

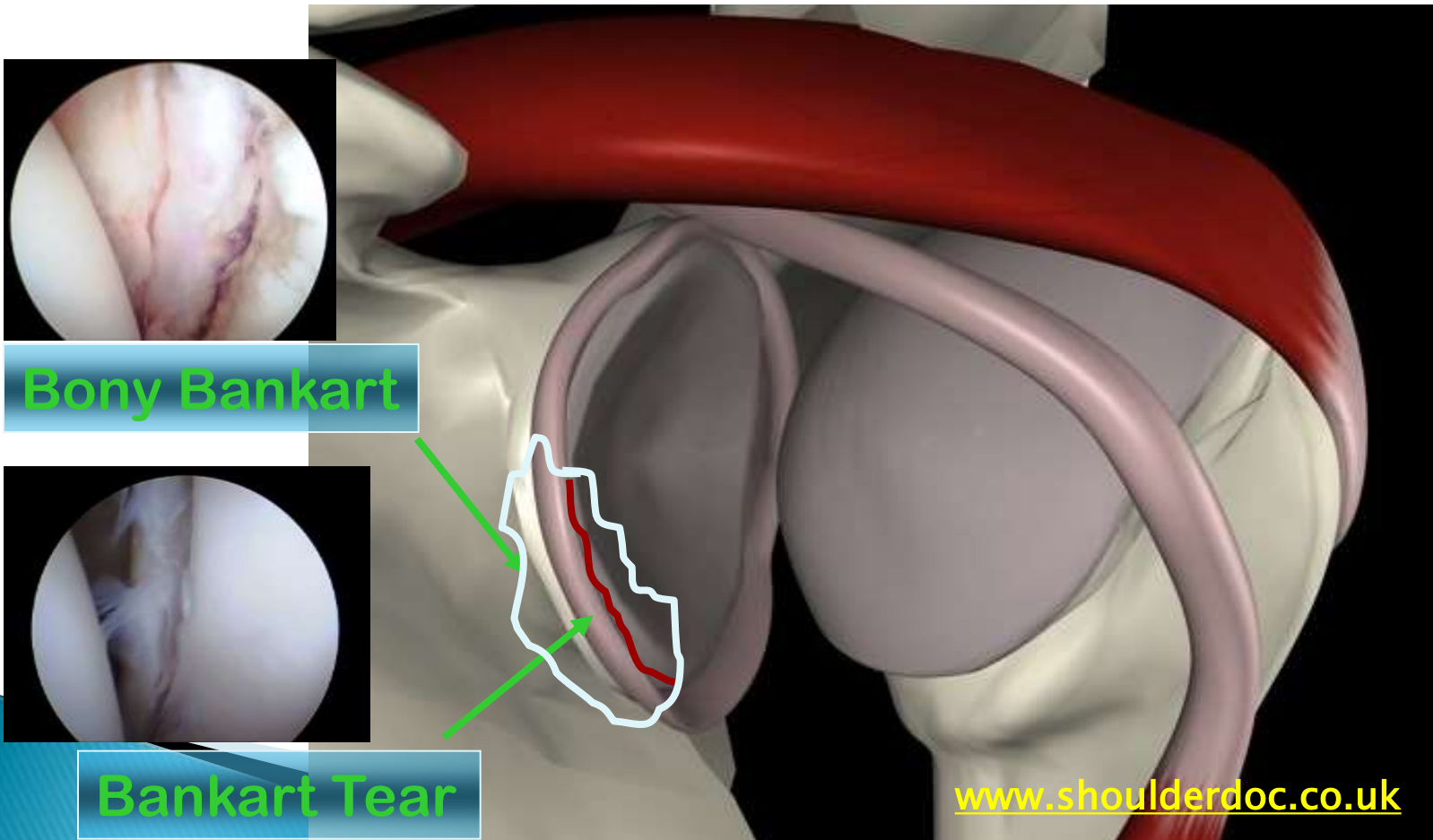


# Bony Bankart , Role of arthroscopy

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Fellowship in shoulder  
surgery & arthroscopy

# Pathology

- ▶ Bankart lesion → most common pathological lesion (>80%)
- ▶ laxity of capsule (>20%)
- ▶ Hill–Sachs lesion (secondary pathological lesion)
- ▶ Glenoid rim fx



# Sugaya H.e.a. : Glenoid rim morphology in recurrent anterior glenohumeral instability

J Bone Joint Surg Am. 2003 May

**TABLE I Morphology of the Glenoid Rim in One Hundred Shoulders with Recurrent Anterior Glenohumeral Instability**

Morphology of Glenoid Rim	Prevalence
Bone fragment	50%
Large fragment (>20%)	1%
Medium fragment (5%-20%)	27%
Small fragment (<5%)	22%
Erosion or compression fracture	40%
Normal	10%



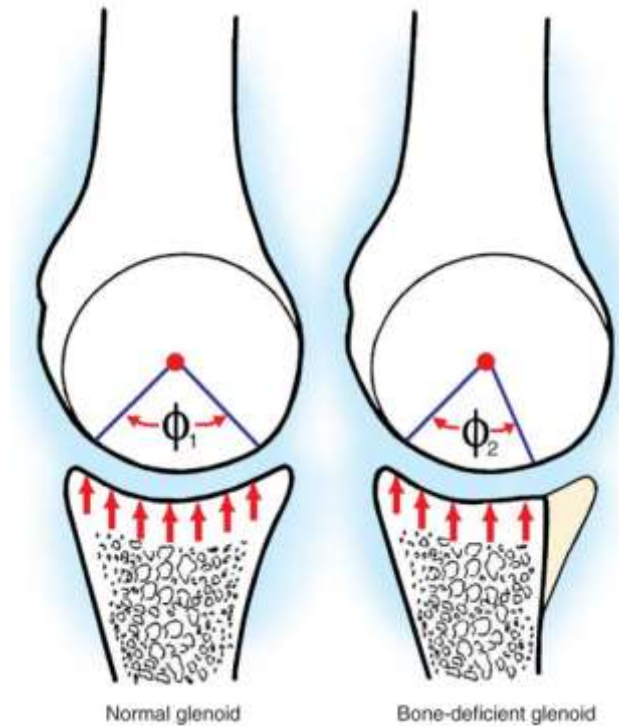
# Normal Glenoid morphology

- typical “pearshape”
- inferior portion circular shape
- constant ratio of length and width
- no rim alterations



