CAN A SHOULDER ARTHROPLASTY BE DONE IN A SHOULDER WITH A CONGENITALLY ABSENT ACROMION?

RON NAVARRO



HISTORY

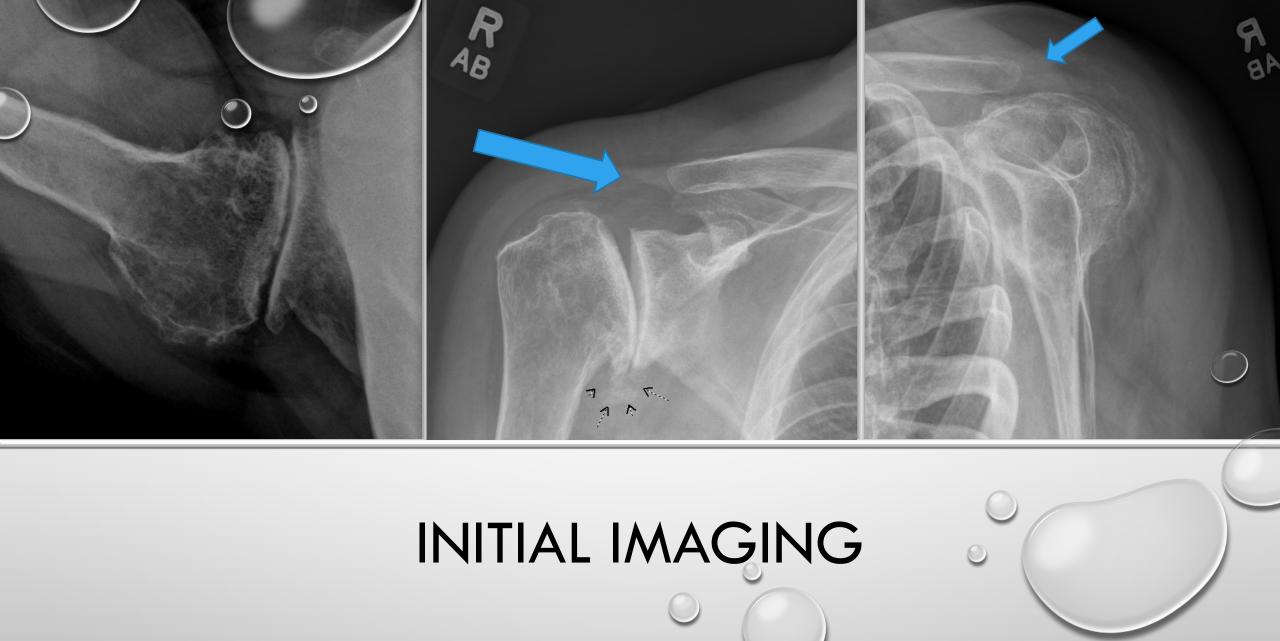
- ML IS A 71-YEAR-OLD RIGHT HAND DOMINANT FEMALE R SHOULDER PAIN FOR YEARS (ALSO HAS SCOLIOSIS).
- BUSINESS TRANSPORTATION AND SCHOOL WITH KIDS
- SEVERITY: SEVERE (*)
- DURATION: SEVERAL YEARS (*)
- TIMING: CONSTANT (*)
- CONTEXT: WORSENING (*)
- MODIFYING FACTORS: (*) AGGRAVATED BY MOVEMENT AND ACTIVITY
- RELIEVED BY REST AND TYLENOL
- CURRENTLY USED PAIN MEDICATIONS: TYLENOL, OXYCODONE FOR RECENT TOTAL HIP ARTHROPLASTY NOTHING HELPS
- STEROID INJECTIONS: NO
- CURRENTLY USED ASSISTIVE DEVICE: NONE
- PHYSICAL THERAPY: NO



