

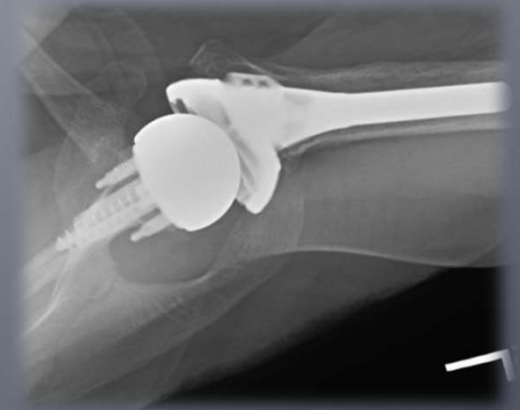
Complications after Reverse: Acromion Fractures

2020 Tampa Shoulder
Friday, January 31, 2020

Jonathan C. Levy, MD

Chief of Orthopedics
Program Director, ASES Fellowship

Holy Cross Hospital
Fort Lauderdale, Florida USA



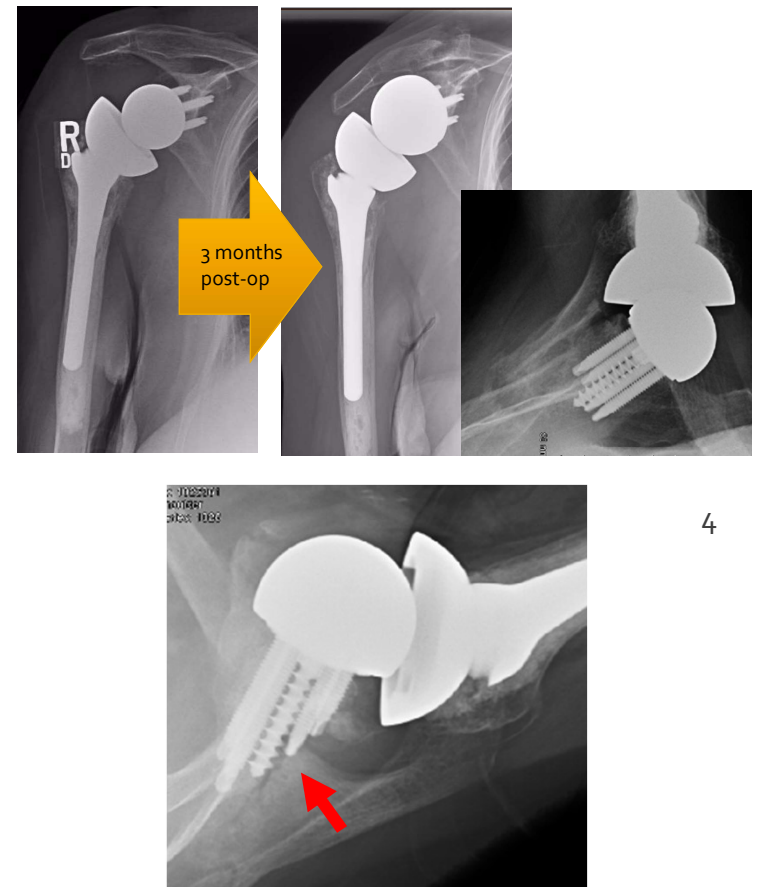
**Disclosure: I have obsessed about
this problem for over 10 years!**

**What do you do in an
effort to avoid
Acromion Stress
Fractures?**

**How do you treat
Acromion Stress
Fractures?**

Technical Tips: Things I do to avoid Acromion Fractures

- **Avoid Overlengthening**
 - Inlay > Onlay Prosthesis
- **Avoid Long Screws in Postero-superior Quadrant** (Crosby)
 - Max Size Superior Screw 14-18mm
- **Do not release CA Ligament** (Sam Taylor, AAOS)
 - Diving Board Principle
- **Avoid Intra-operative Impingement**
 - Check abduction/rotation
 - Modifications:
 - Tuberoasty
 - Semiconstrained Socket (fit under acromion)
 - Small Patients – glenosphere low

