

Date (CSS Member)	Message	Attached Documents
11/01/18 (Dr. Jon Warner)	<p>Dear Members of the Codman Shoulder Society,</p> <p>Attached please find a case presentation from Dr. Bill Daner. Any comments or advice on this case would be greatly appreciated. Thank you in advance for your help.</p> <p>Best Regards, Jon J.P. Warner, MD</p>	Case Presentation PPT
11/01/18 (Dr. Bassem Elhassan)	<p>Dear JP</p> <p>This is again another case with significant shoulder dysplasia now symptomatic at the age of 42. I am interested to know if he had normal birth/after birth history.</p> <p>If you look at the axillary view, his humeral head looks nicely sitting on the remaining anterior glenoid.</p> <p>In similar case I have seen good outcome with posterior glenoid reconstruction.</p> <p>I would reconstruct his posterior glenoid with glenoid osteochondral allograft and immobilize him in ER for 6 weeks and start moving him after confirming bone healing on CT scan.</p> <p>I would consider Botox injection (optional) to the subscap that will keep the muscle relatively quiet for 3 months which decreases the loading on the posterior bone graft while it is healing.</p> <p>Keep us posted</p> <p>Cheers B :)</p>	
11/02/18 (Dr. Jon Warner)	<p>Thank you Bassem: I think the CSS Membership would love to see an example of your treatment of such a case with follow-up. If you have this do you think you might post to CSS as this topic is generating much interest and evidence-based medicine is lacking to my knowledge.</p> <p>JPW</p>	
11/02/18 (Dr. Philippe Valenti)	<p>Dear Jon,</p> <p>There is an article published recently par Herbert Resch and his team on results of posterior wedge open osteotomy of the glenoid for excessive retroversion and posterior subluxation with excellent results after 33 months average FU.</p> <p>This is not my experience but !</p> <p>PV</p>	<i>Posterior open wedge osteotomy of the scapula neck for the treatment of advanced shoulder</i>

		<i>osteoarthritis with posterior head migration in young patients.</i> (Ortmaier et. al)
11/03/18 (Dr. George Athwal)	<p>Hello JP, with 2/10 pain, I would tell him to try to live with this. At 42, whatever we do now, we will be at it again in the future. As this is not acquired bone loss, it is not a reconstruction, but a construction. So, I don't bonegraft to correct because his soft tissues, etc, have only ever seen this glenoid. Honestly, I would offer him a scope debridement with biceps procedure... low risk but low yield. I don't think labral repair will work, I have seen only bad outcomes after that, development of posterior translation. Other than that, it would be a stemless humerus and an inset glenoid with no correction of deformity, in my hands, the procedure that will most likely result in pain improvement. He has to be apart of the decision making process. All level 5.</p> <p>best, George</p>	

Citation:

Ortmaier R, Moroder P, Hirzinger C, Resch H. Posterior open wedge osteotomy of the scapula neck for the treatment of advanced shoulder osteoarthritis with posterior head migration in young patients. J Shoulder Elbow Surg 2017;26(7):1278-1286.
doi:10.1016/j.jse.2016.11.005.