

were placed in a CAM walker for next 4 weeks with PWB and PT. Patients were evaluated postop and foot and ankle scores were obtained through a combination of clinical exam and telephonic questionnaire.

Results: we had total of seven cases between 2012 to 2016 with an average followup of 8 months. The first 2 cases had an arthroscopy - arthrotomy for cartilage cell transplant. The last 5 cases have all been performed arthroscopically. we had age range from 17 to 56 and both males(5) and females(2) At last followup 5 cases had an excellent result with a foot and ankle score over 97(100) one patient had a fair result. FA score 75-80. One patient at 4 months complained that symptoms were no different at 4 month mark. FA Score 50.

Conclusion: Early results for Cartilage cell transplants for OCD of the Talus have been good. We need a larger series and longer followup hopefully with a multicentre blinded trail to see if these results will be worth the extra cost and risks involved.

Clinical and Radiographic Outcomes Following Concurrent Treatment of Osteochondral Lesions of the Talus and Symptomatic Os Trigonum

SS-45

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Introduction: Osteochondral lesions of the talus and symptomatic os trigonum represent two distinct lesions in the hindfoot and each are a well-recognized source of pain and disability. However, little is known about the outcomes of patients who are treated for both concurrently. Currently there are no case reports in the literature or case studies to guide surgeons in counseling patient expectations or treatment decisions when a symptomatic osteochondral lesion and painful os trigonum are both present. The purpose of this study is to address this deficiency in the literature.

Methods: We retrospectively identified 28 patients who had undergone arthroscopic treatment of OLT and Os Trigonum from 1997 to 2015. 19 patients met inclusion and exclusion criteria and were invited for participation in the study. The primary outcome measure was the FAOS and AOFAS ankle-hindfoot score. Secondary outcome measures were the Short-Form-36, resumption of work and sports, and a custom questionnaire. Preoperative and follow up progression of radiographic arthritis was reviewed.

Results: Twelve patients (6 male, 6 female, mean age 38) were available for participation in the study with a mean duration of follow up of 65 months (range 12-160) months. Most patients would have surgery again (78%) and were satisfied with their surgery (67%). Patients frequently were able to perform activities of daily living (FAOS 84) but performed modestly concerning sports and recreation (FAOS 61). The mean AOFAS score was 78.

Two patients had radiographic progression of arthritis by a single grade.

Conclusion: The principle finding of this study was that patients have an overall fair outcome with combined treatment of osteochondral lesions of the talus and os Trigonum. The overall complication rate and radiographic progression of arthritis was low at final follow-up. We hypothesize that this combined injury occurs when a painful os trigonum impairs ankle stability leading to an osteochondral defect.

Preliminary Results of Arthroscopic Superior Capsule Reconstruction with Dermal Allograft

SS-46

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Introduction: Superior capsule reconstruction (SCR) with fascia lata autograft has been proposed as a joint-preserving solution for irreparable massive rotator cuff tears (MRCT). Dermal allograft limits donor-site morbidity, has been used previously in augmentation of rotator cuff repairs, and has been used clinically for SCR. However, no studies have reported on the outcomes of arthroscopic SCR with dermal allograft. Our purpose was to evaluate the short-term outcomes of arthroscopic SCR with dermal allograft.

Methods: A multi-center prospective study was performed on patients undergoing arthroscopic SCR for irreparable MRCTs. The minimum follow-up was 1 year. Range of motion and functional outcome according to VAS pain, ASES score, and SANE score were assessed preoperatively and at final follow-up. Radiographs were used to evaluate the acromiohumeral distance (AHD).

Results: 31 patients with a mean age of 61.7 years had a minimum follow-up of 1 year. Fourteen patients (45.2%) had a prior rotator cuff repair. Forward flexion improved from 129° preoperatively to 156° postoperatively, and external rotation improved from 32° to 43° respectively (p < .05). Compared to preoperative values, VAS decreased from 5.7 to 1.5, the ASES score improved from 44.9 to 83.0, and SANE score improved from 35.8 to 76.5 (p < .05). The AHD was 6.6 mm at baseline, and improved to 7.3 mm at the 2 weeks postoperative. Twenty-three patients (74.2%) were satisfied. Five patients (16.1%) underwent a revision procedure including 3 reverse shoulder arthroplasties.

Conclusion: Arthroscopic SCR using dermal allograft provides functional improvement and patient satisfaction in the majority of cases. The preliminary results of this joint-preserving technique are encouraging in an otherwise difficult to manage patient population. However, further study is needed to examine the long-term outcome and need for secondary procedures, and evaluate the learning curve of the procedure as these results represent our initial patients.