Case 1: Arthroscopic treatment of paralabral cyst

Lucas Korcek, MD
Case Presentations
Background

25 y/o tennis player presented with 2 months of worsening R shoulder pain without obvious injury event.
Exam

Pertinent findings:

- Click in shoulder with circumduction maneuvers
- Full AROM, 5/5 strength
- Subtle instability with posterior load-and-shift
Imaging

MRI: large spinoglenoid notch cyst consistent with labral tear (though tear not seen on MRI)

No muscular atrophy noted, but size/location of cyst concerning for suprascapular nerve impingement
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Indication for Surgery

1. Progressive shoulder pain with MRI evidence of large cyst in spinoglenoid notch

2. Concern for impending neuromuscular injury
Interventions

1. Arthroscopy
2. Decompression of cyst and repair of posterior labrum
3. Repair of upper boarder of subscapularis insertion
4. Subpectoral biceps tenodesis
Intra-operative Findings

View from posterior portal:

Posterior-superior labral tear

Cause of cyst seen on MRI
Intra-operative Findings

Upper boarder subscapularis tear
Intra-operative Findings

Biceps tendon
Intra-operative Findings

Pulling on the biceps tendon with the probe subluxates the biceps and reveals tendon inflammation.
Intra-operative Findings
Intra-operative Findings

Looking from anterior view portal:

Preparing the glenoid for labral repair and decompressing the cyst.

Cyst fluid is seen expressed on the right.
Intra-operative Findings

Looking from anterior view portal:

Repair of posterior labrum to glenoid rim with suture anchors
Intra-operative Findings
Intra-operative Findings

Subscapularis repaired
Post-op Plan:

- Sling x6 weeks. Rotator cuff rehab protocol.

2 week f/u: doing well
Discussion
Case 2: HAGL

(Humeral Avulsion of Glenohumeral ligament)

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Background

52M had left rotator cuff repair 7 years ago. Did well for 5 years

Then: Fell chasing his dogs → anterior shoulder dislocation

Last 2 years: Multiple dislocations w/ less-and-less trauma required, dislocating in sleep
Exam

Pertinent findings:

- superior cuff pain/weakness
- apprehension
Imaging
First dislocation
Imaging
Pre-operative MR
Imaging

Pre-operative MR
Imaging

Pre-operative MR
Imaging
Pre-operative MR
Imaging

Pre-operative MR
Imaging

Pre-operative MR
Imaging
Pre-operative MR
Indication for Surgery

1. Shoulder instability with serial dislocation events

2. Shoulder pain w/ failed RC repair

Plan:
- Revision RC repair
- EUA and arthroscopic shoulder exam → assess for causes of instability
Intra-operative Findings
Intra-operative Findings
Intra-operative Findings
Intra-operative Findings
HAGL Identified
HAGL Repair
HAGL Repair
RC Repaired
Discussion

Anterior shoulder instability:
- Bankart (74%)
- Generalized capsular laxity (17%)
- HAGL (9%)

Important to have a high index of suspicion for HAGL in absence of Bankart or capsular laxity
Discussion

Wolf. Arthroscopy. 1995
Discussion

Subscapularis tendon
Coracohumeral ligament
Superior glenohumeral ligament
Middle glenohumeral ligament
Inferior glenohumeral ligament

Anterior view

Wolf. Arthroscopy 1995
Discussion

Bui-Mansfield. AJSM 2007
Discussion

Key Points:
1. Exam: rule out more common pathology (Bankart, ALPSA, capsular redundancy)
2. Assess GH ligaments (possibly use 70° scope)
3. 5-o’clock portal is essential
   • Prepare humerus footprint
   • Place suture anchor
4. Angle of approach: Arm abducted/externally rotated
5. Ligaments secured to footprint/anchor in reduced position
Discussion

5-o’clock portal
Discussion

Other pearls:

- Not always seen on MRI/MRA
- Often associated with other pathology
- Can lose ER after repair, need rehab
- Arthroscopic tx shown to be:
  - reproducible, safe, and equivalent results compared to open tx