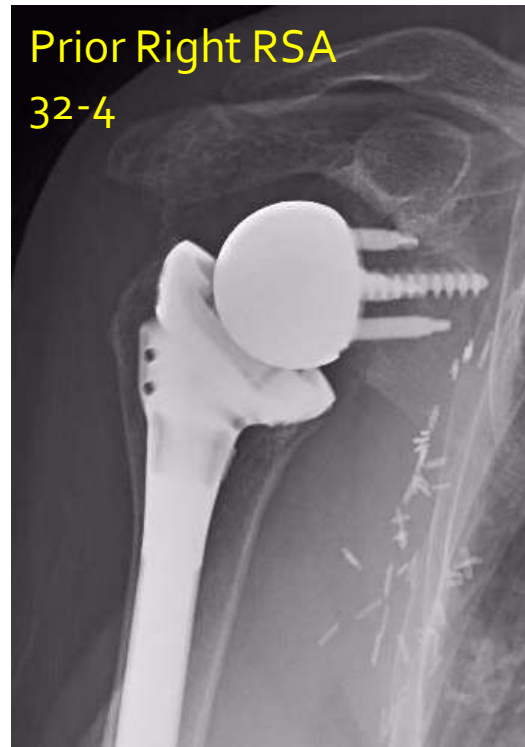


Cases For The Panel

Case 1

History

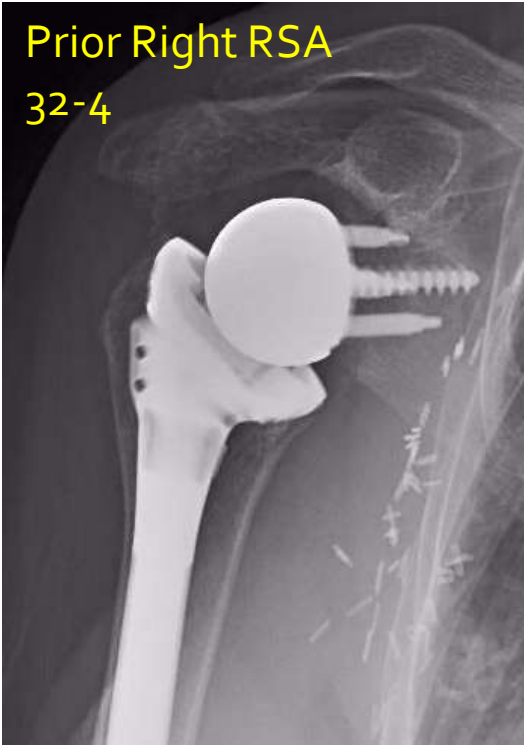
- 84 yo female with Left Shoulder Pain
 - Previous R-RSA for CTA
 - Left with CTA as well



