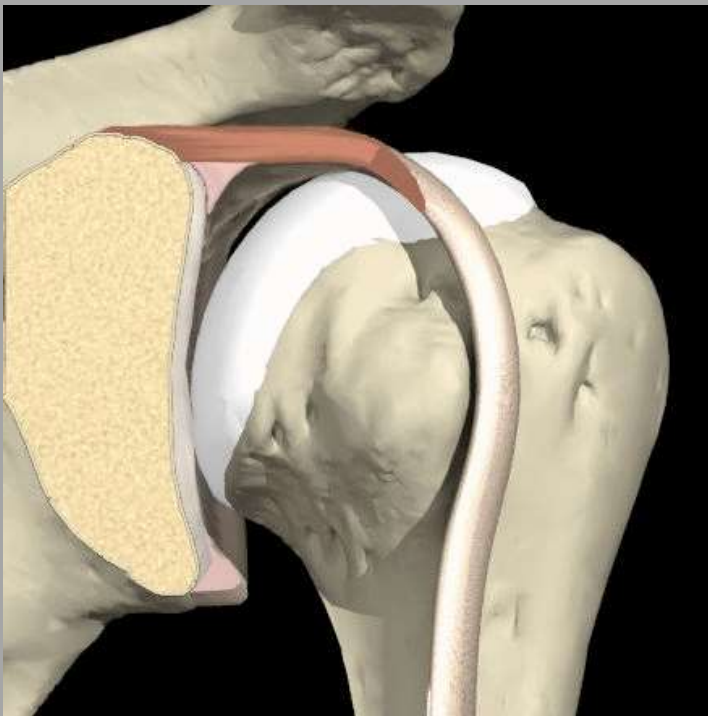


*Prognostic factors of
arthroscopic repair of type 2
SLAP lesion*

M.N. Naderi , MD

SLAP Tear

Superior **L**abral **A**ntero-**P**osterior



Superior Labrum normal variations

Triangular



Bumper



Meniscoid

