

Date (CSS Member)	Message	Attached Documents
03/05/19 (Dr. Jon Warner)	<p>Dear Members of the Codman Shoulder Society,</p> <p>Attached please find a case presentation from Dr. Cory Stewart. Any comments or advice on this case would be greatly appreciated, especially from Dr. Sanchez-Sotelo and Dr. Athwal. Thank you in advance for your help.</p> <p>Best Regards, Jon J.P. Warner, MD</p>	Case Presentation PPT
03/05/19 (Dr. Felix Savoie)	<p>I would also repair it but use a bicortical 4.5 screw with both metal and spiked washer with small incision at bottom of axillary fold, inferior to the pec tendon (old Caspari technique written up by Steve Weber many years ago) and allows you to repair without residual tendon; I "protect" the repair in guys like this with added vicryl stitches between muscle and pec tendon since folks like this will not wait for it to heal but start testing it early and these stitches pop first and settle him down to buy more healing time</p> <p>Incidentally have used this with chronic LHB ruptures up to 10 years out with good restoration if there is any residual muscle left</p> <p>Felix H Savoie M.D. Ray Haddad Professor and Chair Department of Orthopaedic Surgery Tulane University New Orleans, La. USA</p>	
03/05/19 (Dr. Jon Warner)	Thanks Buddy.	
03/05/19 (Dr. Wayne Burkhead)	I have done the same through a little longer incision to remove the biceps fascia and free the muscle up from the skin. The old ceramic washers work well but I think synthes stopped making them	
03/05/19 (Dr. Matthew Provencher)	<p>JP,</p> <p>Great case.</p> <p>Saw many of these in the military esp in body builders. Have attached our Level IV case series from JSES on this topic.</p> <p>Agree fully with Peter – multiple sutures (tape type) into the fascia of muscle belly. Tenodesis sub pec fixation of choice.</p>	Anthony SG, McCormick F, Grss DJ, Golijanin P, Provencher MT. Biceps tenodesis for long head of the biceps

	<p>Patients did quite well after – but this one at 420 lbs would be like several of the patients in our limited series that are extremely demanding. See page 2 for picture of one of the Marines who auto tore his LHB and was reattached. He went back to about 450 on the bench 6-7 months after....</p> <p>Thanks, Matt</p>	<p>after auto-rupture or failed surgical tenotomy: results in an active population. J Shoulder Elbow Surg 2015 Feb;24(2):e36-40.</p>
03/05/19 (Dr. Jon Warner)	Thanks Matt	
03/05/19 (Dr. Peter Millett)	<p>I would fix this in this type of athlete. Multiple locking sutures in muscle belly and then sew back to proximal tendon. May need to augment with graft. Sooner is better.</p> <p>Good luck –</p> <p>Best, Peter Millett</p>	
03/05/19 (Dr. Jon Warner)	Thank you Peter	
03/05/19 (Dr. Joaquin Sanchez-Sotelo)	<p>I have no experience with this type of injury on the proximal biceps, but I have take care of two patients with a muscle-tendon injury of their distal biceps (elbow, chronic). In both patients, we performed direct end of end repair and augmentation with an Achilles tendon allograft draped over the are of muscle-tendon junction tear. Both patients did well.</p> <p>Best personal regards,</p> <p>Joaquin.</p>	
03/05/19 (Dr. Bassem Elhassan)	<p>I have done a number of these overseas. I have used tibialis posterior allograft or hamstring autograft and attached it with endobutton in the biceps grove in the subpectoral area and then weaved the tendon graft into the proximal ruptured biceps muscle while the elbow is hyperflexed. They worked out very well Cheers</p>	

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03/06/19 (Dr. Jon Warner)	Thank you Bassem. JPW	
03/06/19 (Dr. Jon Warner)	Thanks Joaquin. JPW	
03/06/19 (Dr. Cory Stewart)	Very appreciative of all the responses--I'll send an email out down the road once there is sufficient data with regards to how the patient is doing.  Cory	
03/07/19 (Dr. George Athwal)	agree with what has been said. I've used semi-T autograft looped thru a transosseous tunnel proximally. So, have 2 graft limbs exiting the humerus, then pulvertaft weave both in to remaining tendon and muscle belly. If you secure 1 limb first, can then pull on the remaining limb to bring up the biceps as high as possible, then pulvertaft the free limb.	
05/08/19 (Dr. Cory Stewart)	Dear Members of the Codman Shoulder Society,  Just a quick update on the patient with the myotendinous rupture of the long head of the biceps.  I spoke with him two weeks after the initial injury regarding operative intervention.  At that time, he told me that he had already returned to the gym and that he was progressing with regards to weight and having minimal pain. As such we mutually decided to see how he did nonoperatively, at least initially. Here are some videos he sent me from a competition last week. At this point he is happy with his outcome and function.  I've also attached pictures he sent demonstrating the contour of the biceps of the injured and uninjured side.  He's not noticed any cramping in the bicep. He states the arm is roughly 80% of the contralateral arm in terms of strength currently.  Thanks again, Cory	Patient Images and Video