History

- Treated with rTSA in October 2018

Prior Right RSA
32-4

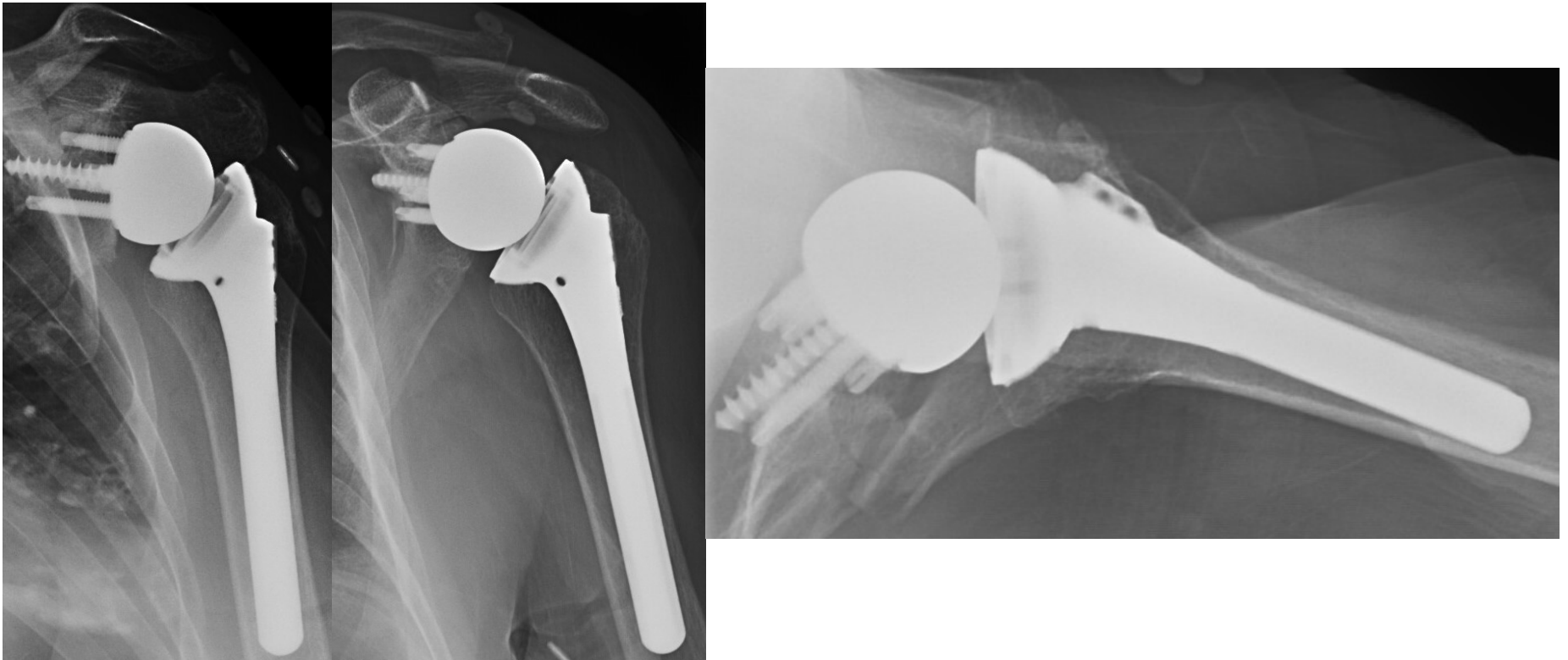


Left RSA
32-4



History

- Sustains Fall 6 months later with loss of ability to elevate arm

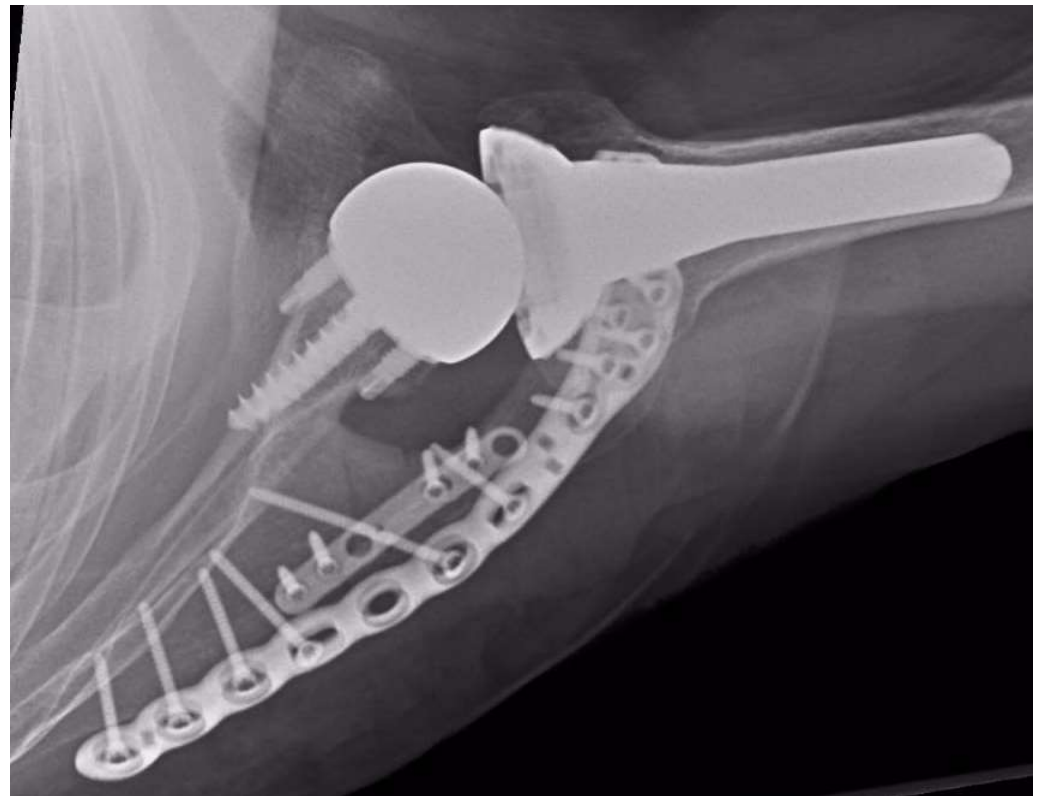


