

Glenohumeral Thermal Capsulorrhaphy Is Not Recommended— Shoulder Chondrolysis Requires Additional Research

In this issue, a report of 8 cases by Good, Shindle, Kelly, Wanich, and Warren¹ confirms a concern voiced in previously published literature^{2,3} that the devastating complication of glenohumeral chondrolysis is associated with shoulder thermal capsulorrhaphy.

Also reported in this issue, by Creighton, Romeo, Brown, Hayden, and Verma,⁴ is that glenohumeral thermocapsular shrinkage had been performed in 9 of the 18 patients who later required a revision of their previous shoulder instability repair.

Finally, as reported in this issue, capsular attenuation or ablation, yet another complication of shoulder thermal capsulorrhaphy,⁵ is one of the few shoulder stabilization challenges that Kropf, Tjoumakaris, and Sekiya⁶ believe may result in the possible need for open (as opposed to arthroscopic) shoulder stabilization.

As the Editors of *Arthroscopy*, we cannot help but conclude that, pending evidence to the contrary, shoulder thermal capsulorrhaphy is a procedure in which these and other reported risks⁵ outweigh any potential benefits.

What is more, chondrolysis has also been reported to be caused by the use of gentian violet⁷⁻⁹ and with intra-articular use of a pain pump.³ Additionally, in animal¹⁰ and in vitro¹¹ models, chondrolysis or chondrocyte cytotoxicity has been found to result from extreme levels of local anesthetic infusion. Idiopathic shoulder chondrolysis has also been described.¹² The etiology of glenohumeral chondrolysis may be multifactorial.³

Future research is required to determine the cause, and proper prevention, of shoulder chondrolysis.

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