Date (CSS Member)	Message	Attached Documents
6/7/18 (Dr. Jon Warner)	Dear Members of the Codman Shoulder Society, Attached please find a case presentation of my patient. Any comments or advice on this case would be greatly appreciated. Thank you in advance for your help. Best Regards, JP Warner, MD	Case Presentation PPT, Codman Shoulder Society Presentation JS
6/7/18 (Dr. Bassem Elhassan)	Good morning JP We had similar case discussion with different patient in the past. Very challenging case because of the excessive retroversion and posterior glenoid bone loss that may evolve into type B2 glenoid. Her axillary X-rays show the humerus to be centered. Because of this I would do osteochondrol allograft reconstruction of the posterior glenoid. The concavity of the graft should match the site of the posterior glenoid bone defect which reconstruct the posterior glenoid and correct the version at same time. Cheers B	
6/7/18 (Dr. Jon Warner)	Thanks Bassem. Do you or anyone else have documented cases with reasonable follow-up showing that this has worked well in such a case? Also, is there clear literature reflecting the validity of this technique? Finally, are you doing this arthroscopically or open and how are you matching glenoid concavity when it is not longer present? Seems I see many with variation on this theme. Today I saw a 32 you man with one failed arthroscopic Bankart, fixed posterior subluxation, and evolving OA with 22 deg of retroversion. In my opinion the only solution for reliable pain relief and improved function is an arthroplasty with augmented glenoid or bone graft. Regards, JP Warner	
6/9/18 (Dr. Bassem Elhassan)	Dear JP Yes I do. I am in the process of reviewing our series from here and I will send you and the group the abstract whenever it is ready Cheers B :)	
6/9/18 (Dr. George Athwal)	Dear dad, This is a tough case. Our research into B2s demonstrates that they have increased premorbid retroversion. This is likely the case in this patient also.... in my mind, not possible to fight a bony problem with soft tissue. No clear correct answer. For this patient, I would not conduct a revision arthoscopic soft tissue procedure. If he is very painful, at his young age, I would offer him an arthroscopic distal clavicle autograft which is	

	osteoarticular with articular cartilage... I have done several cases with either iliac crest or distal clavicle, and they have not been horrendous failures yet. I have two cases with iliac crest that are 8 to 10 years out, and still doing well. I know Gilles has had some bad luck with these, but he has much more followup and experience than me. cheers George	
6/9/18 (Dr. Jon Warner)	George: Thanks. I have a case of a C-Glenoid with 15 years follow-up and encorporation of the graft. He was in his 20s when I did the surgery. He returns now with some pain but feels the operation definitely improved the quality of his life for years. His xrays show moderate arthritis but encorporation of the bone graft. I have ordered a CT scan and will share the entire story with the group once I have the CT. I think, given such dirth of literature and our individual experiences, it would be very helpful to see actual examples which have worked and if you have someone with 8-10 years out after ICBG I'd like to see some visual information of before and after. It will help all of us with how to deal with such difficult patients. Best, JP Warner	