Treatment Options

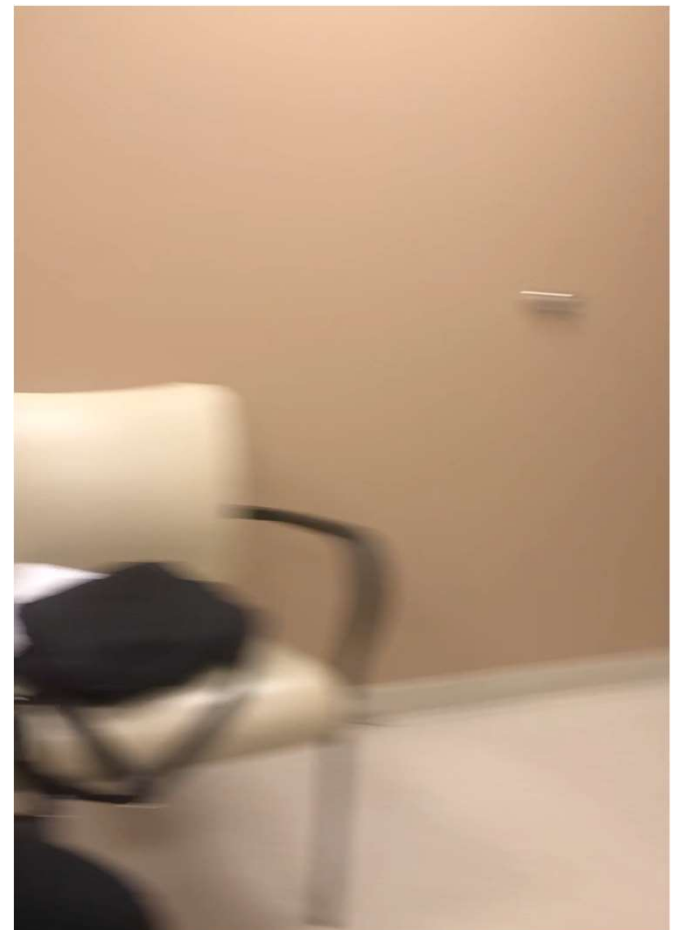
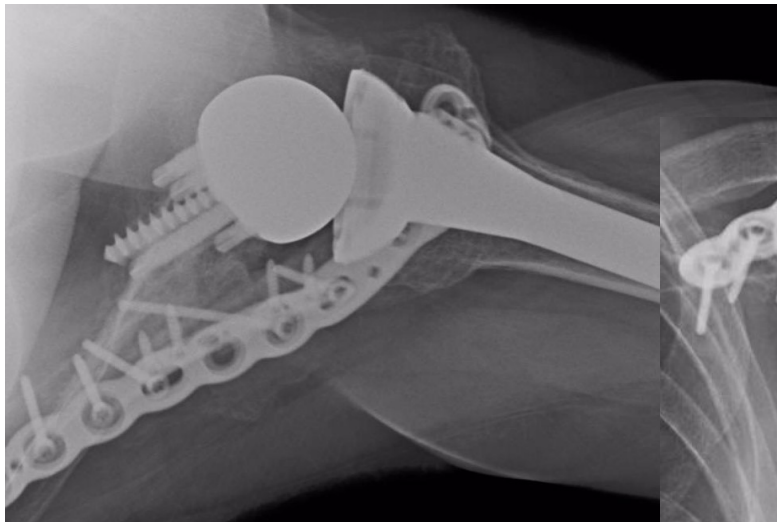
1. Non-op and reassurance (*please define*)
2. ORIF
 1. Plate(s)
 2. Tension Band
 3. Addition of Supplemental Fixation (ie hook plate)
3. Excision