Burkhart SS. De Beer JF. significance of the inverted-pear glenoid and the humeral engaging Hill-Sachs lesion. Arthroscopy. 16(7):677-94, 2000 Oct.

- ▶ **Arthroscopic Bankart repairs give results equal to open Bankart repairs (if no significant structural bone deficits)**



**Patients with significant bone deficits are not candidates for arthroscopic Bankart repair**

# Glenoid defect

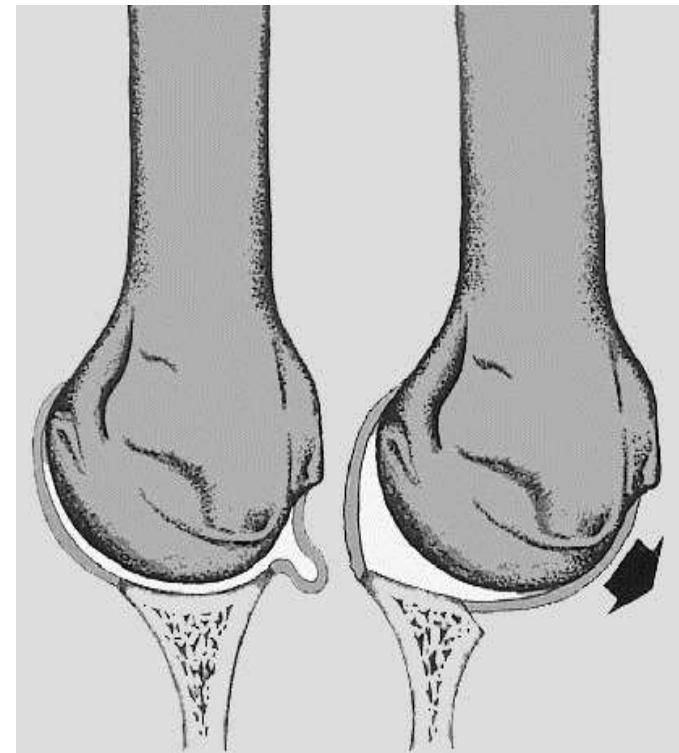
Itoi E- The effect of Glenoid defect on anteroinferior stability of the shoulder after Bankart repair: a cadaveric study [J Bone Joint Surg \(AM\) Jan/ 2000](#)

