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— Abstract —

**Usefulness of Arthroscopy on Treatment of Double disruption
of Superior Shoulder Suspensory Complex
- Two cases including Fracture of Glenoid -**

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The Superior Shoulder Suspensory complex (SSSC) maintains a normal stable relationship between the upper extremity and the axial skeleton. Traumatic double disruptions of the SSSC frequently create an unstable anatomic situation and is difficult-to-treat. When this double disruption is managed conservatively, significant displacement can occur at either or both sites and result in long-term problems and functional disabilities. Therefore surgical management is generally necessary. The authors experienced two cases of double disruptions of the SSSC treated with arthroscopic surgery & and reported good results.

Key Words: Superior Shoulder Suspensory Complex (SSSC), Double disruption, glenoid fracture, Arthroscopic surgery

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Fig. 2. The radiographs of case 1, a 32-year-old man with double disruption (A) the preoperative shoulder AP view (B) the preoperative supraspinatus outlet view (C) the postoperative scapula AP view (D) the postoperative supraspinatus outlet view (E) the scapula AP view after removal of K-wires fixed on acromion and (F) the scapula lateral view after removal of K-wires fixed on acromion.

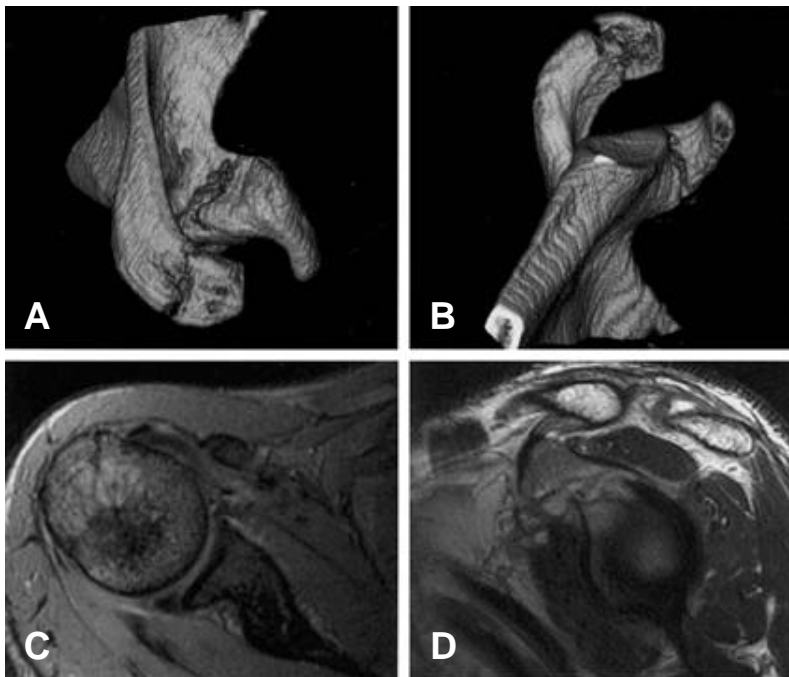


Fig. 3. The CT & MRI findings of case 1 (A, B) 3D CT shows displaced acromial & coracoid base fracture (C) axial MRI show high signal of posterior labrum suggested labral tear. (D) sagittal MRI show displaced glenoid articular surface.

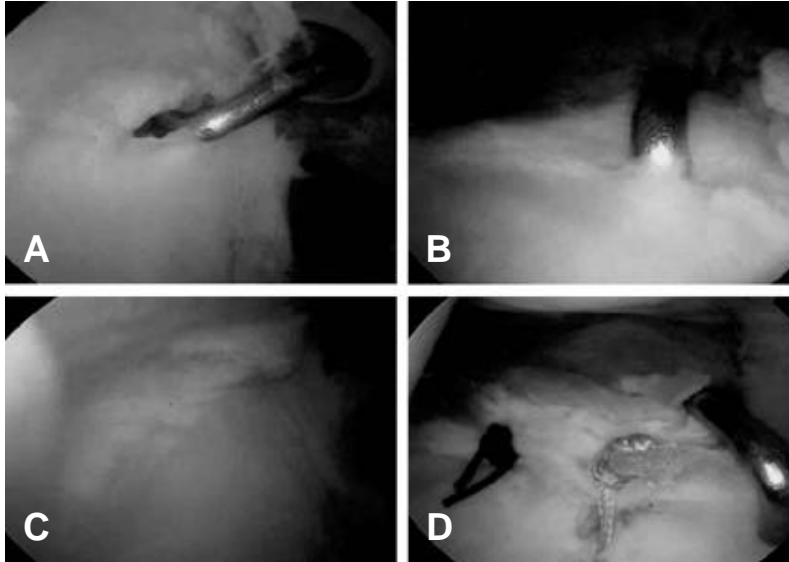


Fig. 4. The arthroscopic findings of case 1 (A) superior glenoid fracture before reduction (B) torn posterior labrum before repair (C) superior glenoid fracture after reduction and (D) repaired posterior labrum with suture anchor and PDS.