Treatment

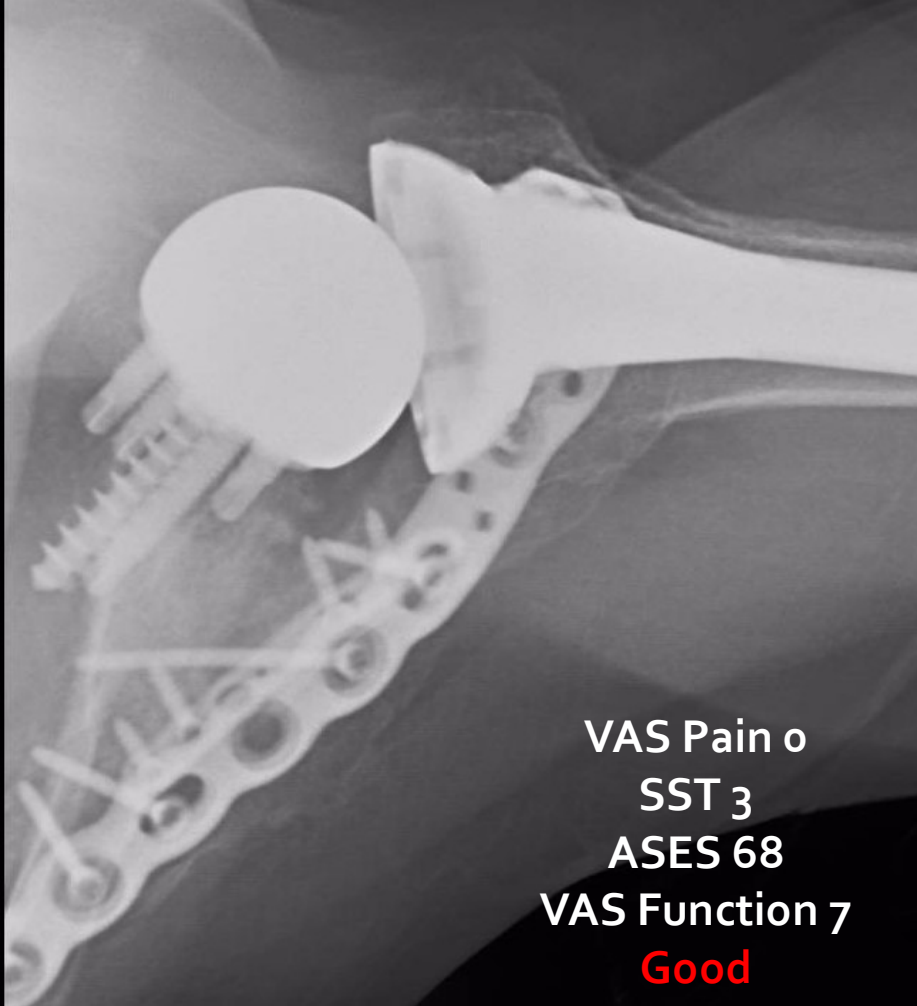
- Underwent ORIF following week
 - Double Plate
 - Distal Clavicle Plate
 - 6-hole Straight Plate
 - Tension Band Suture
 - Infuse (OP-1) off-label