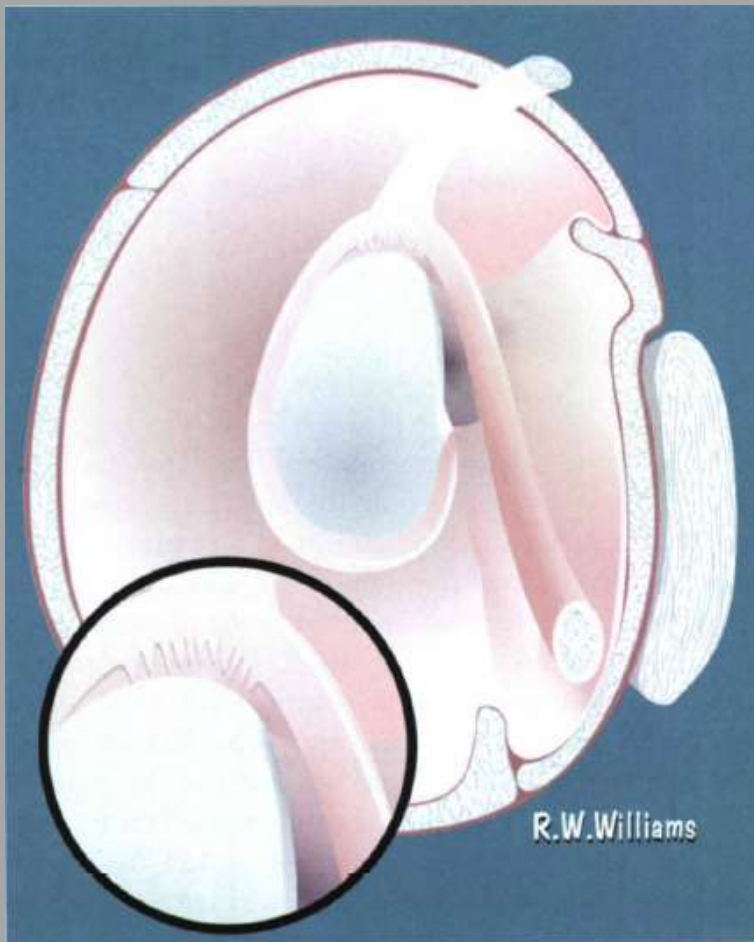


Mobile

Buford Complex

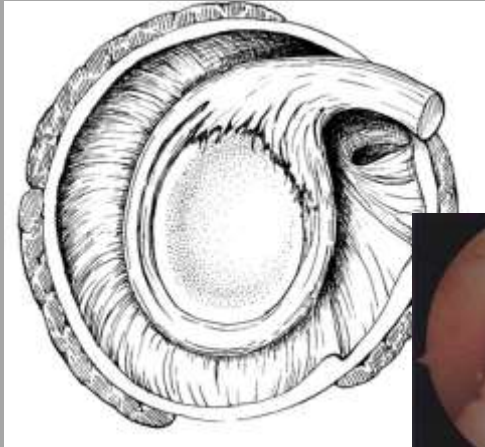
Sublabral Foramen + Cord-like MGHL

1 – 6% prevalence in Arthroscopic study

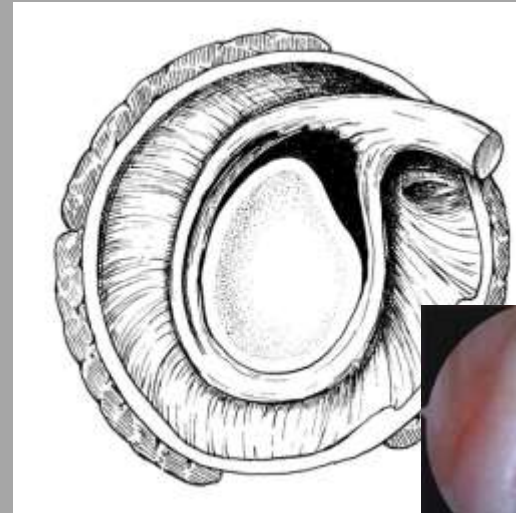


Snyder Classification (1990)

