

◁자유연제 III 12:40 ~ 13:30▷

**Suture Anchor Capsulorrhaphy in the Traumatic  
Anterior Shoulder Instability: Open versus Arthroscopic Technique**

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**Purpose:** The purpose of present study is to analyze the results of open and arthroscopic Bankart repair using the suture anchors in the traumatic unilateral anterior glenohumeral instability.

**Materials:** Eighty-one patients (82 shoulders) with anterior shoulder stabilization using suture anchors were analyzed at a minimum follow-up of 24 months with the average of 38 months (range, 24 to 52 months). Twenty-three shoulders (23 patients, average age of 28.3) underwent open Bankart repairs using the Mitek suture anchors and 59 shoulders (58 patients, average age of 26.7) underwent arthroscopic Bankart repair with the suture anchor technique using the FASTak screws and mini-Revo screws. Six shoulders in the open group and 13 shoulders in the arthroscopic group revealed a more than grade II subacromial sulcus sign.

**Results:** Twenty patients (87%) had good or excellent results, 1 (4.3%) fair, and 2 (8.7%) poor results in the open Bankart repair group. In the arthroscopic repair group, 54 (91.5%) had good or excellent results, 3 (5.1%) fair, and 2 (3.4%) poor results. The average Rowe score and UCLA score were 90.6 points (range, 30 to 100) and 30.3 (range, 20 to 35) for the open repair group while 92.7 (range, 40 to 100) and 33.1 (range, 18 to 35) for the arthroscopic repair group. There was no statistically significant difference in the Rowe and UCLA scores between the two groups ( $p>0.05$ ). Two patients in each open repair group (8.7%) and arthroscopic repair group (3.4%) had experiences at least one episode of redislocation after the surgery. There was no significant difference in the loss of external rotation between the two groups ( $p>0.05$ ). Twenty patients (87%) in the open group and 50 patients (86%) in the arthroscopic group returned to the prior level of activities with little or no limitation. The patient with at younger age at the initial episode of dislocation demonstrated lower score ( $=0.807$ ).

**Conclusion:** Arthroscopic Bankart repair using suture anchor technique has low recurrence rate, high success rate. Overall results of arthroscopic repair are not inferior to the open repair.