

Glenoid dysplasia

History

- 42 yo RHD M with L posterior shoulder pain and sense of instability beginning in late October, 2017 without antecedent injury.
- Constant dull, 2/10 pain at baseline
- Posterior 5/10 pain with routine activities - abduction, lifting, pushing, and reaching across his body
- Pain managed with 800mg ibuprofen
- PT x 3-4 months improved strength, but not pain and sense of instability posteriorly
- No injuries, no surgical history with the L shoulder.
- No problems with contralateral (dominant) shoulder.

- SSV 50%

History

- PMH:
 - None
- PSH:
 - R knee arthroscopy
- Medications:
 - Ibuprofen PRN
- Allergies: NKDA
- SH:
 - Active duty Navy administrator – planning retirement in 4 years
 - EtOH – 6-10 drinks per week
 - Denies nicotine use
- FH:
 - Noncontributory
- ROS:
 - Msk as above and neck pain

Physical Exam

L shoulder (symptomatic)

- AROM/PROM:
 - 150FF/160
 - Significant pain with FF above 120 degrees
 - 120Abd
 - 45 ER at side
 - IR to L2
- Strength
 - 4+/5 Empty can with pain, 5/5 ER/IR
- Significant pain with any posterior load of shoulder
 - + Kim/jerk
- Nontender ACJ
 - Posterior joint line pain with cross-body abd
- NVI

R shoulder

- Painless arc of motion
- AROM/PROM:
 - 160FF
 - 45 ER at side
 - IR to T12
- 5/5 strength throughout without pain
- NVI