osseous defect width  $>$  21% of glenoid

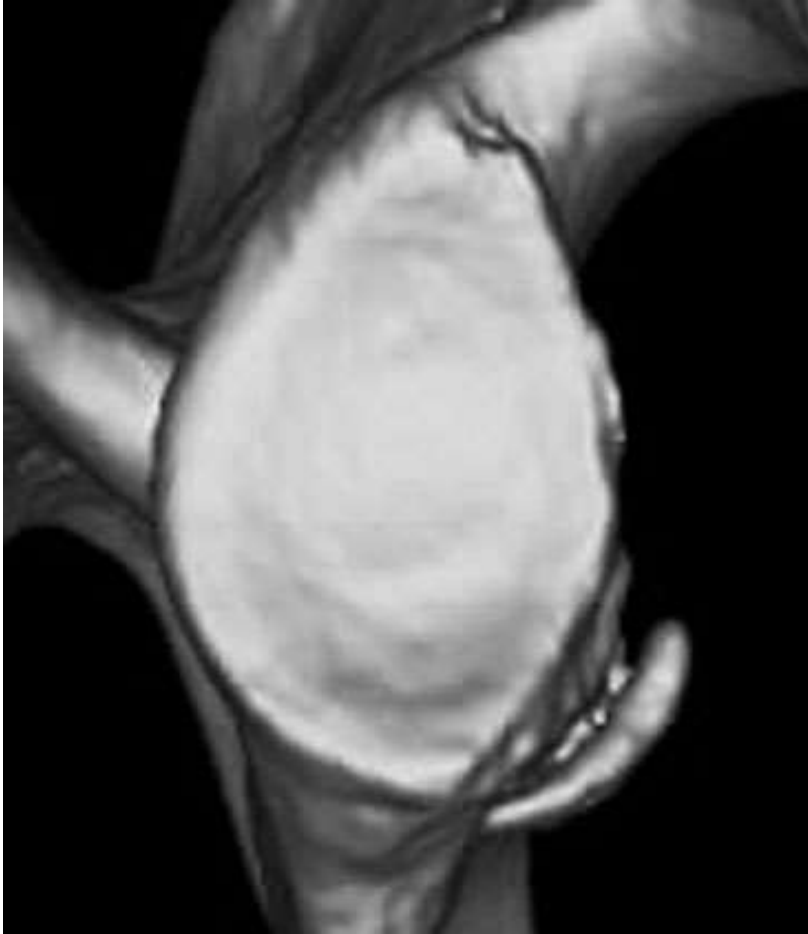
Bankart repair



instability and limited ROM



## Bony Bankart



## Glenoid rim deficiency



# Classification

Bigliani, 1998

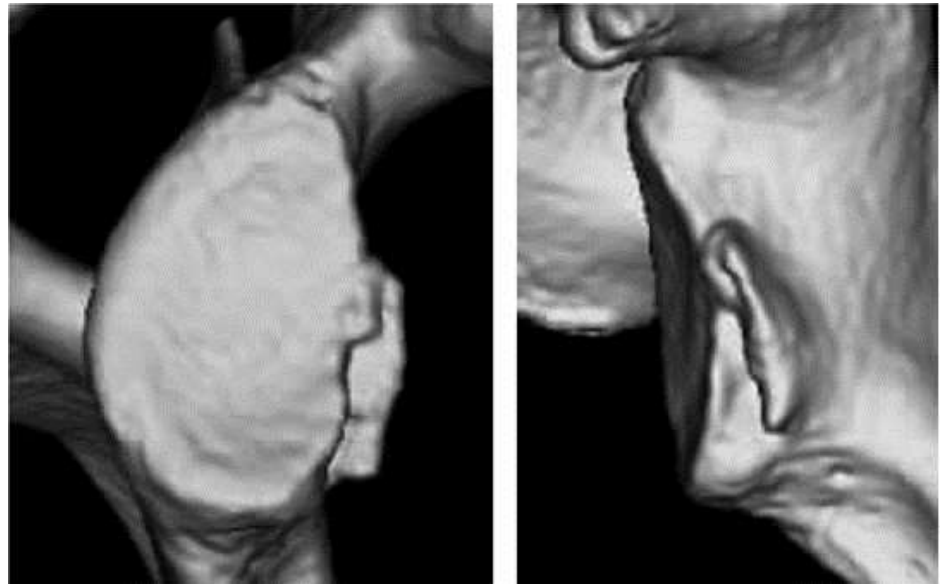
Type I	Displaced avulsion fracture with attached capsule
Type II	Medially displaced fragment malunited to glenoid rim
Type IIIA	Erosion of the inferior glenoid rim of <25%
Type IIIB	Erosion of the inferior glenoid rim of >25%

Bigliani LU, Newton PM, Steinmann SP, Connor PM, McIlveen SJ. Glenoid rim lesions associated with recurrent anterior dislocation of the shoulder. Am J Sports Med. 1998

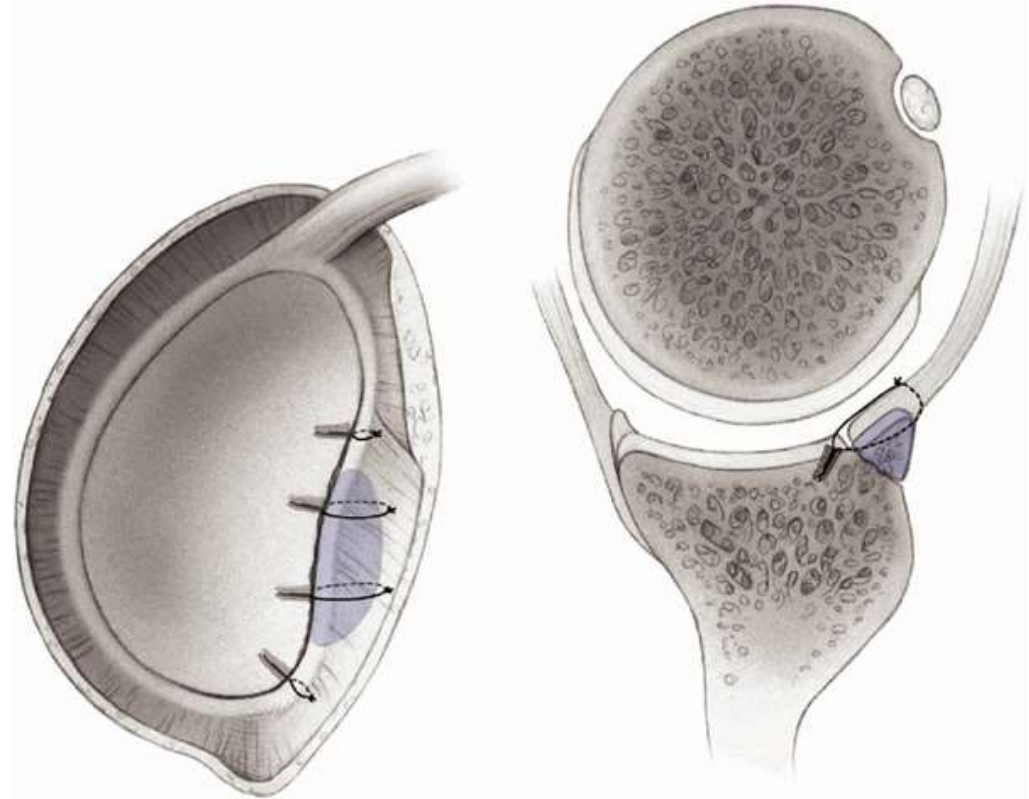
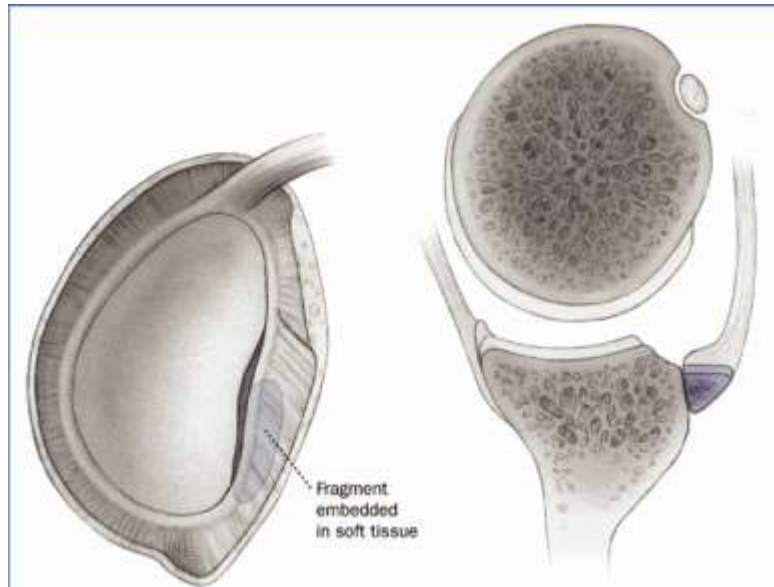


