

fragments. At an average follow-up of 4.9 months (range 1 month to 4.3 years) two patients required partial meniscectomy (1 at 5 months and 1 at 6 months) for non-healing. No patient had neurovascular complications or fixators palpable under the skin.

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Preoperative and Postoperative Magnetic Resonance Arthrograms in Shoulders After Arthroscopic and Open Anterior Stabilization in a Prospective, Randomized, Clinical Trial (SS-28)

To evaluate preoperative gadolinium-enhanced MR arthrograms (MRA) with MR arthrograms obtained six months postoperatively in shoulders that have undergone either arthroscopic or traditional open anterior stabilization using a bioabsorbable suture anchor in a prospective, randomized clinical trial. Sixty consecutive patients who presented with chronic anterior shoulder instability who failed at least six months of nonoperative treatment were randomized to either arthroscopic or open stabilization groups. All patients underwent MR arthrograms preoperatively, the findings of which were compared to intraoperative pathology. Six months following anterior stabilization, 45 of the 60 patients underwent a second MR arthrogram to assess 1) postoperative changes in comparison to the pathology noted on preoperative studies, 2) the postoperative MRA differences between open and arthroscopic stabilization, 3) early clinical results in comparison to postoperative MRA changes. Intraoperative findings correlated well with pathological changes noted on preoperative MRA. In 90% of the postoperative shoulders at MRA, a type I "seamless" anatomical restoration of the capsulolabral complex was noted regardless of operative technique. In 10% of the cases, a type II "cleft" or type III "noncontiguous" capsulolabral attachment site was noted. These MR findings, however, did not correlate well with clinical results, subjective shoulder ratings or patients' perception of stability. Preoperative MR arthrograms in shoulders with anterior instability allow an accurate diagnosis of intra-articular pathology that correlates well with operative findings. Arthroscopic and open stabilization techniques result in similar intra-articular findings by MRAs at six months postoperatively. The MRA studies that demonstrated less than anatomical restoration of the capsulolabral complex postoperatively correlated poorly with subjective and objective clinical outcomes.

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Results of Arthroscopic Bankart Repair Using Suture Anchors in Traumatic Anterior Shoulder Instability (SS-29)

Background: The purpose of this study was to prospectively evaluate the surgical outcome of arthroscopic Bankart repair using suture anchors in patients with recurrent traumatic anterior shoulder instability with a minimum follow-up of two years. **Materials:** We studied 53 patients with a mean age of 25.3 years (16-41). The study group consisted of 45 men and 8 women. The mean follow-up was 2.2 (2-4.3) years. Patients were evaluated prospectively according to the Rowe-score. **Results:** After 2.2 years 3 patients suffered from a single redislocation, 2 patients had recurrent dislocations which means an overall redislocation rate of 9.4%. Three of the five redislocators had a traumatic redislocation. The average Rowe-score increased to 92.4 points from 32.1 points preoperatively. At final follow-up, 85.9% of the patients had returned to their preoperative sports level. **Conclusions:** Our results in this series demonstrate the efficacy of arthroscopic bankart for the treatment of recurrent traumatic anterior shoulder instability repair using suture anchors. It allows the surgeon to reliably correct the labral detachment and the capsular redundancy while preserving motion and minimizing morbidity. Although it is a highly demanding technique, it can yield comparable results to open procedures when a correct indication is carried out.

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Arthroscopic Bony Bankart Repair for Chronic Recurrent Traumatic Anterior Glenohumeral Instability (SS-30)

Purpose: A bony Bankart lesion associated with chronic recurrent traumatic glenohumeral instability has traditionally been treated with only soft tissue repair and/or open bone grafting if the glenoid defect was large. However, we recognized that the bony Bankart lesion could be reconstructed arthroscopically, even if it was chronic with a large osseous defect, because it is possible to separate the bony fragment from the glenoid neck together with the labroligamentous complex. The purpose of this study was to evaluate the postoperative outcome of an arthroscopic bony Bankart repair for chronic recurrent traumatic anterior glenohumeral instability, including "inverted-pear" type glenoid bone deficiency. **Methods:** A consecutive series of 41 shoulders with chronic recurrent traumatic glenohumeral instability underwent arthroscopic bony Bankart repair. Subjects