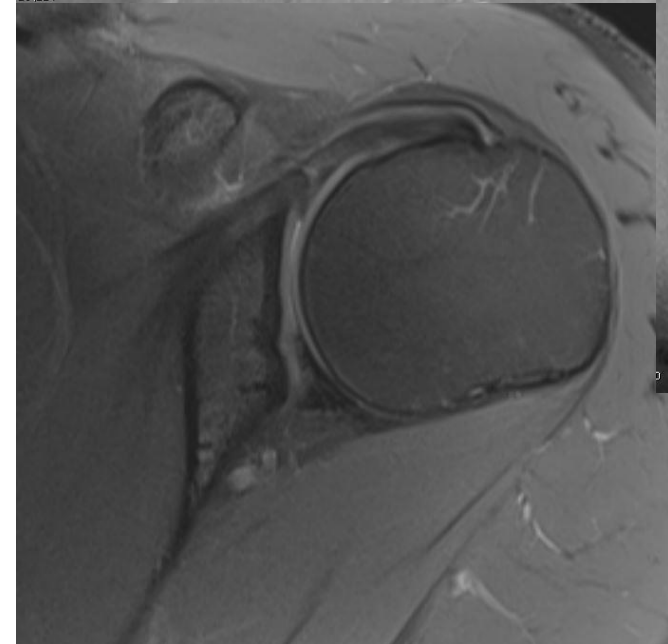
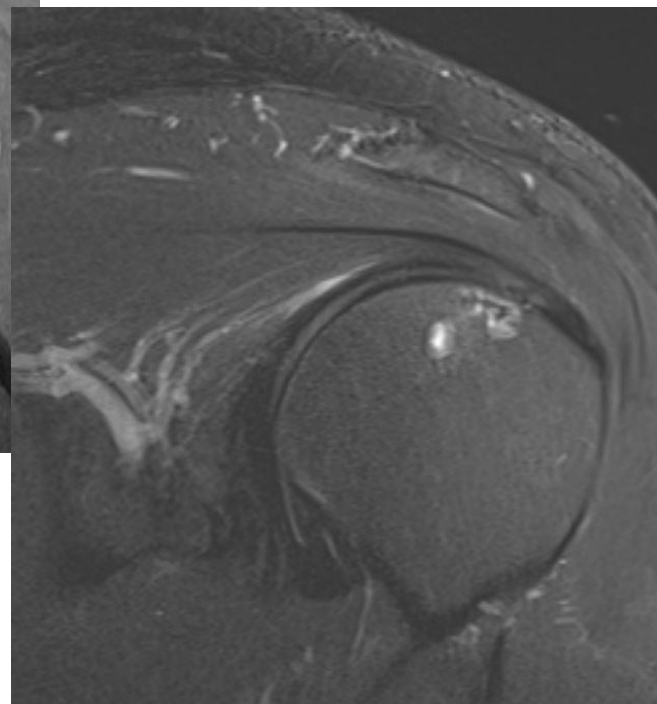
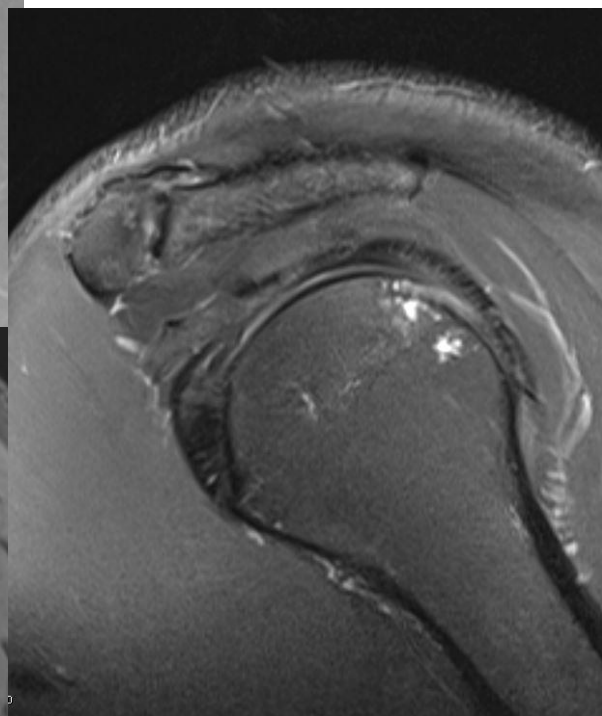
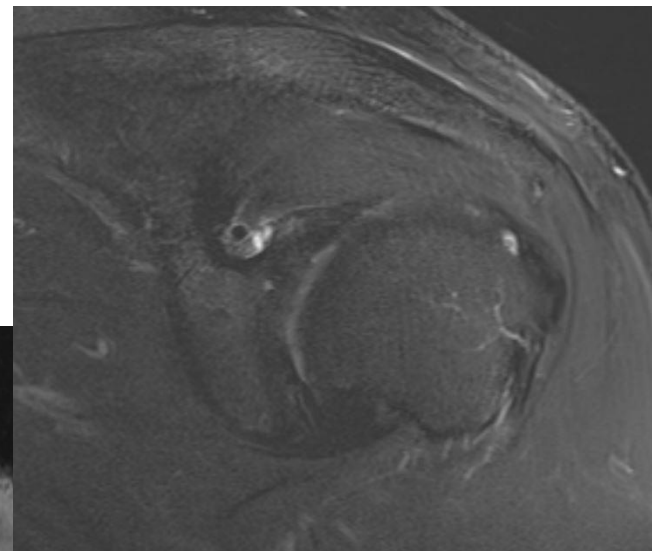
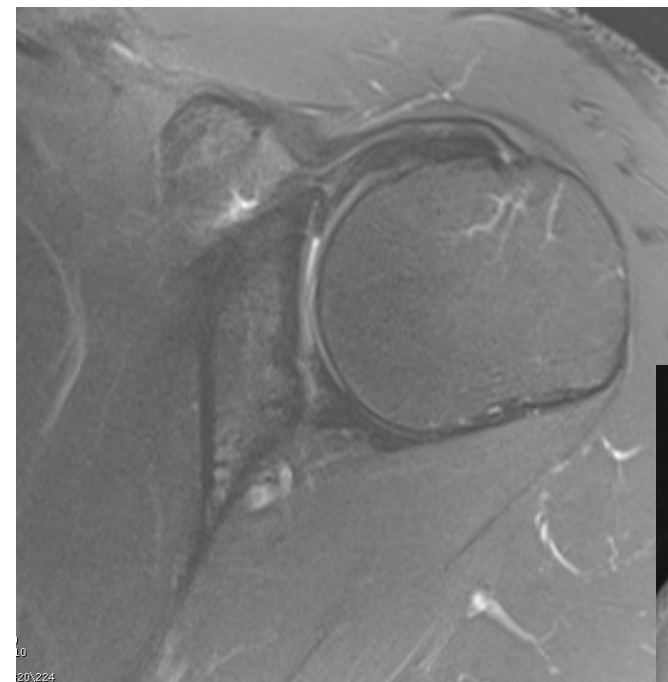
X-ray L (symptomatic)