Fujii Y; Yoneda M; Wakitani S; Hayashida K. Histologic analysis of bony Bankart lesions in recurrent anterior instability of the shoulder. J Shoulder Elbow Surg. 2006; 15(2):218–23

- ▶ **All bony fragments in the bony Bankart lesion seemed to be viable and could be used to treat the fractured glenoid defect**

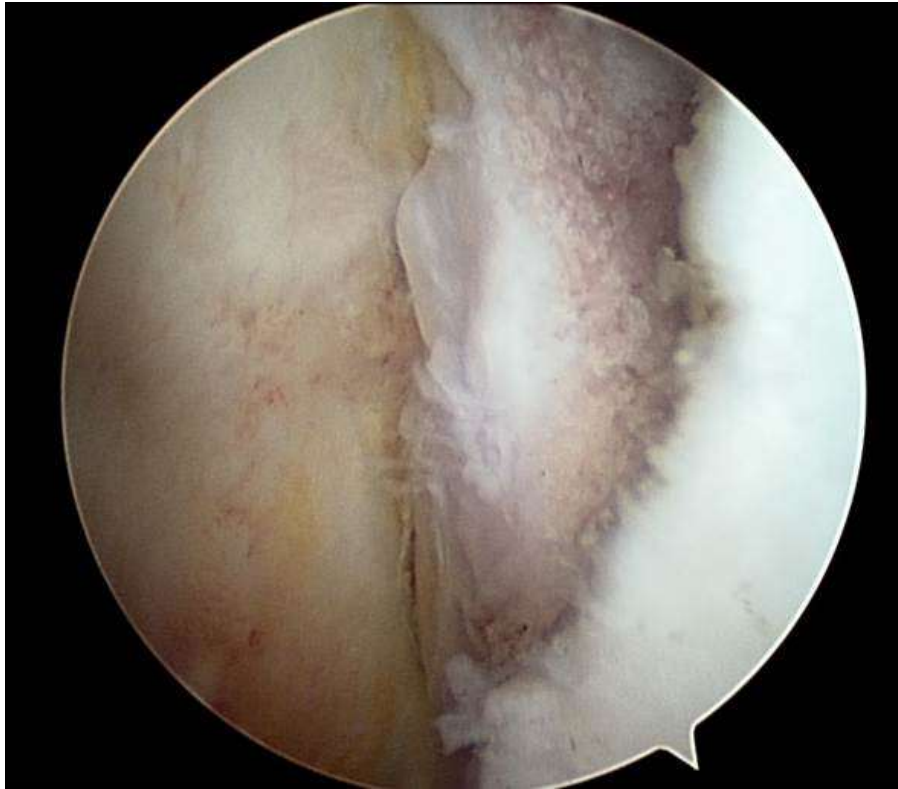


# Arthroscopic repair



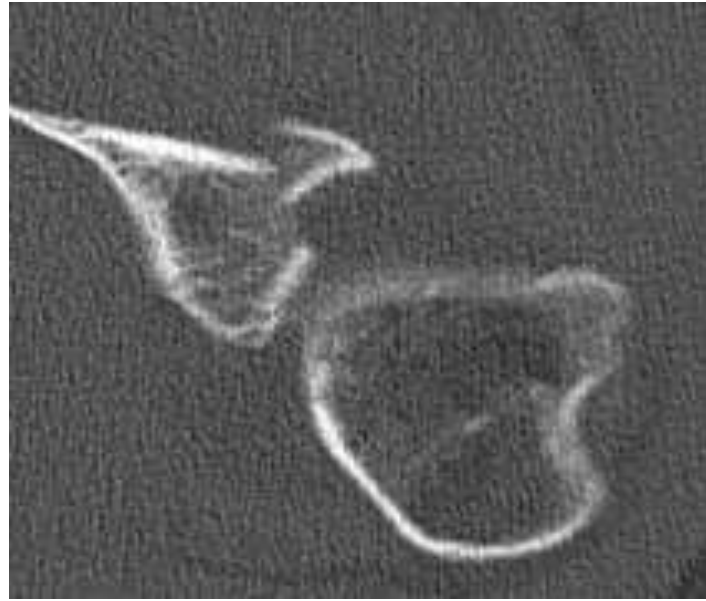
**Sugaya H, Moriishi J, Kanisawa I, Tsuchiya A. Arthroscopic osseous Bankart repair for chronic recurrent traumatic anterior glenohumeral instability. Surgical technique. J Bone Joint Surg Am. 2006 Sep;88 Suppl 1 Pt 2:159-69.**