6-Week Post-op



3-month Post-op

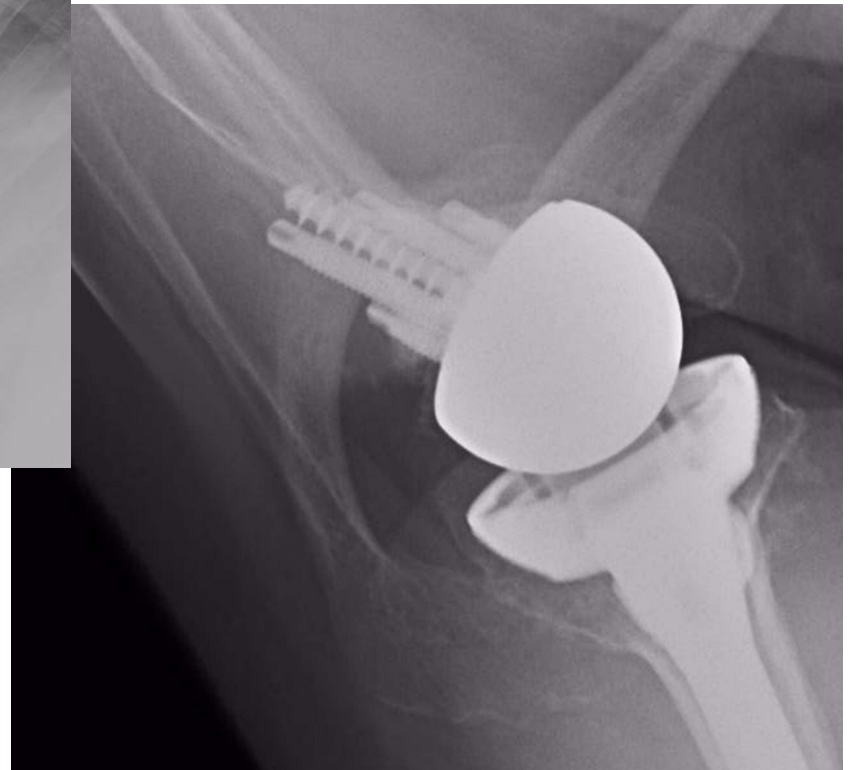


VAS Pain 0
SST 3
ASES 68
VAS Function 7
Good

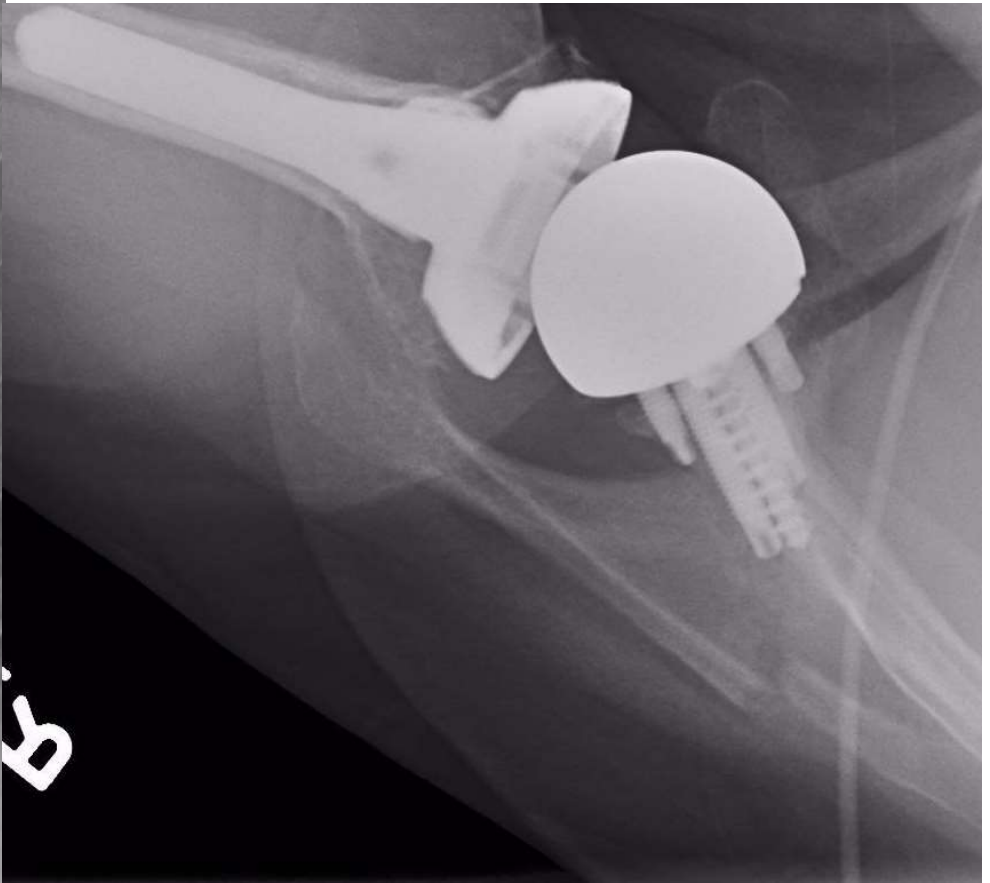
Case 2

History

- 65 yo female with OA treated with RSA and ORIF Glenoid



2 months post-op PAIN

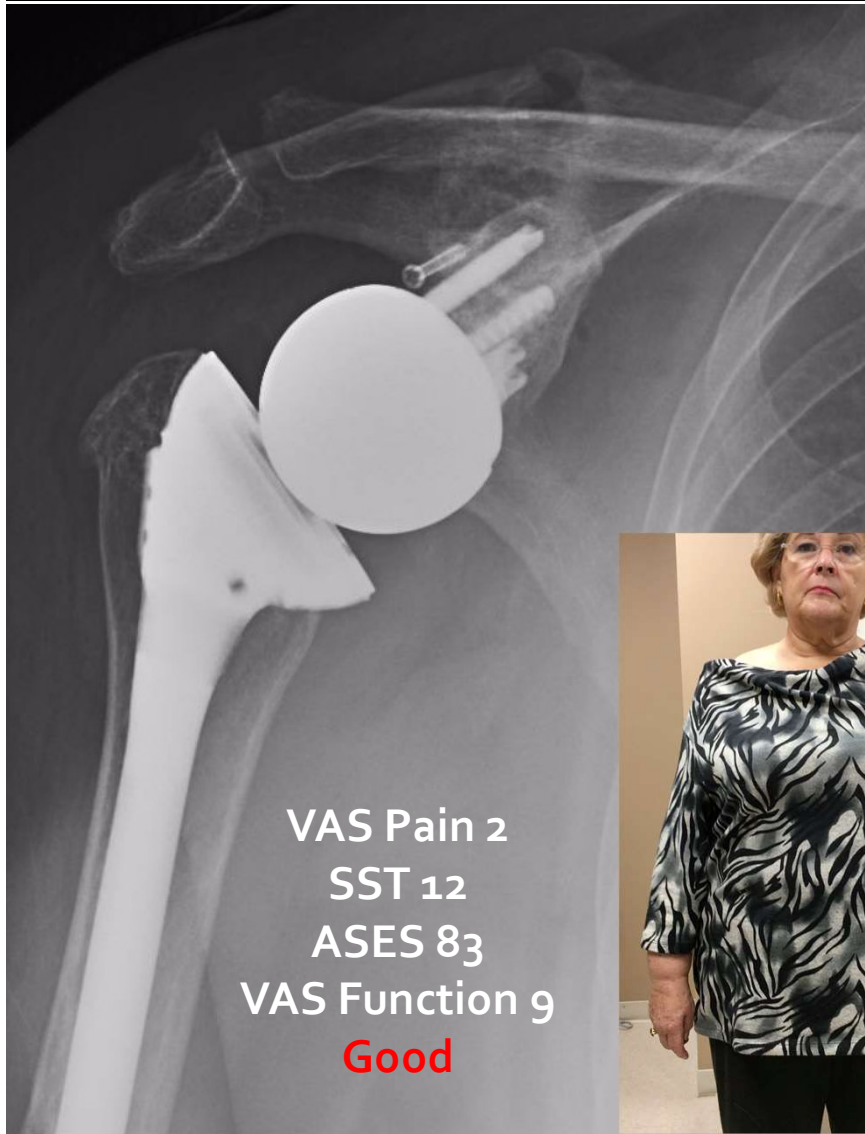


B

What is your next step?

- Ignore
- Immobilize and wait
- Order Additional Tests?
 - MRI
 - CT
 - PET-CT
- Medicate
 - Calcitonin
 - Teriparatide (Forteo)
- Bone Stimulator

1 year



VAS Pain 2
SST 12
ASES 83
VAS Function 9
Good

My Results of Non-op Treatment SUCK

- All Acromion Fracture patients do significantly worse than those without fractures
 - Type 1 & 2 improved from pre-op
 - Type 3 **DID NOT** improve from pre-op
- No differences in Final PROMs between acromion fracture subtypes
