

Case Discussion: Traumatic Rotator Cuff Tear Following Anatomic TSA

Mark Frankle

3/23/2021

Thx JP

I would continue to treat non-op

Does he feel that his shoulder is any better then preop ?

Randy Cohn

3/23/2021

I'm certainly no expert here. But if this was a native shoulder you would likely lean towards fixing an acute traumatic rotator cuff tear. I think the outcomes of a healed rotator cuff with an anatomic total shoulder are likely better than a reverse total shoulder. Certainly this is level six evidence with no data behind it. But I would try to fix arthroscopically with low threshold to open.

JP Warner

3/23/2021

Thanks Randy. I have fixed a RCT successfully perhaps 2 or 3 times in the setting of an arthroplasty. I suspect the subscapularis is a problem and in that case I've never been successful. JPW

Felix Savoie

3/23/2021

I hate to disagree with my friend Mark as he is much smarter than I am but I would fix his rotator cuff and add a patch; there are a couple of windows in the bone for anchor placement with stemless , so if you feel comfortable hitting them an arthroscopic repair can work but otherwise would open him and do cultures as well. I have not had good luck with leaving these alone as they keep reinjuring

Buddy

Michael Messina

3/23/2021

Hi Dr. Frankle,

This is my patient, he feels that his pre-operative pain is resolved and now his pain is different but significant to the point where he is choosing to use a sling at times during the day (and this is a patient who had initially stopped wearing the sling at 2 weeks post-op despite instruction to use it for 4 weeks per my protocol because he was doing so well) and has significant pain with attempted active elevation to point that he cannot lift his arm past about 80 degrees despite passive motion easily to 140 or more.

I very much appreciate any insights the group has to offer for my patient.

Best,

Mike

Jay Keener

3/23/2021

Hi Michael,

Thanks for sharing this case, frustrating.

One of the issues with augmented glenoids in TSA patients is the slight predilection for lateralizing the joint line and, when coupled with a well sized head, results in relatively overstuffed shoulder. I have noticed this in my own patients when I started using augments because I spent so many years simply performing a high side ream. Your plan involved a joint line medialization of 1mm of reaming but this does not take into account the thickness of the poly you are adding, which is quite significant with a 25 degree augment. This cuff tension may be part of the etiology of the supra tear. I tend to agree with Buddy that I would entertain a cuff repair if he fails nonop txment. However, in my experience, happy patients with a healed successful supra repair after an anatomic TSA are pretty rare. I am sure others have more experience. If I did this I would downsize the head in this case, which would require another hit (at least partial hit) to the SSC which makes one think, why not just do a reverse. This makes one think maybe Dr. Frankle is smarter than us all and you should treat it nonop.

My 2 cents

Jay

Robert Belniak

3/23/2021

Beware a series of one but I just had an exactly parallel case in a young active male. Same implants, similar blueprint plan. I'd venture a guess that 3 months after an LTO that some contrast still might find its way out of the cuff/capsule so being certain about a "full thickness cuff tear" is difficult. I waited it out, used some NSAIDS and continued therapy and he recently regained his abduction and his pain

largely disappeared. I worked him up for infection as you did as well. No great harm in waiting a little unless he is out of work. Best. Bob

JP Warner

3/23/2021

Hi Michael:

Over the years I can remember only 3 cases where I arthroscopically repaired a supraspinatus tear and had success after TSA. One was a worker in the Maine Shipyards and I followed him several years and he was happy (who knows what happened after this time). The other was an Orthopedic surgeon who was in his 40s and he did well for about 6 years and then lifting a patient on the table he had a massive RCT and I converted him to a reverse.

JPW