# Arthroscopic repair

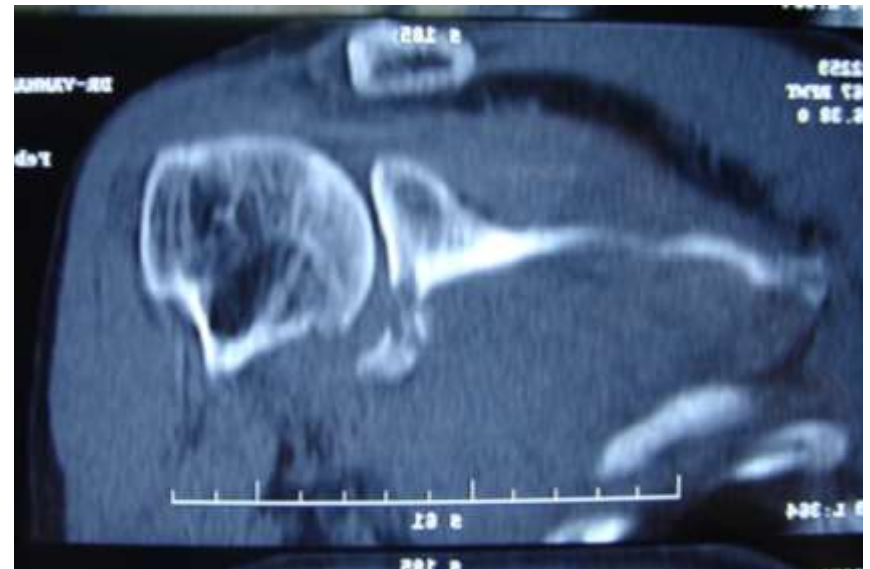
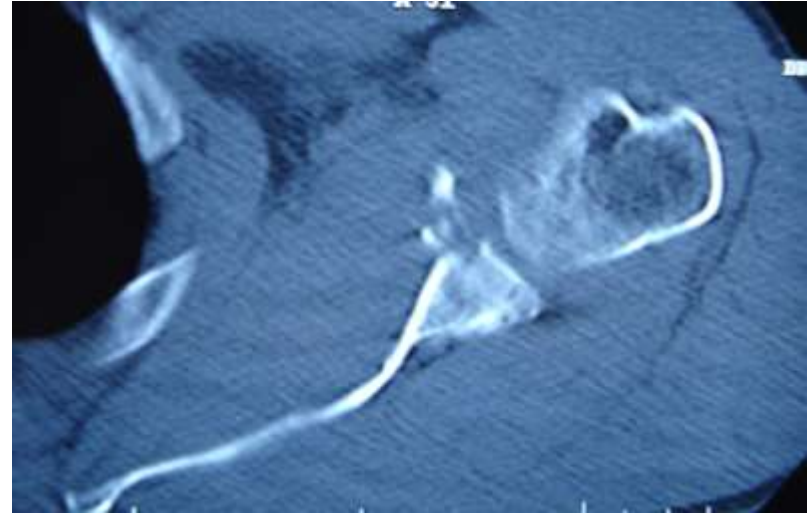