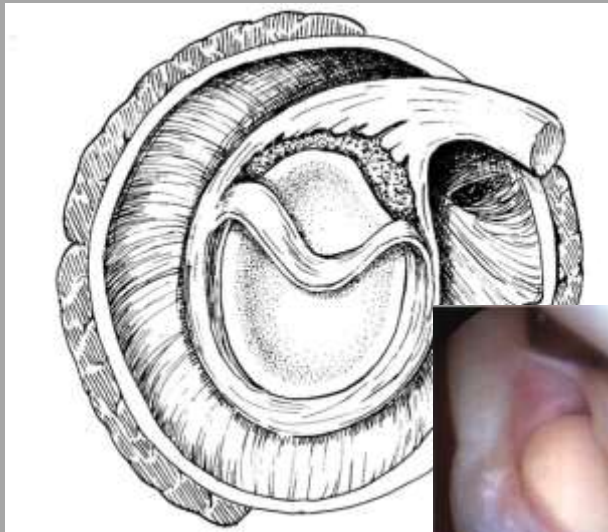
Type 1
20%



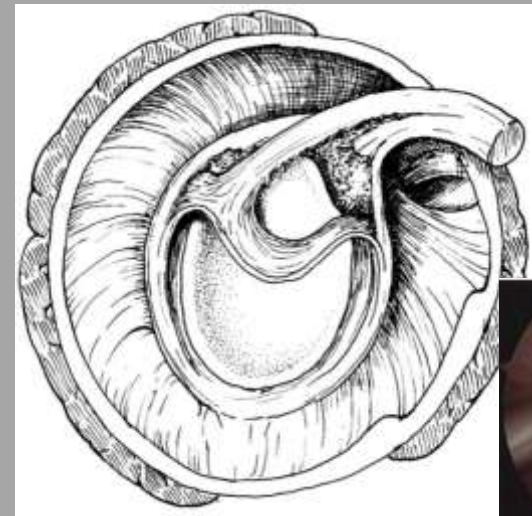
Type 2
55%



Type 3
10%

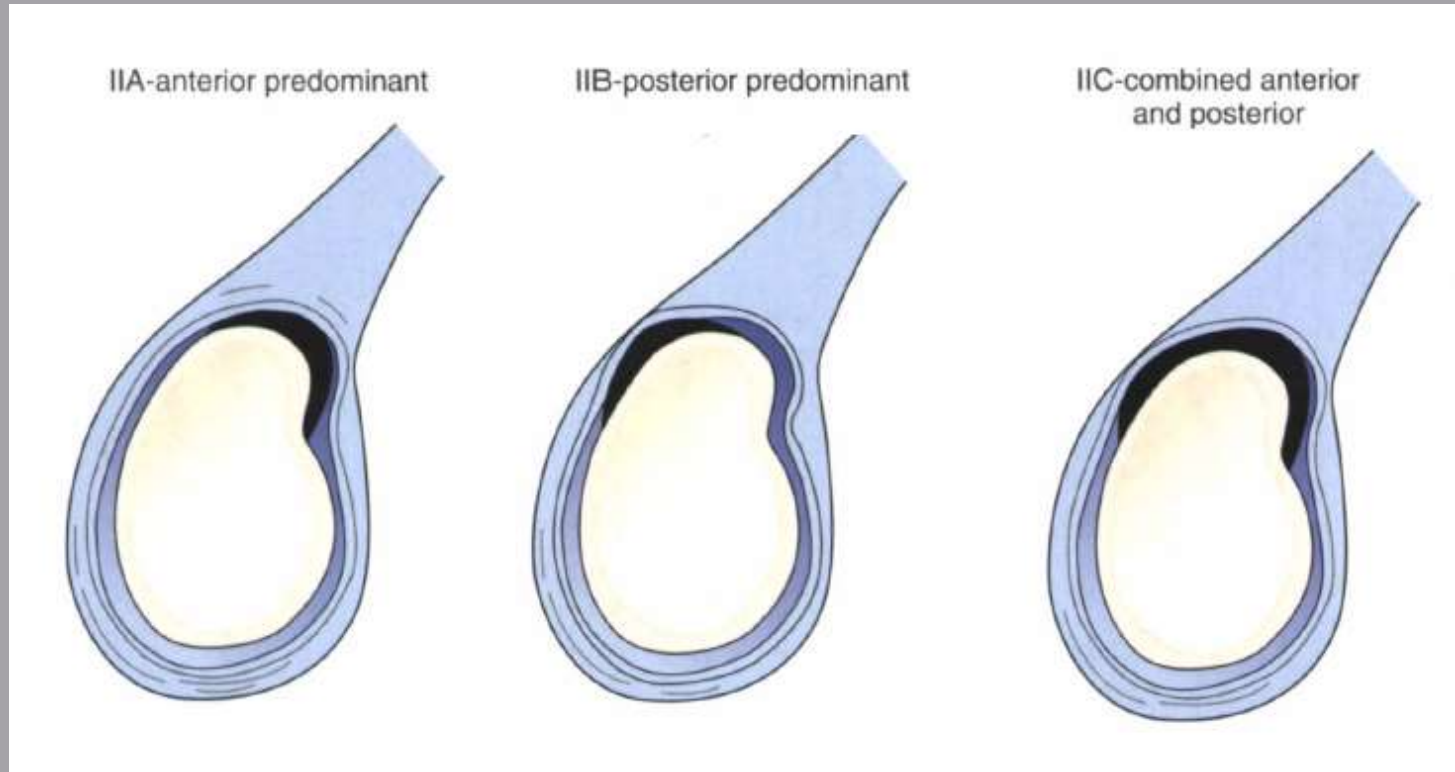


Type 4
10%



Complex Combined - 5%

Subclassification of SLAP type II



From Morgan & Burkhart , 1998

Mechanism of Injury

- ❑ Impaction injury
- ❑ Traction injury
- ❑ Torsional peel-back
- ❑ Degenerative



