

risk) or as all-inside techniques. For this purpose some recently developed and introduced instruments like meniscus-staplers seem to be very useful and encouraging.

Gerolf Peicha, M.D.
Jörg Michael Passler, M.D.
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To the Editor:

Not satisfied with their recurrence rate using Caspari's technique for arthroscopic Bankart repair, K. Hayashida et al. (*Arthroscopy* 1998;14:295-301) modified their fixation technique, but their recurrence rate was unchanged.

Might I suggest altering the point of entry of their sutures into the glenoid? Instead of making the drill hole in "the glenoid neck" (p. 297) they might try drilling through articular cartilage just at or barely posterior to the anterior glenoid rim. This can be done either by drilling through the arm of the Caspari drill guide that rests on the articular cartilage, or by using a burr to create a nest-like impression at the articular rim, right where the cartilage ends.

Reider and Inglis (*J Bone Joint Surg Am* 1982;64:628-629) reported a series with trans-scapular fixation through the articular side of the anterior glenoid rim. They had no recurrences. My own small personal series, begun 10 years ago using the Inglis articular side drill hole performed arthroscopically, also has yet to have a recurrence, although it should be noted that none of my patients were under 18 years of age.

Sincerely,
David J. Fleiss, M.D.
New York, New York, U.S.A.

Author's Reply

Thank you for sending the letter from Dr. David J. Fleiss. Here, I would like to reply to him.

Thank you for your interest in my report. I would like to answer your suggestion. The drill holes of all patients in this study were made passing through the glenoid bone. After 6 months of operation, we routinely investigated patient shoulders with double-contrast CT arthrography to examine the ligament repair condition, and drill holes of all patients were made in glenoid bone on the basis of the CT findings. I do not know the reason why 16% of patients experienced recurrent instability after the modified fixation method. It seemed absorbable suture might have caused insufficient ligament repair, and we started to use nonabsorbable suture. Until now, the recurrence rate using nonabsorbable suture is less than 10%. We would like to report these results in the near future.

I am sorry I cannot reply to your question perfectly. If you have more questions or comments, please let me know.

Sincerely yours,
Kenji Hayashida, M.D., Ph.D.
Osaka, Japan