

Regarding “High Clinical Failure Rate After Latissimus Dorsi Transfer for Revision Massive Rotator Cuff Tears”



The article in the January 2020 issue entitled “High Clinical Failure Rate After Latissimus Dorsi Transfer for Revision Massive Rotator Cuff Tears,” by Muench et al.,¹ caught my interest, and after reading the article and the commentary by Li,² I felt it necessary to comment.

The notion that the literature does not support the use of this procedure for revision of failed rotator cuff repairs does not reflect our report of 18 patients (mean age 60 years) with between 1 and 4 failed prior cuff repair procedures.³ In that report, zero cases failed owing to rupture of the transfer. Of the remaining 17 patients, none could elevate the arm to 90° preoperatively, but all could elevate to ≥90° postoperatively. All had similar statistically significant improvements in other motions as well as in pain. Importantly, all patients stated that they would undergo the operation again. American Shoulder and Elbow Surgeons (ASES) scores improved from a mean of 43 to a mean of 61. Thus, in contradistinction to the authors’ results and the commentator’s assertions, we do not agree that this operation should not be used in the presence of prior failed rotator cuff surgery.

Additionally, the authors’ criterion of a minimal increase of 17 points in the ASES score as the dividing line between clinical success and failure, using the paper by Tashjian et al.⁴ as the reference, does not correlate with the statement in that paper that “our finding that the minimal clinically important difference in the ASES fell between 12 and 17 points was supported even when we took into account the effects of the duration of follow-up.” Using the broader range that Tashjian used would likely have increased the success rate in the paper by Muench et al.¹

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Author Reply to “Regarding ‘High Clinical Failure Following Latissimus Dorsi Transfer for Revision Massive Rotator Cuff Tears’”



We are writing in response to the letter from Dr. Neviasser, for whom we have great respect. We appreciate his letter, and he makes excellent points regarding the latissimus dorsi transfer as a salvage procedure. His previous study described 17 patients with previously failed rotator cuff repairs who showed increased range of motion and overall satisfaction with a latissimus dorsi transfer.¹ He also mentions in his letter that their mean ASES was 61/100 postoperatively.

Setting patient expectations are important, and a final score of 61/100 in a relatively young person is not ideal, in our opinion. In addition, part of the reason we wrote our initial article² was to open the conversation for other potential options, such as a lower trapezius transfer or even a biologic graft augmentation. As mentioned in the editorial commentary,³ we wanted to show that despite exhausting various efforts, at least in our hands, the latissimus dorsi transfer did not give us the results we wanted for this young population.

Dr. Neviasser is completely right, and we agree that you should not overlook the latissimus dorsi transfer, but take into account the variability and success it can provide patients for such an involved surgery.

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