

Shoulder Problems Motivate Innovative Solutions



Abstract: Shoulder arthroscopic and related surgeons may require expertise in use of the 70° arthroscope, biologic patch augmentation, repair of massive rotator cuff tears, the Latarjet procedure and related glenoid bone augmentation, and reverse total shoulder arthroplasty.

In your September 2016 issue of *Arthroscopy*, in addition to captivating hip and knee and ankle content, we find fascinating a compendium of shoulder articles. The shoulder content seems particularly notable this month for a number of reasons: distinguished authors, complex pathology, innovative arthroscopic and related surgical solutions, and increasingly important and valued comparative cost analyses.

In addition, several Editorial Commentaries serve to highlight these high impact shoulder topics and enhance the value for readers. The Commentary program has matured to include, as described below, experts writing on a subject in their “wheelhouse” as a way to advance the academic conversation. We encourage readers to join the conversation by please submitting additional comments as Letters to the Editor. More conversation adds depth and understanding to important topics.

We lead with “A 70° Arthroscope Significantly Improves Visualization of the Bicipital Groove in the Lateral Decubitus Position” by Sheean et al.¹ from San Antonio, Texas, Portland, Oregon, Naples, Florida, and Meyrin, Switzerland. This is a fine follow-up to a classic 2010 article from the Hospital for Special Surgery in New York, “Use of the 70° Arthroscope for Improved Visualization With Common Arthroscopic Procedures.”² In addition, this month’s study touting the 70° arthroscope is supplemented by an insightful Editorial Commentary by Sam Taylor, also from the Hospital for Special Surgery.³ This article demonstrated that we may need to use alternative viewing methods to ensure that we see all of the pathology in a shoulder, especially in the biceps tendon.

Next, Millett et al.⁴ from the Steadman Philippon Research Institute in Vail, Colorado, present “Outcomes After Open Revision Repair of Massive Rotator Cuff

Tears With Biologic Patch Augmentation.” Commentary⁵ is provided by Steve Snyder from Van Nuys, CA, a leader in the introduction of rotator cuff tear biologic augmentation.⁶⁻⁸ Snyder’s astute commentary puts this month’s article by the Vail group in clear perspective, and it clearly indicates why Snyder has been revered as an educator for as long as we can remember.

Two interesting studies from the Rush group (Makhni et al.) evaluate comparative cost-effectiveness for 2 uber-complex shoulder problems: (1) “Revision Arthroscopic Repair Versus Latarjet Procedure in Patients With Recurrent Instability After Initial Repair Attempt: A Cost-Effectiveness Model”⁹; and (2) “Cost-Effectiveness of Reverse Total Shoulder Arthroplasty Versus Arthroscopic Rotator Cuff Repair for Symptomatic Large and Massive Rotator Cuff Tears.”¹⁰ Cost-effectiveness analysis is a relatively new field of study in arthroscopic and related surgery, and critical analysis is required to allow future authors to improve their methods. Thus, for commentary we turn to Larry Higgins from Boston, who pulls no punches in his critical analysis.¹¹ Higgins is well published in the arena of orthopaedic value assessment.¹²⁻¹⁷

We note the original scientific article “Short-Term Outcomes of Glenoid Bone Block Augmentation for Complex Anterior Shoulder Instability in a High-Risk Population” by Waterman et al.¹⁸ from El Paso, Texas, and Boston, Massachusetts, with commentary by Associate Editor Nikhil Verma,¹⁹ whose editorial acumen is impressive and who is well published on the topic of shoulder instability including glenoid reconstruction using bone grafts.²⁰⁻³⁴

Lastly, we note “Humeral Avulsion of the Glenohumeral Ligaments: A Systematic Review” by Longo et al.³⁵ from Rome. Humeral avulsion of the glenohumeral ligament (HAGL) is an uncommon, but not rare, cause of shoulder instability, and as the orthopaedic adage goes, we may not have seen a HAGL, but it has seen us.

Taken in sum, it is clear that shoulder arthroscopic and related surgery has evolved to a point where the

most difficult clinical challenges are under investigation, from visualization of the bicipital groove,^{1,36-39} to massive cuff tear,^{4,10,40-46} and from revision shoulder stabilization,^{9,47-55} to glenoid reconstruction in populations at high risk for shoulder instability,^{18,47,51} and the subtle HAGL.^{25,35,56,57} And Editorial Commentaries expand the scientific conversation.

Shoulder arthroscopic and related surgeons may require expertise in use of the 70° arthroscope, biologic patch augmentation, repair of massive rotator cuff tears, the Latarjet procedure and related glenoid bone augmentation, and reverse total shoulder arthroplasty. Although there are many fine journals that must not be ignored, in the interest of patients, we hope surgeons treating complex shoulder pathology read *Arthroscopy*.

James H. Lubowitz, M.D.
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Assistant Editor-in-Chief

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Assistant Editor-in-Chief

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