

Arthroscopically Assisted Mini-Open En Bloc Resection of the Distal Clavicle.

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Introduction

to present the technique of arthroscopically assisted en bloc resection of the distal clavicle, and to evaluate its clinical efficacy.

Material and Methods

We evaluate the clinical results in fourteen consecutive patients with symptomatic osteoarthritis of the acromioclavicular joint, who were treated en bloc resection of the distal clavicle under control of the arthroscopy. There were nine males and five females with 7 dominant and 7 nondominant shoulders involved, and their mean age at the time of operation was fifty-five years. There were eleven type III acromions and three type II acromions. The mean duration of follow-up was one year six months.

In operation, the distal clavicle was osteotomized using the oscillating saw blade and the osteotome through the anterior portal placed in line with the AC joint and lateral to the coracoid process under the arthroscopic guidance.

Result

The UCLA Shoulder Rating Scale for pain was improved from 1.83 ± 0.75 (range, 1~4) preoperatively to 9.33 ± 1.03 (range, 8~10) postoperatively. Function scale was improved from 4 ± 1.79 (range, 2~6) preoperatively to 9.67 ± 0.82 (range, 8~10), active forward flexion, from 3.67 ± 0.52 (range, 3~4) to 5 and strength, from 4.17 ± 0.75 (range, 3~5) to 5. All the patients were satisfied with the results of the operation.

On follow-up radiographic examination, there was no specific complication, including heterotopic ossification, no remnant bony fragment of distal clavicle, and superior migration of the clavicle. The average amount of distal clavicular resection was 6mm.

Conclusion

We found good to excellent results. This procedure and arthroscopic acromioplasty is enough to recommend for symptomatic acromioclavicular joint pathology.

Key word: Shoulder, Distal Clavicle, En bloc resection, Arthroscopy, Mini open technique