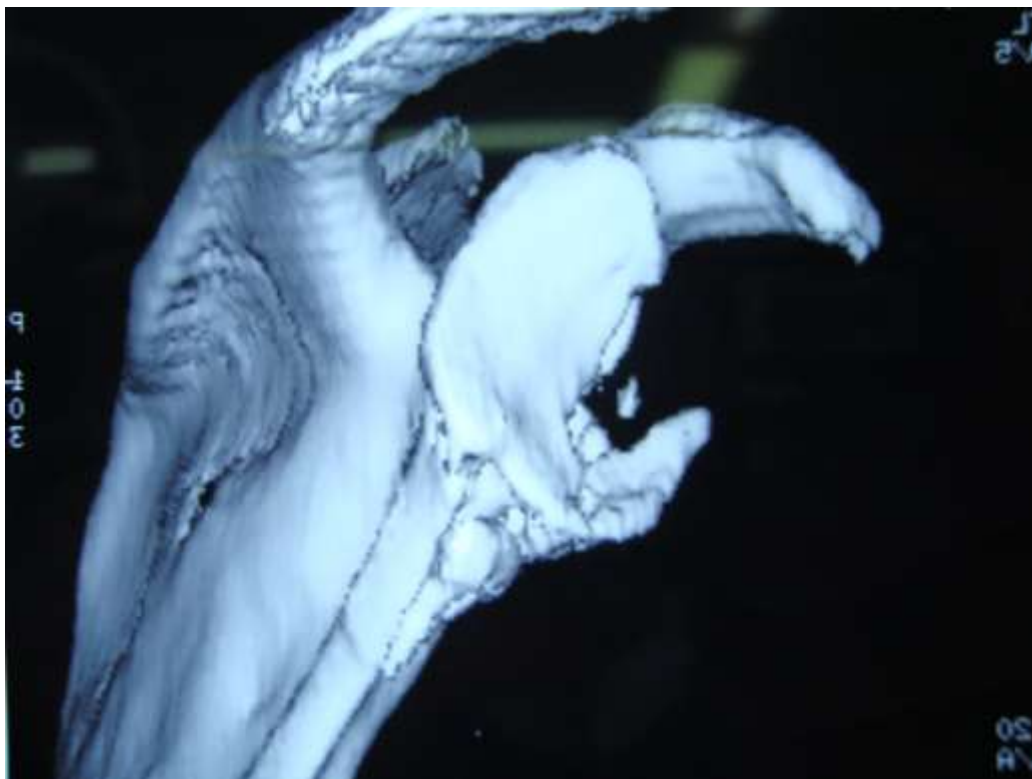
# Arthroscopic repair

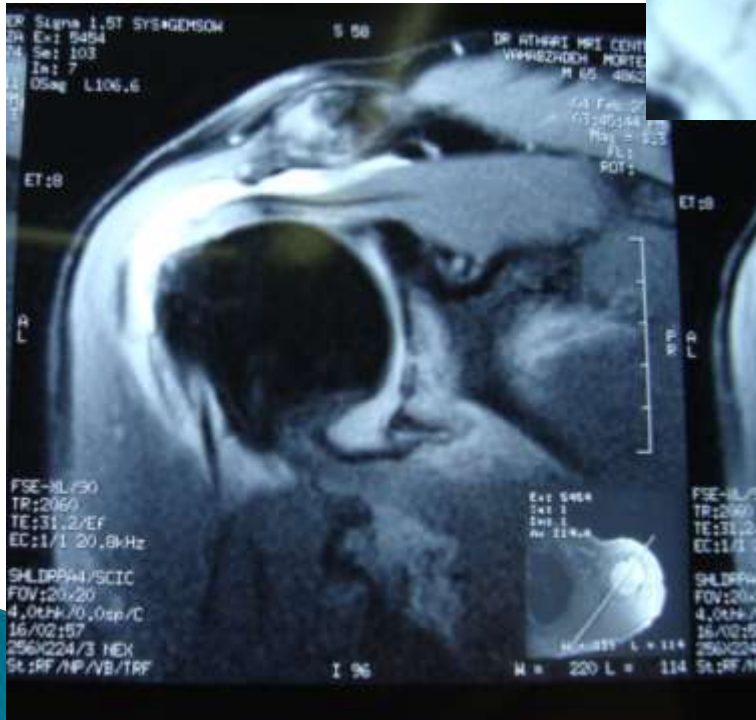
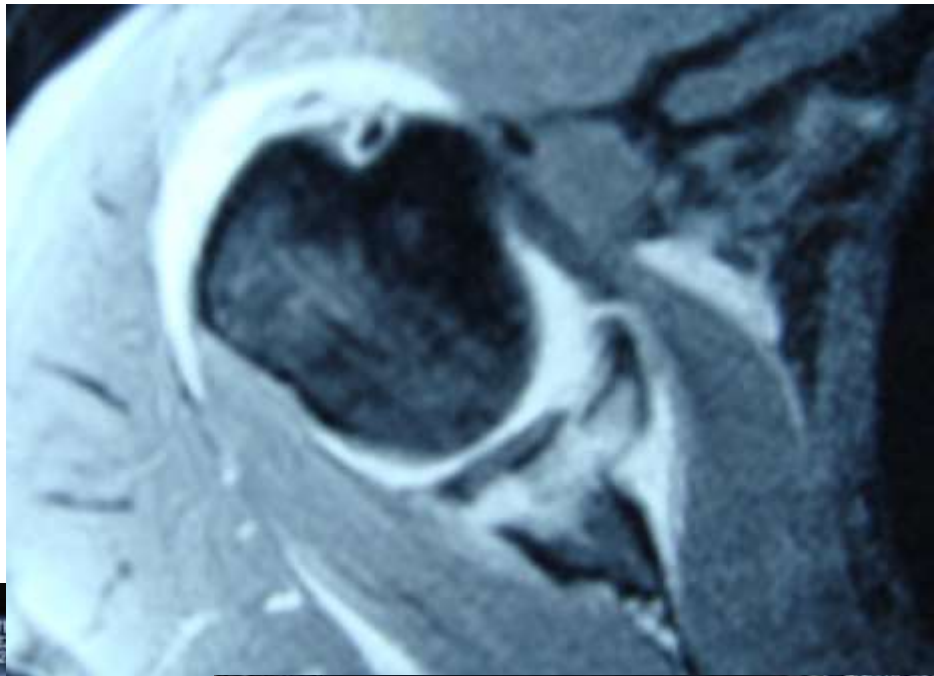




65 y. surgeon following falling down  
No medical illness, N/V normal







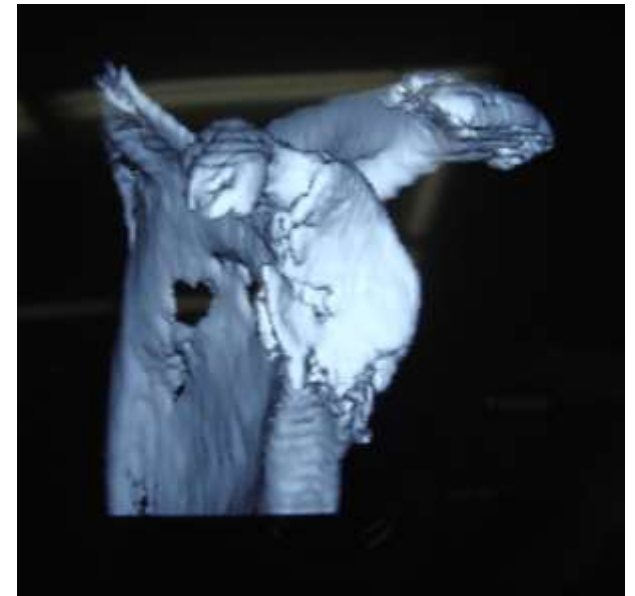
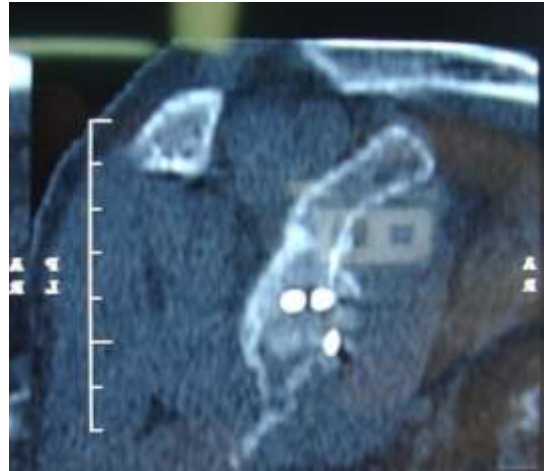
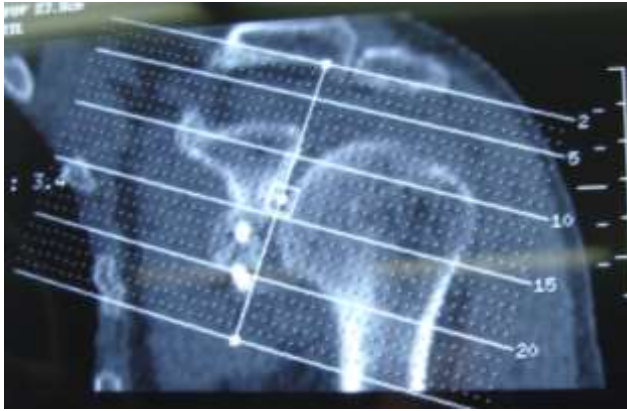




