

biceps tendon rupture. No adverse events were attributed to the presence of the matrix grafts.

Conclusion: No differences in Constant-Murley, ASES scores, or MRI demonstrated cuff retears were observed at a minimum of 12 months follow-up. Adverse events were more common in the control group than the augmented rotator cuff repairs.

A Comparison of Short Term Functional Outcomes in Patients Undergoing Revision Arthroscopic Repair of Massive Rotator Cuff Tears With and Without Arthroscopic Suprascapular Nerve Release (SS-11)

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Introduction: This study was designed to compare early functional outcomes in patients undergoing revision arthroscopic repair of massive rotator cuff tears retracted medial to the glenoid with Goutallier Grade 3B atrophy with and without arthroscopic release of the suprascapular nerve at the suprascapular notch. We hypothesized that patients undergoing concomitant nerve release would have more favorable functional outcomes at final follow-up as compared to those not undergoing release.

Methods: Twenty patients between the ages of 42 and 74 years (12 male, 8 female) underwent arthroscopic repair of a massive rotator cuff tears with concomitant arthroscopic release of the suprascapular nerve from June 2007 to December 2008. The Modified UCLA Shoulder Rating Scale for each patient was obtained both preoperatively and at final follow-up. These scores were compared to a similar group of twenty patients (age range 45-78 years; 14 male, 6 female) undergoing arthroscopic repair of massive rotator cuff tears without suprascapular nerve release during the same time period. Average time to final follow-up for all patients was 16.45 months (range 6-26 months). All procedures were performed and/or supervised by the senior attending surgeon (F.H.S.)

Results: Modified UCLA Shoulder Rating Scale scores improved in both groups. Eighteen of twenty patients who underwent suprascapular nerve release were satisfied and recovered at least two grades of strength according to the Modified UCLA Shoulder Rating Scale. Pain scores also improved at least two grades in all patients in this group. In the comparison group, sixteen of twenty patients were satisfied. Strength improved an average of one grade and pain improved an average of one grade.

Conclusion: Our results demonstrate that patients undergoing release of the suprascapular nerve at the supra-

scapular notch at the time of revision repair of a massive rotator cuff tear retracted medial to the glenoid with Goutallier Grade 3B atrophy had significantly better functional outcomes. Although the indications for suprascapular nerve release are undetermined at present, this procedure improves the success rate in this group of patients.

Conservative or Arthroscopic Treatment of First Time Traumatic Anterior-Inferior Shoulder Dislocation in Adolescents – Prospective Results after 36 Months (SS-12) *Rico Listringhaus, Dr., Roderich Heikenfeld, Dr., Georgios Godolias, Prof. Dr.*

Introduction: The purpose of this study was to compare the results of conservative or arthroscopic treatment of first time traumatic anterior-inferior shoulder dislocation in adolescents. Does arthroscopic stabilization lead to a lower recurrence rate than conservative treatment in this group of patients?

Methods: 33 patients aged between 15 and 18 years who had a first time traumatic anterior-inferior dislocation of their shoulder were suggested for arthroscopic stabilization. MRI proved damage of the anterior-inferior capsule-labrum complex (Bankart lesion) in all cases. In 18 cases the patients and their parents agreed to surgical treatment and were treated with an arthroscopic stabilization of the capsule-labrum complex with absorbable suture anchors. 15 patients who denied the surgical procedure obtained conservative treatment using a sling in the initial posttraumatic phase. Patients were followed prospectively after 12, 24 and 36 months using the Rowe score. A redislocation during follow up was rated as a failure of the treatment.

Results: 30 shoulders were completely evaluated, 16 in the arthroscopic and 14 in the conservative group. There were 3 redislocations in the arthroscopic group (1 with adequate trauma, 2 without trauma). 10 shoulders in the conservative group had an redislocation. Rowe Score in the arthroscopic group increased from 58 preop to 86, 88 and 89 at last follow up, in the conservative from 59 to 85, 86 and 88 respectively. 16/18 patients of the surgical group rated their result as good or excellent compared to 5 in the conservative group.

Conclusion: We found a lower rate of recurrence rate and a higher patient satisfaction by arthroscopic treatment. The crucial point might be the anatomical reconstruction of the damaged anterior-inferior capsule-labrum complex. Nevertheless in this young group of patients the recurrence rate after arthroscopic stabilization is higher compared to adult patients.