Contralateral X-rays

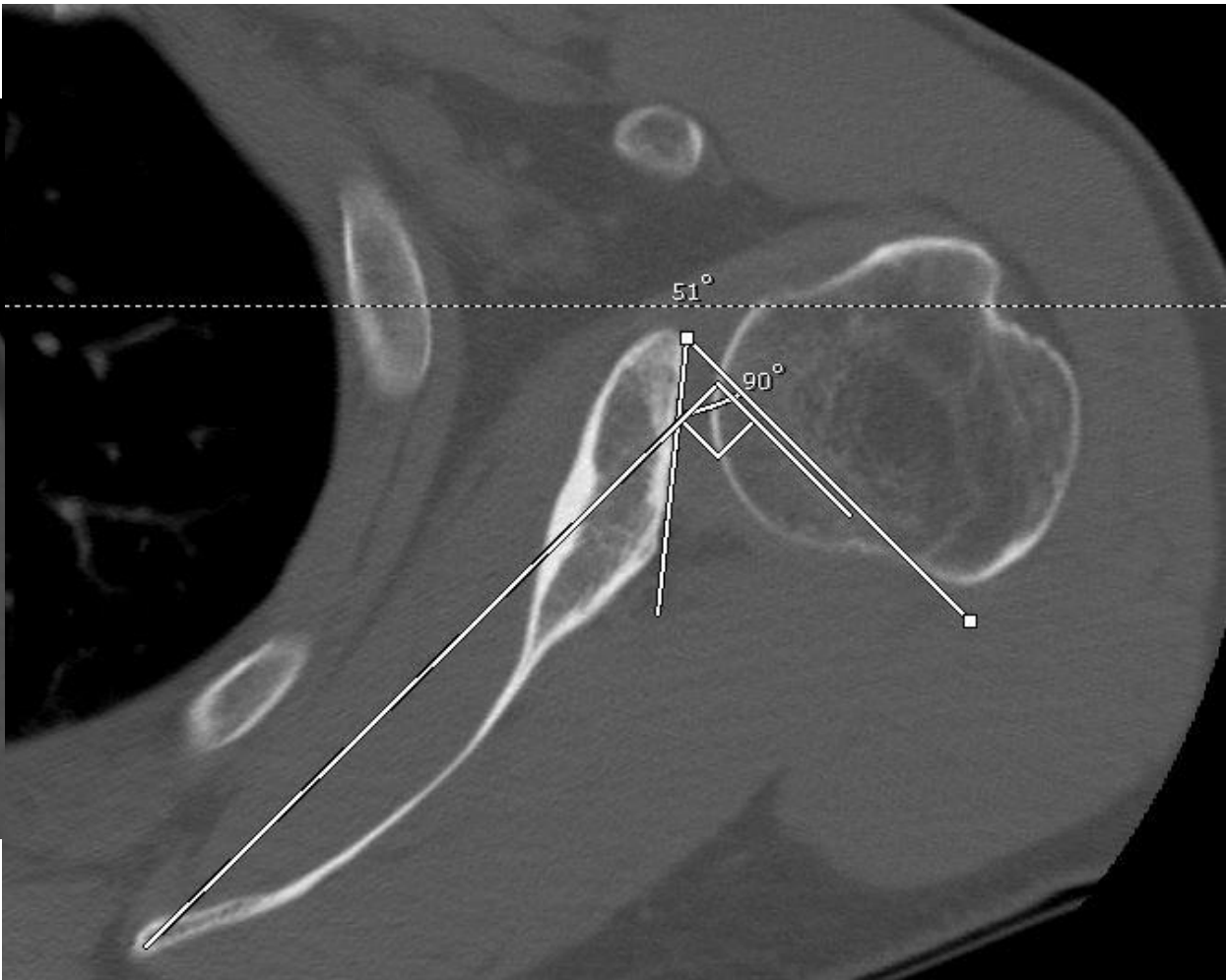


MRI



01/07/2018

CT scan



51 degrees retroversion



- 42 yo RHD Active Duty M with bilateral glenoid dysplasia, symptomatic only on the left without antecedent injury
 - posterior shoulder pain and sense of instability

Plan/ Considerations

- Surgical options:
 - Posterior labral repair
 - He is dysplastic on the other side as well, but asymptomatic. This may be enough to improve function.
 - Posterior bone graft – likely open
 - Distal tibial allograft, ICBG
 - Arthroplasty options
 - TSA with posterior glenoid bone graft
- Recommendations?