 - **VAS Pain around 5 not good**
 - **SANE score of 50-55 not good**

We need a better widget to help these patients!!

	Type I/II			Type III		
	Pre-Operative	Post-Operative	p-value	Pre-Operative	Post-Operative	p-value
PROM						
SST score	1.59 ± 1.92	4.81 ± 2.91	<0.0001	2.00 ± 1.91	3.71 ± 3.58	0.132
ASES score	29.86 ± 17.32	46.04 ± 23.53	0.008	31.08 ± 23.80	39.37 ± 23.81	0.353
VAS pain score	6.86 ± 2.55	4.68 ± 3.57	0.017	6.46 ± 2.96	5.29 ± 3.24	0.319
Active Range of Motion						
External Rotation	15.21 ± 29.43	30.16 ± 18.95	0.001	11.67 ± 22.01	20.29 ± 19.64	0.250
Forward Elevation	60.17 ± 32.69	84.03 ± 28.82	0.005	55.67 ± 19.99	72.35 ± 37.46	0.134

PROM, patient-reported outcome measures; SST, Simple Shoulder Test; ASES, American Shoulder and Elbow Surgeons; VAS, visual analog scale.

	No Acromial Fx (N=415)	Type I/II (N=31)	Type III (N=17)	p-value
	Av F/U 52mths	Av. F/U 30mth	Av F/U 24mths	
PROM				
SST score	7.67 ± 3.14	4.81 ± 2.91	3.71 ± 3.58	0.255
ASES score	73.60 ± 23.13	46.04 ± 23.53	39.37 ± 23.81	0.354
VAS pain score	1.72 ± 2.61	4.68 ± 3.57	5.29 ± 3.24	0.558
SANE score	74.34 ± 26.21	56.03 ± 29.87	49.00 ± 32.68	0.454
Active Range of Motion				
External Rotation	36.85 ± 18.30	30.16 ± 18.95	20.29 ± 19.64	0.095
Forward Elevation	125.48 ± 28.16	84.03 ± 28.82	72.35 ± 37.46	0.234

PROM, patient-reported outcome measures; ROM, range of motion; SST, Simple Shoulder Test; ASES, American Shoulder and Elbow Surgeons; VAS, visual analog scale; SANE, Single Assessment Numeric Evaluation.



Thank You

