

Is Bristow-Latarjet operation effective for every recurrent anterior shoulder dislocation?

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Abstract

Background: The treatment of recurrent anterior shoulder dislocation in patients who failed a supervised rehabilitation program is operative stabilization. Anatomical repair addressing the underlying pathology is the preferred method. We hypothesize that Bristow-Latarjet procedure is effective in all types of traumatic recurrent anterior shoulder dislocations, although in cases with Bankart lesion, Bankart operation is certainly preferred. **Methods:** Thirty-five shoulders on which a Bristow-Latarjet operation had been performed on account of traumatic recurrent anterior shoulder instability were followed up for an average of 24.6 months (range: 18- 31). The clinical outcome was measured according to Walch-Duplay Rating Sheet for Anterior Instability of the Shoulder at the latest follow-up. **Results:** The clinical outcome was excellent in 11 (31%) patients and good in 24 (69%) patients. Two patients had redislocation that were treated nonoperatively and remained symptom-free at the latest follow-up. Radial nerve palsy occurred in one patient that spontaneously recovered after nine weeks. **Conclusion:** Although the treatment of anterior shoulder instability in patients with Bankart lesion and intact capsular material (without excessive laxity) is certainly Bankart operation, we claim that in almost all types of anterior shoulder instability, especially in patients with large Hill-Sachs lesions, glenoid bone loss, or excessive capsular laxity, the Bristow-Latarjet operation is associated with good or excellent results and can make the patient satisfied.

Author keywords

Bristow-Latarjet operation; Dislocation; Shoulder; Surgery

Indexed Keywords

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