

Arthroscopic technique, more miniopen in tendon transfer with pectoralis major in massive irreparable ruptures of a throsopic cuff



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Abstract

Aim: To show the arthroscopic technique used for irreparable massive ruptures of the rotator cuff with hemipectoral major.

Summary: 10 patients with indication of transfer of the pectoralis major flap surgery were performed with the sternal beam of the pectoralis major in the form of a mini open for graft and arthroscopic removal in their shoulder insertion, using peek anchors for anchoring in the lateral edge to the bicipital slide of the shoulder, with eighth month follow-up POP.

Material & Methods: 20 patients were taken; male patients aged 54 to 70 years with the characteristics: supraspinatus retracted mass rupture, full passive mobility, Birch 0^o, Rotation 0^o, Pain and swelling, EMG- Normal. Fifteen patients with retracted massive ruptures that could be repaired at the time of surgery were excluded. The retracted massive ruptures of the cuff were predominantly supraspinatus and subscapular, with imbalance in the cuplas, the lesion is first visualized under arthroscopic control, stating that it is irreparable and preparing the reintegration bed so that the sternal fascicle tendon is inserted by a mini open incision runs under the other fascicle, passes over the joint tendon and through the subacromial space is reinserted on the outer superior edge of the bicipital slider, after tenotomy or bicipital biotenodesis, placing two PEEK anchors with double reinforced sutures under arthroscopic vision, some were made fixation with anchors without knots. Close by planes, sling with thoracic girdle and postoperative to equal to the cuff.

Discussion: It can be compared with different techniques such as complete open or arthroscopic pectoral transfers and with techniques that pass under the coracobiceps tendon and believed that by the direction and dynamic purpose of being a depressor of the humeral head, the sternal fascicle by the provision oblique acts by lowering the head and returning to the equilibrium of the anterior cups (when the posterior tendons are unscathed). The arthroscopic and mini open technique for graft removal is less invasive and better immediate pop recovery, with less surgical time.

Conclusion: Author believes that it is a valid and useful technique for patients who present irreparable ruptures of the rotator cuff with a predominance of the anterior tendons in patients without humeral gleno-osteoarthritis.

Biography

Jaun Pablo Ruiz studied Kinesiology Degree in University of Mendoza, 2016, Medical Degree in University of Aconcagua, 2017 and in 2018, he joined Residency of Orthopaedics and Traumatology institute Deputren CABA.



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