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## Considering the Suitability of Anti-adhesive Agents Used after a **Repair of Rotator Cuff Tears**

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Many anti-adhesive agents have recently been introduced. Among them, the most widely used agent is hyaluronic acid, which is a high molecular polysaccharide that forms the main component of synovial fluid.<sup>1)</sup> Its role in minimizing pain and controlling inflammatory processes has been reported in several previous studies. The beneficial effect of hyaluronic acid or hyaluronan (HA) on the treatment of ligament injuries and arthritis has also been reported. Recently, the application of hyaluronic acid has been increasing in the treatment of shoulder diseases, including rotator cuff disease.<sup>2-4)</sup> However, advantages of HA for rotator cuff tears are still controversial.<sup>3)</sup>

HA-based anti-adhesive agents not only minimized infertility caused by adherence of the fallopian tube after gynecologic surgery, but it also helped prevent cell attachment and other side effects associated with ligament injuries and abdominal surgery.<sup>1,5)</sup> To overcome such limitations, HA has been developed, such as Guardix, which is composed of HA and sodium carboxymethylcellulose (CMC) and can be maintained for a long period of recovery.<sup>6)</sup>

There are several reports asserting that injection of HA/CMC formulation is associated with good clinical outcome after suturing of arthroscopic rotator cuff tear.<sup>5)</sup>

In addition, protescal, which is made by adding sodium alginate to HA/CMC, has also appeared, and various studies using anti-adhesive agents have been carried out. However, some studies report that these anti-adhesive agents have little effect.<sup>7,8)</sup>

However, it may be necessary to consider whether the use of these anti-adhesive agents is really effective in patients who have been repaired after ruptured rotator cuff, or whether this is a simple commercial strategy.

First, postoperative stiffening should be viewed as a combined action of several factors, not just rotator cuff sutures.

Therefore, whether the degree of postoperative range of motion recovery can be evaluated simply by adhesion of the rotator cuff is questionable.

It is also necessary to biochemically confirm that these components are absorbed and that the half-life is maintained for a fixed period of approximately 5 to 6 weeks after rotator cuff repaired.

There have been a few reports about the use of anti-adhesive agents after suturing rotator cuff tears. However, to date, studies showing clear benefits of this are limited. There is still a shortage of data in the laboratory for this to be applicable on the human body, and a more critical view is needed. Furthermore, more concern and research are needed in the application of antiadhesive agents.

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