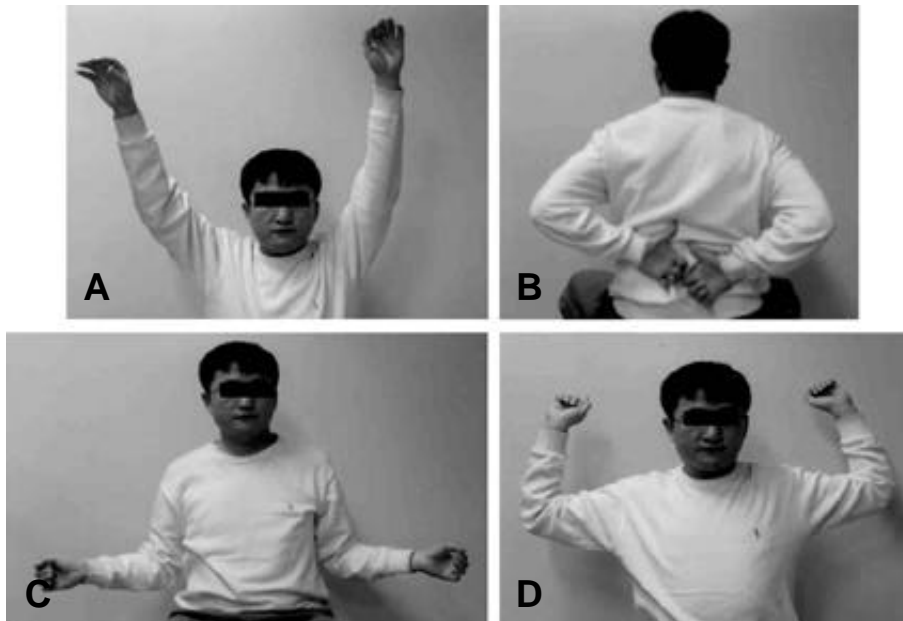


Fig. 5. The Clinical photographs of case 1 at post-operative 12 months shows nearly full range of motion (A) forward flexion: 140° (B) internal rotation: T10 (C) external rotation: 60° and (D) abduction-external rotation: 90°.

(Fig. 6). (SSSC, Superior Shoulder Suspensory Complex)

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(clavicular- AC joint-acromial strut, clavicular-CC ligamentous-Coracoid linkage, three process-Scapular body junction) 가 9).

(Fig. 8). Ultra-sling

, UCLA (Fig. 9).



Fig. 6. The radiographs of case 2, a 23-year-old man with double disruption (A) the preoperative scapula AP view (B) the preoperative axillary lateral view (C) the preoperative supraspinatus outlet view (D) the postoperative scapula AP view (E) the postoperative axillary lateral view and (F) the postoperative supraspinatus outlet view.

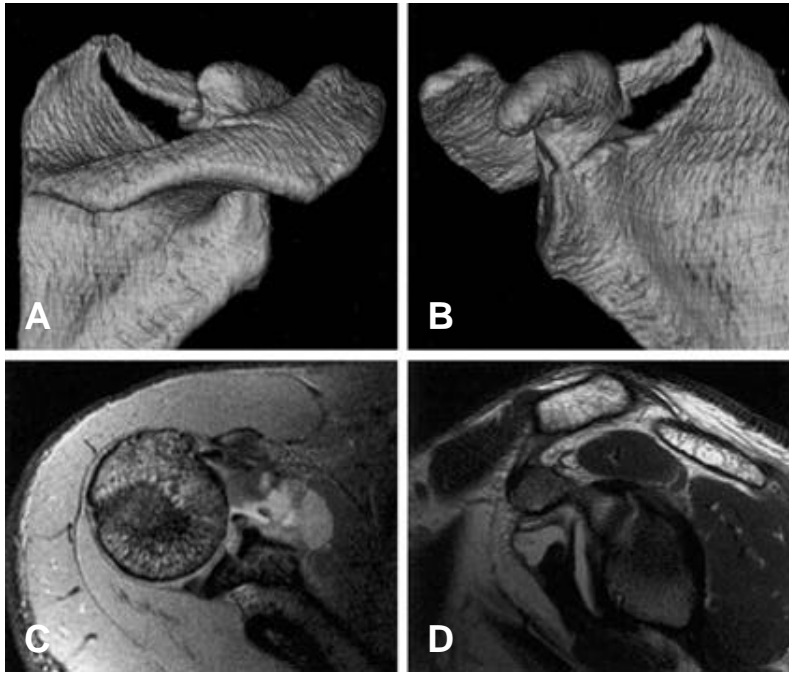


Fig. 7. The CT & MRI findings of case 2 (A, B) 3D CT shows minimally displaced acromial fracture & severe displaced coracoid base fracture (C, D) axial & sagittal MRI show high signal of posterior labrum & displaced glenoid fracture.

