|  |  |  |
| --- | --- | --- |
| **Date (CSS Member)** | **Message** | **Attached Documents** |
| 1/2/19 (Dr. Jon Warner) | Hi Buzz:I’ve asked my Research Assistant to post this to CSS as well. In the future best to send to me so we can post and then add all comments into final document for your review. All then benefit from this input and hopefully you can show if what was suggested worked or not.My own view of this complex case is as follows:1. I’m glad this is your case and not mine
2. I think the baseplate is inclined upward too much to accept. I do not think there is any way to safely do an osteotomy opening wedge of scapula given bone quality and fixation. If you tried this it would have to be from the back. I would definitely take out the baseplate and correct downward with either BIORSA or metal augment.
3. I think the humeral stem has subsided and lengthening would be appropriate. I’d remove the stem and cement a revision higher.

Interested to see what others think.Happy Holidays and best of luck to your patient.JP Warner | Case Presentation PPT |
| 1/3/19 (Dr. Mark Frankle) | I think the scapula is tilted not the glenoid  So I don’t think any revision will help I’ve seen that after scapular Fx the scapula tilts superior Not sure if the tilt causes the fxMfSent from my iPad |  |