often associated with other pathologies of shoulder

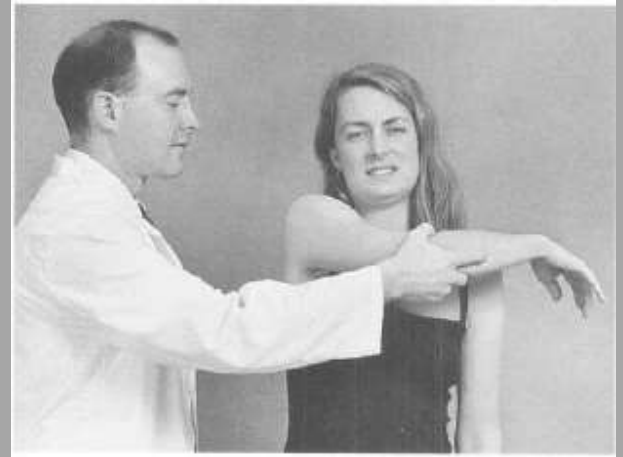
History

- ❑ Young, Athlete
- ❑ shoulder pain (common complaint)
 - with overhead activity
- ❑ catching or popping
- ❑ Instability (occasionally)



Clinical Examination

- Differentiate from ACJ
- Exclude instability
- Capsular tightness
- Subacromial impingement



Provocative tests

O'Brien's test (active compression test)



No Pain



Pain

Provocative tests

Compression Rotation test (Clunk test)



Provocative tests

Speed test



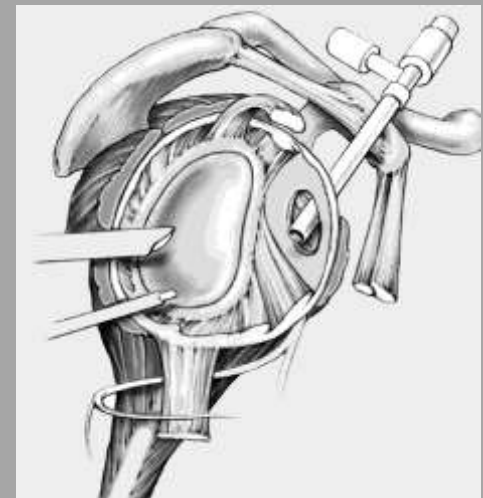
Imaging - MR Arthrogram

75-90% sensitivity



Indications for Arthroscopy

- Pain
- functional impairment
- positive clinical (and/or radiology)