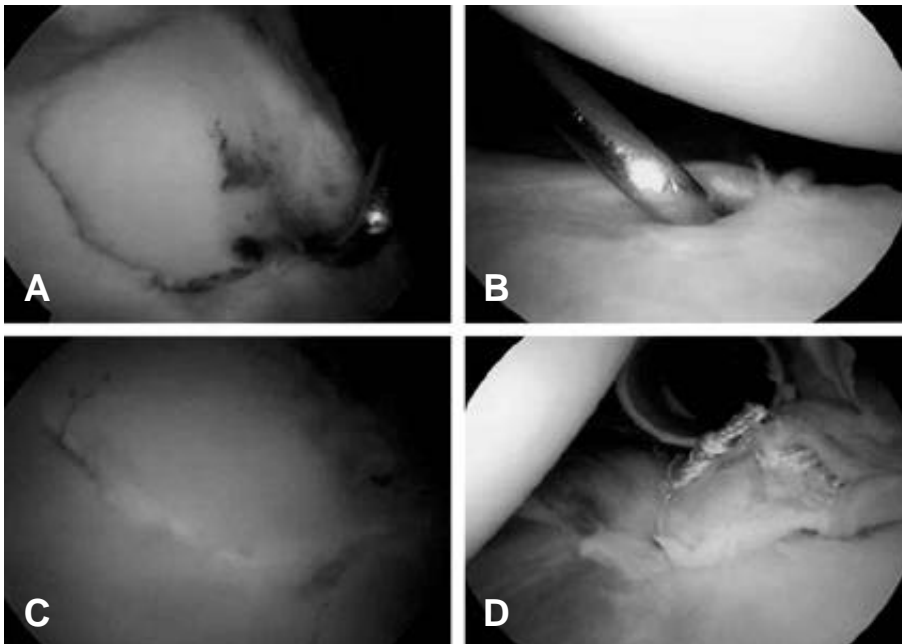


Fig. 8. The arthroscopic findings of case 2 (A)superior glenoid fracture before reduction (B)torn posterior labrum before repair (C)superior glenoid fracture after reduction (D)repaired posterior labrum with suture anchors.

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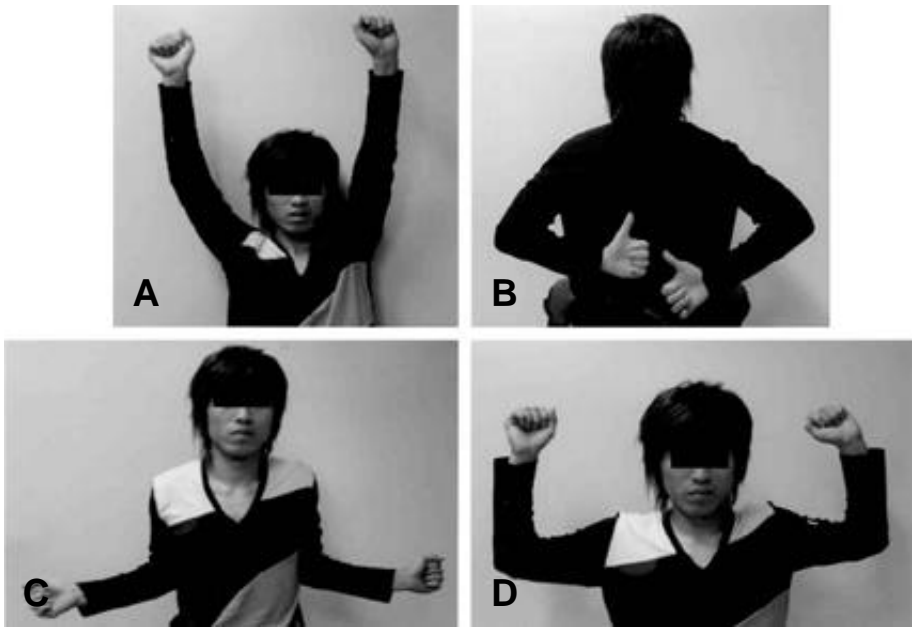


Fig. 9. The Clinical photographs of case 2 at post-operative 12 months shows nearly full range of motion (A)forward flexion: 150 °(B)internal rotation: T10 (C)external rotation: 60 °and (D) abduction-external rotation: 90 °.

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