a certain in vitro cell line under stress, reduces apoptosis, and we are sifting through a fair amount of microarray data. Perhaps the AAOS or the Orthopaedic Research Society should assemble a group that would agree upon certain specific research goals, because collectively we might be better able to answer some of these questions.

Dr. Fu: I agree. I went to the PRP expert at the dental school at the University of Pittsburgh and he is not sure how it really works. Dentists are 13 years ahead of orthopaedists in the use of PRP and they should have some definitive answers, but the dental literature shows varying results of efficacy. We need to work together and put this at a high level.

Dr. Hannafin: In the New York metropolitan area, the fees for PRP injections vary widely, and most are not covered by health insurance. What is the range of cost for PRP injections in your area and are those injections reimbursed by insurance?

Dr. Mishra: Some of the kits are more sophisticated than others and some people are recommending more injections than others. I’m in the West where charges for PRP therapy range from $1,000 to $2,000. I don’t know of any specific insurance coverage right now.

Dr. Hannafin: In closing, do you have any overall comments on PRP and the status of its use?

Dr. Arnowczy: We really have to understand how PRP can add to the healing response as an adjunct or a stimulant in different pathologies. Once we understand what these mechanisms are, we would have a pretty good idea of where it can be most beneficial.

Dr. Fu: I think PRP is being market-driven. We have to take it back into our own hands. We need basic science and high-level clinical studies so that one day we can tell everybody how it should be used.

Dr. Mishra: I predict that we are going to find newer and more precise formulations of PRP that make sense for specific indications. The indications will narrow but they will be more definitive. We also have an obligation beyond our own specialty because PRP may work in areas beyond orthopaedics. If we can collectively better understand how it works, we may be able to contribute not just to our own orthopaedic patients but to others as well.

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