# Post-op X-Rays



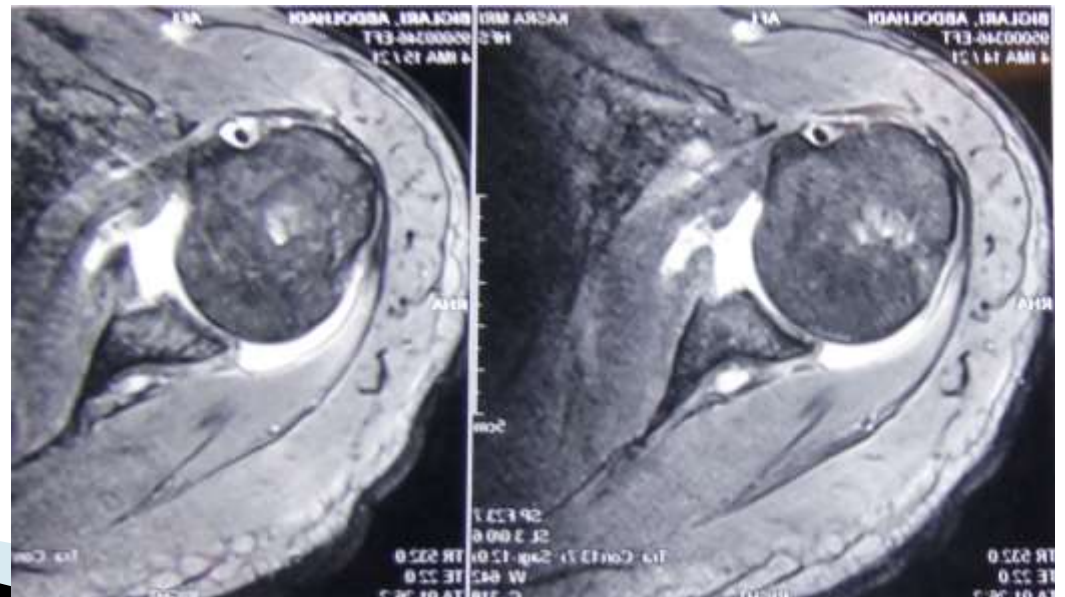
# CT after 6 wks



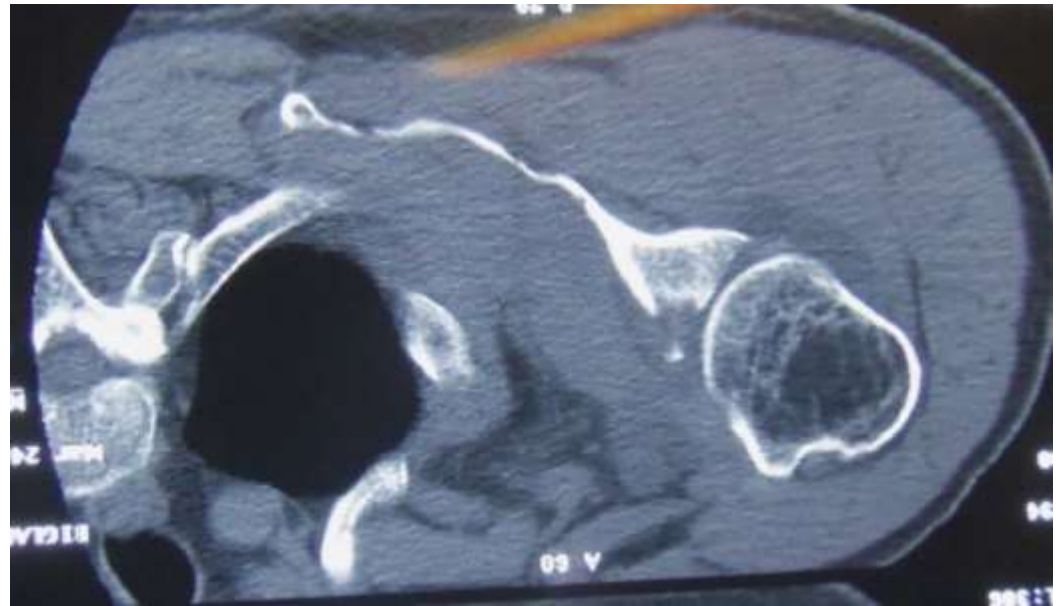
# 68 y. male following falling down



# MRI



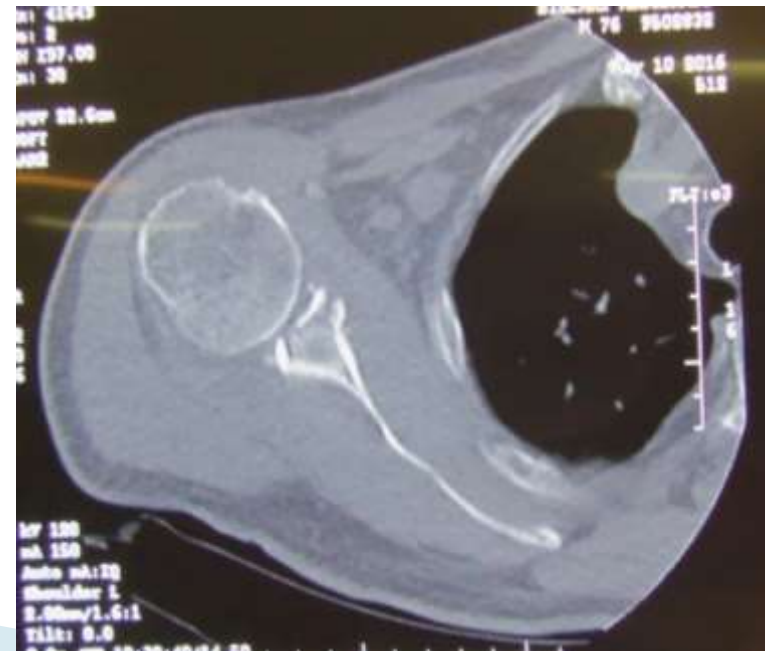
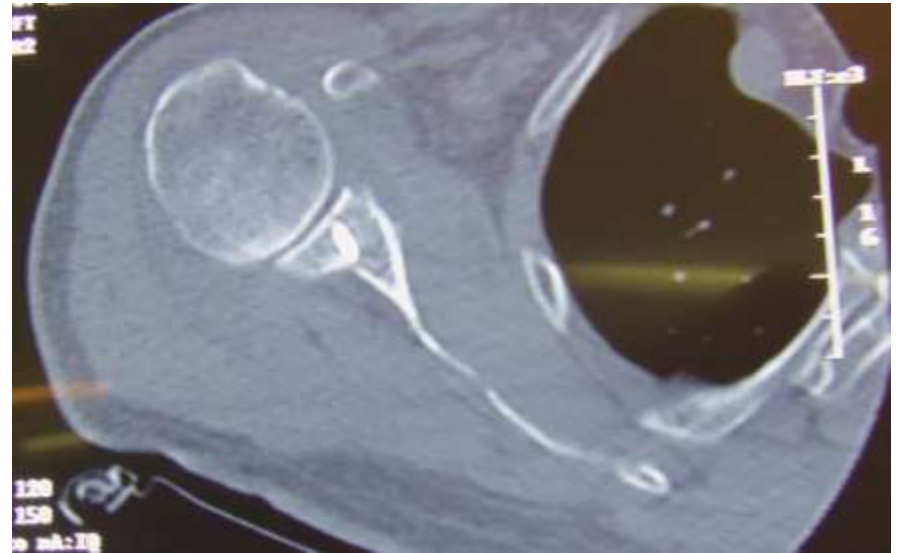
# CT Scan



# Post-op X-rays

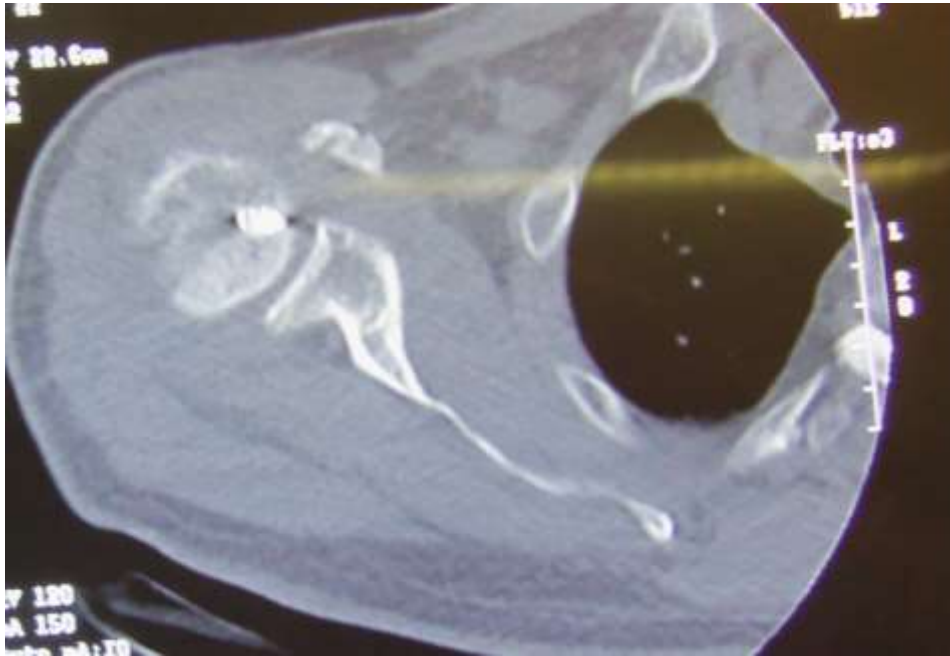


# CT after 3 month





# CT after 3 month



# Summary

- ▶ Arthroscopic repair of bony Bankart lesions
  - valuable method
  - good results
  - Low morbidity
- ▶ **not Suitable in:**
  - Glenoid Deficiency
  - Revision Surgery



Thank you for attention