

standard radiocarpal and midcarpal arthroscopy, the proximal carpal row was removed with the arthroscopic bur, with care being taken to protect the articular cartilage surfaces of the proximal capitate, and lunate fossa. A soft bandage was applied, which was removed two days postoperatively and early range of motion was instituted. Wrist range of motion, grip strength, and postoperative pain were compared to previous data on open PRCs.

Results: Eighteen patients underwent the procedure, with fourteen patients available for greater than one year follow-up. There were no postoperative complications, and no instances of radiocarpal subluxation despite immediate mobilization of the wrist. There was a significant learning curve, but the procedure was consistently performed in under one hour in the latter half of the study. Patients had less postoperative pain, faster recovery of motion, and faster return to activity compared to the open procedure. Final range of motion and grip strength were nearly identical to the open procedure.

Conclusion: All-arthroscopic Proximal Row Carpectomy appears to be a safe, effective, and reliable procedure for a variety of wrist conditions, and allows for rapid mobilization of the wrist compared to the open procedure. Results appear to be as good as or better than similar patients treated with an open Proximal Row Carpectomy, with less postoperative pain and faster return to activity. Final range of motion and strength is equivalent to the open procedure. There is a significant learning curve, but the procedure may be appropriate for the experienced wrist arthroscopist.

Endoscopic Carpal Tunnel Release: Retrospective Comparison Between Two Endoscopic Techniques (SS-28) *Jorge Luis Orbay, M.D., Igor R. Indriago, M.D.*

Introduction: Carpal tunnel syndrome is the most common peripheral nerve compression disorder. Endoscopic release (ECTR) is a well accepted minimally invasive treatment method that hastens recovery while offering an acceptable complication rate. It can be performed through various techniques using a proximal, a distal or two portals. We have significant experience with the two portal (Chow) and with the one proximal portal (Agee) ECTR methods. This study compares our results and complications with these two methods.

Methods: We reviewed the medical records of all patients treated by the senior author at our center for isolated unilateral CTS using ECTR between January 1991 and August 2009. Bilateral ECTR cases and those presenting other associated surgical procedures were excluded. During this period we used both the two portal

and the proximal portal techniques. The two portal technique (787 cases) was used mainly between 1991 and 1995 while the proximal portal technique (2359 cases) was used more frequently after 1995. All patients were treated as outpatients and under local or regional anesthesia. Postoperative management included a plaster slab short-arm post-operative dressing used for an average of six days, immediate finger motion and early functional use of the hand. Patients were seen at six days, one month and three months after surgery. Final functional results were assessed by measuring digital ROM, assessing for persistence of night paresthesia and for the presence of pain, tingling or numbness.

Results: Of 3,146 hands that fit the inclusion criteria, we were able to follow 91% of them for at least 12 weeks. The mean time for return to work was 10 days. Immediate relief of night paresthesia was reported in 98% patients presenting with this symptom while 67% of patients with constant numbness had complete resolution at final follow-up. Complications include significant pillar pain (7 two portal and 13 proximal portal), transient median neuropathy (2 cases with two portal technique), digital neuropathy (3 two portal 4 proximal portal), laceration of the superficial arch (10 two portal and 4 proximal portal) reflex sympathetic dystrophy (2 two portal and 4 proximal portal).

Conclusion: Both methods provide early return to function and adequate relief of symptoms. The complication rate is acceptably low when the procedure is performed by one surgeon. The two portal technique presented increased incidence of median neuropathy and superficial arch laceration.

Identification of Acetabular Labral Pathology in Asymptomatic Volunteers Using Optimized Noncontrast Magnetic Resonance Imaging (SS-29) *Matthew R. Schmitz, M.D., Warren Kadrmas, M.D.*

Introduction: The objective of this study was to use an optimized noncontrast MRI protocol to identify hip labral pathology, including labral tears and paralabral cysts.

Methods: In this prospective prevalence study, 42 hips in asymptomatic patients with an average of 34 years old (range 27-43) were imaged with optimized noncontrast MRI scans. Two fellowship trained musculoskeletal radiologists interpreted the scans at two different points in time and commented on the presence of labral pathology including paralabral cysts. The results were analyzed for both interobserver and intraobserver reliability.