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| 7/9/18 (Dr. Jon Warner) | <p>Dear Members of the Codman Shoulder Society,</p> <p>Attached please find a case presentation from Dr. Dilisio. Any comments or advice on this case would be greatly appreciated. Thank you in advance for your help.</p> <p>Best Regards,</p> <p>Jon J.P. Warner, MD</p> | <p>Case Presentation PPT: MFD Humeral Bone Loss Case</p> |
| 7/10/18 (Dr. Lewis Shi) | <p>My thoughts</p> <ul style="list-style-type: none"> ■ P. acnes infection is likely false positive given it is only 1 out of 5. When did the positive grow out? If it became positive after 7 or 8 days, that make it even more likely a false positive ■ I would think it's aseptic loosening due to lack of tuberosity healing and cuff dysfunction, so the stem bears significant stress ■ Since you are already treating it as infection, you could complete the course, and even to do another scope biopsy if you are inclined ■ Get a CT scan to ensure enough glenoid bone stock ■ Reverse with tumor prosthesis; I use a Biomet SRS which has plenty of suture holes proximally; I hear the Exactech has a nice one but I haven't tried it. In the tumor cases I don't have any infra and teres left over, so I transfer lat and teres major into external rotators, and "repair" pect major to metal. In this case you could save great tuberosity. I have tried to shish-kebob the metaphyseal piece in the past, often without much success, so I would just remove it. I think you will have enough deltoid attachment in the distal piece. <p>Lewis L. Shi, MD</p> | |
| 7/15/18 (Dr. Bassem Elhassan) | <p>I do agree with Lewis except I would do a APC which reconstructs the proximal bone and give us chance for local tendon transfer for additions function mainly rotation.</p> <p>Please keep us posted.</p> <p>Best of luck</p> <p>B</p> | |

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| <p>7/15/18 (Dr. Philippe Valenti)</p> | <p>I am agree with Lewis and Bassem regarding the strategy for potential infection. But for the reconstruction of humeral bone loss i use a long thin stem cemented with an allograft (Tibial allograft) fixed with a long plate.</p> <p>I do Episcopo procedure to restore external rotation . Deltoid reinsertion should be done as repair of the Pectorals Major</p> <p>Best chance</p> <p>Philippe</p> | <p>Paris International Shoulder Course 2019 Graphic</p> |
| <p>7/15/18 (Dr. Joaquin Sanchez-Sotelo)</p> | <p>I have also favored APC recon in these cases using a proximal humerus allograft with cuff allograft to provide for soft tissue attachment sites.</p> <p>Best, JSS.</p> | |