PE



NVI



ADVANCED IMAGING



CT for planning purposes

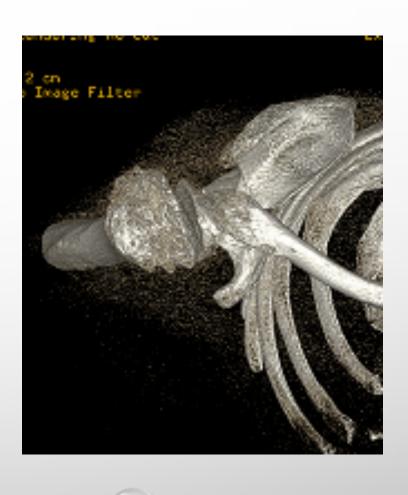


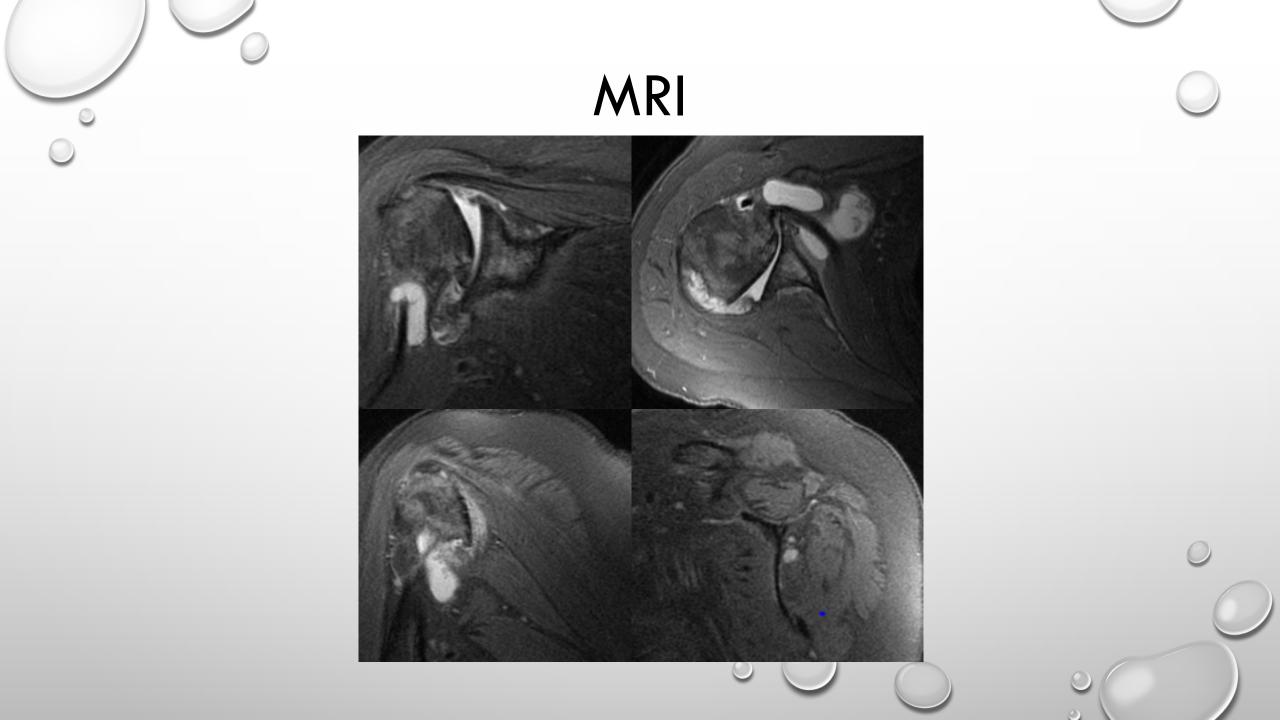
MRI



CT



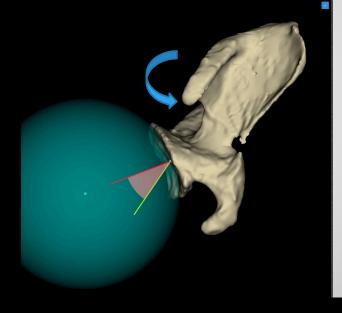




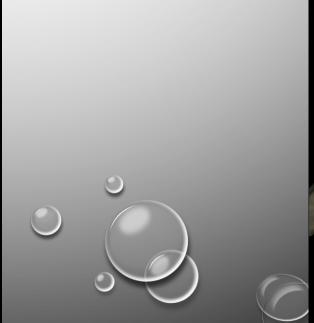
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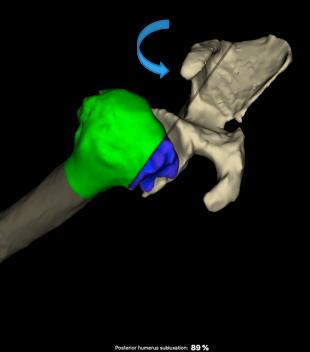


NO ACROMION Glenoid best-fit sphere radius: 50 mm Glenoid orientation: 34°









INITIAL OPINIONS — PASCAL BOILEAU

RON,

I HAVE NEVER SEEN SUCH A CASE. CONGRATULATIONS!...;-)

IT IS PROBABLY POSSIBLE TO IMPLANT A RSA WITH A GOOD RESULT ...

HOWEVER, BASED ON THE POOR RESULTS (WITH LOSS OF AFE) SEEN AFTER A SPINE FRACTURE IN SHOULDER WITH A RSA, I WOULD BE AFRAID TO DO SO.

I WOULD NOT IKE TO TAKE THE RISK OF BREAKING THE FRAGILE MUSCLE BALANCE OF THIS SHOULDER

THAT'S WHY I WOULD PROBABLY PROPOSE A RIGHT HEMIARTHROPLASTY TO THIS PATIENT. FOR SURE, THE RESULTS WOULD BE PROBABLY LESS "GLORIOUS", BUT I WOULD NOT BURN ANY BRIDGE

IN CASE OF POOR RESULT, I COULD STILL COVERT TO A RSA.

