

ARTHROSCOPIC RELEASE IN THE FROZEN SHOULDER

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Arthroscopic procedure in the frozen shoulder(FS) may provide information that may not have been identified during clinical evaluation and provide some therapeutic options, a capsular distension, debridement of intraarticular adhesions, and release of contracted capsular structures. Twenty seven patients who had been treated arthroscopically for idiopathic frozen shoulder were evaluated subjectively and objectively at 13 months to 35 months of follow up (average ; 18 months). Most of these patients had severe pain, especially aggravated night pain and stiffness of the shoulder. The range of motion averaged 101 degrees of forward elevation, 19 degrees of external rotation, and internal rotation to the level the fifth lumbar spinous process. Among the ultrasonography of twenty patients, forty percents demonstrated the subacromial bursitis and effusion in biceps tendon. Shoulder arthroscopy showed the humeral head to be rightly held against the glenoid fossa in all patients. Synovitis existed in all cases especially at anterosuperior capsule. Synovitis of the biceps tendon was found in 38%, subcapsular fossa was obliterated in 69%, the superior glenohumeral ligament in 92% and the middle glenohumeral ligament in 69% was thickened. In only eight percents, the membrane-like band formation was seen. We debrided these hyperemic synovitis and released the anterior structures that might restrict the glenohumeral motion, We also inspected the subacromial bursa and debrided the thickened subacromial bursitis simultaneously, so that we could get free of motion in the humeroscapular motion interface. The relief of pain was major goal and 77.8% was completely free of pain at the last follow up, and remainders had intermittent pain only on extreme motion, but all of them could do the activity of daily living well. Forward elevation was improved upto 166 degrees, external rotation to 64 degrees, and internal rotation to the level of the eleventh thoracic spinous process. Average preoperative shoulder rating score was 45 but postarthroscopic score was improved upto 82. Therefore arthroscopic release could be recommended in the treatment of refractory FS