Arthroscopic repair



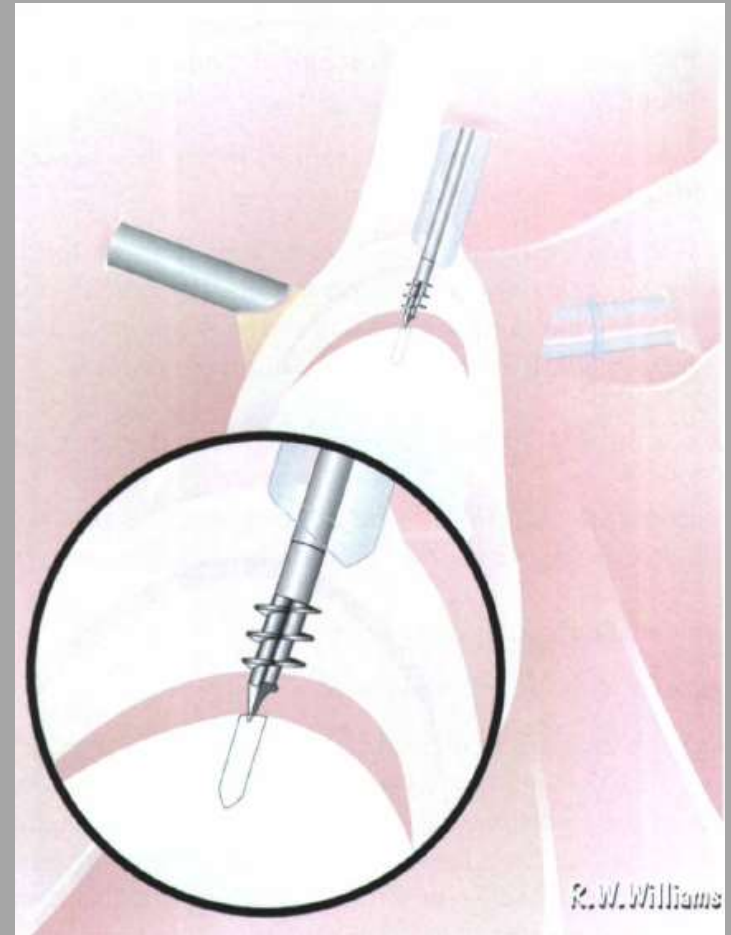
Post op

- ▣ Sling 3 weeks
- ▣ 0 – 3 weeks
 - Passive
- ▣ 3 – 6 weeks
 - Remove sling
 - Active Assisted
- ▣ > 6 weeks
 - Graduated resistance



Outcome

- ▣ **Based on :**
 - **treatment modality**
 - ▣ Debridement alone
 - ▣ suture anchor
 - **associated pathology**
 - **patient age**
 - **Activity level**



Outcome

- ▣ 44 patients with isolated type II SLAP
- ▣ patient satisfaction higher in traumatic group than in chronic overhead throwers
- ▣ only 73% of patients return to their preinjury level of competition

Brockmeier SF. Voos J. Williams R. et al : Prospective outcomes after arthroscopic repair of isolated type II SLAP lesions. J Bone Joint Surg 2008

Outcome

- ▣ Outcome of arthroscopic repair of type II SLAP
(review the literature)
 - General outcome → 40% to 94%
 - Return to previous level of play → 20% to 94%
 - Overhead athletes more challenging
 - ▣ rate of return → 22% to 64%

Gorantla K, Gill C, Wright RW, The outcome of type II SLAP repair: a systematic review. *Arthroscopy* , 2010 Apr;26(4):537-45.

Outcome

- ▣ 25 patients with isolated type II SLAP
 - 10 patient → mean age 37 , repair by anchor suture
 - ▣ Constant score improved from 65 to 83
 - ▣ 60% disappointed (persistent pain or inability to return to their previous level)
 - 15 patient → mean age 52 , tenodesis
 - ▣ Constant score improved from 59 to 89
 - ▣ 93% were satisfied

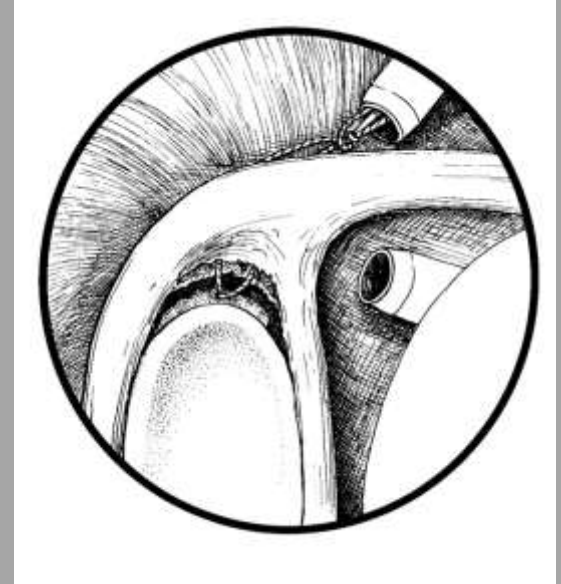
➤ **Arthroscopic biceps tenodesis considered as alternative to repair of SLAP II**

➤ **Biceps tenodesis as alternative for salvage of failed SLAP repair**

Boileau P, Parratte S, Chuinard C et al :Arthroscopic treatment of isolated type II SLAP lesions: biceps tenodesis as an alternative to reinsertion . Am J Sports Med. 2009 May;37(5):929-36.

Summary

- ▣ For repair of SLAP type 2 lesion
 - Consider other pathologies
 - Consider patient age and activity level for treatment plan
 - Biceps tenodesis as alternative to SLAP repair



Thank you for attention