LET ME KNOW WHAT YOU WILL DO

BEST,

PASCAL



INITIAL OPINIONS

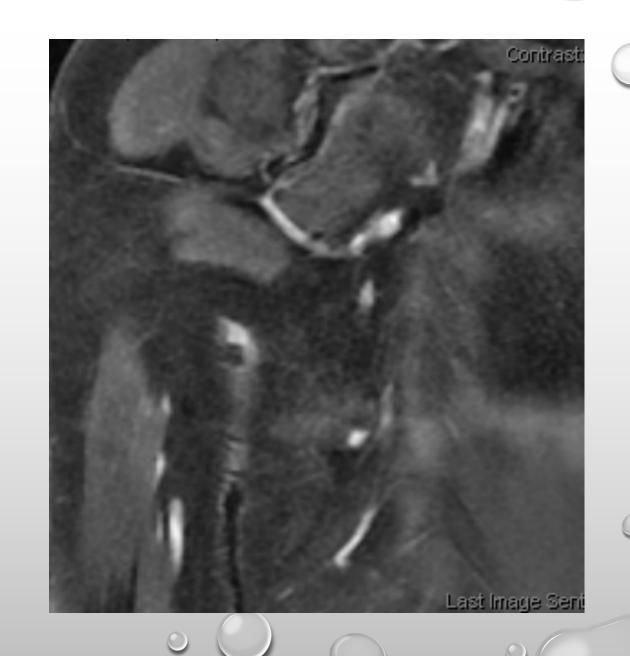
CHRISTIAN GERBER

- 1. VERY UNUSUAL MALFORMATION ASSOCIATED WITH ? IT IS ASSOCIATED WITH OTHER REGIONAL MALFORMATIONS, PARTICULARLY OF NERVE AND VESSELS?
- 2. I WOULD GET CT AS ON CONVENTIONAL AXILLARY BONE LOOKS VERY RETROVERTED, POTENTIAL IDENTIFICATION OF OTHER BONY MALFORMATIONS.
- 3. MRI FOR ASSESSMENT OF MUSCULAR STATE: DOES THE PATIENT HAVE WHAT WE THINK IS A NORMAL CUFF? PECTORALIS MUSCLES ETC.
- 4. I WOULD GET PROBABLY AN MR ANGIOGRAPHY TO BE SURE THAT I DO NOT HAVE TO EXPECT SOME VASCULAR MALFORMATION
- 5. IF THE SHOULDER HAS PREVIOUSLY FUNCTIONED WITHOUT THE ACROMION, IT WILL FUNCTION WITHOUT THE ACROMION THEREAFTER. LIKE THE PERFECTLY PERFORMED ACROMIONECTOMIES OF THE TIMES OF ARMSTRONG, HAMMOND OR BOSLEY. THE SLEEVE WOULD HAVE TO BE PRESERVED AT ALL COST TO PREVENT THE DEVELOPMENT OF A POORLY PERFORMED ACROMIONECTOMY WHICH GAVE THE RESULTS REPORTED BY NEER.
- 6. ALTHOUGH I WOULD PROBABLY GO WITH PASCAL AND FIRST TRY RESURFACING, GIVEN NO CONTRAINDICATIONS FROM 1-4 I THINK RTSA AND AS A MATTER OF FACT ATSA ARE VALID OPTIONS (THE LATTER WITH CONVERTIBLE GLENOID AND CONVERTIBLE HUMERUS HOWEVER)

MR ANGIO – DR. GERBER SUGGESTION

 MR ANGIO -IMPRESSION:

- NO OBVIOUS AV MALFORMATION OR OTHER SOFT TISSUE MASS IS SEEN IN THE
- REGION OF THE ABSENT
 ACROMION. SEVERE DEGENERATIVE
 CHANGE AT THE GLENOHUMERAL
 JOINT. SIGNIFICANT TENOSYNOVITIS
 OF THE LONG BICEPS TENDON.





INITIAL OPINIONS - GILLES WALSH

DEAR RON,

I'VE NEVER SEEN SUCH A CASE OF CONGENITALLY ABSENT ACROMION.

BEFORE TAKING ANY DECISION, I WOULD LIKE TO SEE THE RC MUSCLES AS WELL AS THE DELTOID MUSCLE AND THE GLENOID ON A STANDARD CT SCAN.

AS SOON AS YOU CAN SEND IT, I WILL LET YOU KNOW WHAT I THINK.

BEST REGARDS

GILLES



NO ACROMION

Search results

Items: 2

- Familial congenital bilateral agenesis of the acromion: a radiologically illustrated case report.
- Hermans JJ, Mooyaart EL, Hendriks JG, Diercks RL. Surg Radiol Anat. 1999;21(5):337-9.

PMID: 10635098 Similar articles

- Congenital bilateral absence of the acromion. A case report.
- Kim SJ, Min BH.

Clin Orthop Relat Res. 1994 Mar;(300):117-9.

PMID: 8131321 Similar articles



SOME NEW Q'S

- WITH THIS INFORMATION, ANY NEW THOUGHTS?
- WHAT IMPLANT IF ANY WOULD YOU CHOOSE?

• THANKS