

Evaluating significant bipolar bone loss in anterior shoulder instability

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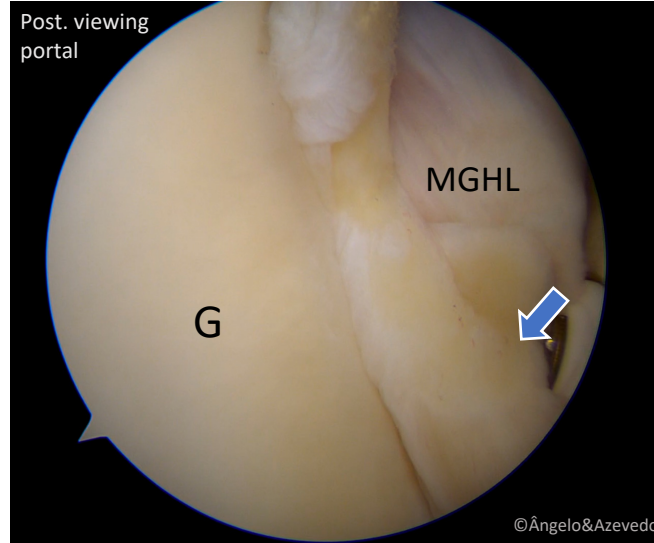
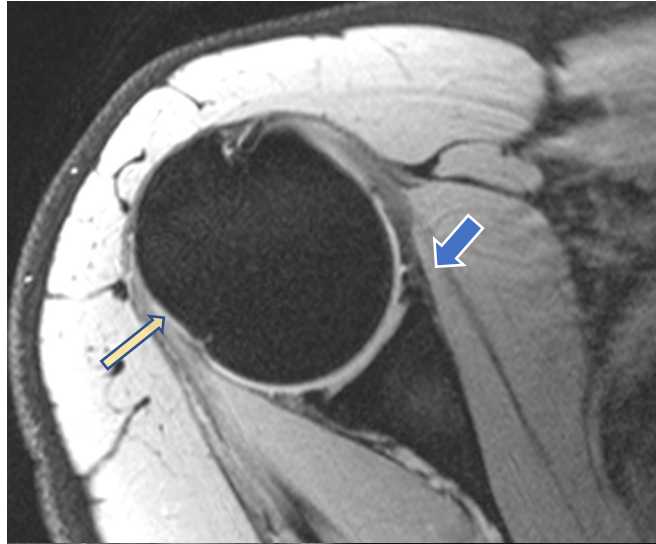


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Evaluating Significant Bipolar Bone Loss in Anterior Shoulder Instability → Tip 1: KNOW THE IMPORTANT ANATOMY



Anteroinferior labral-ligamentous complex (AILLC)



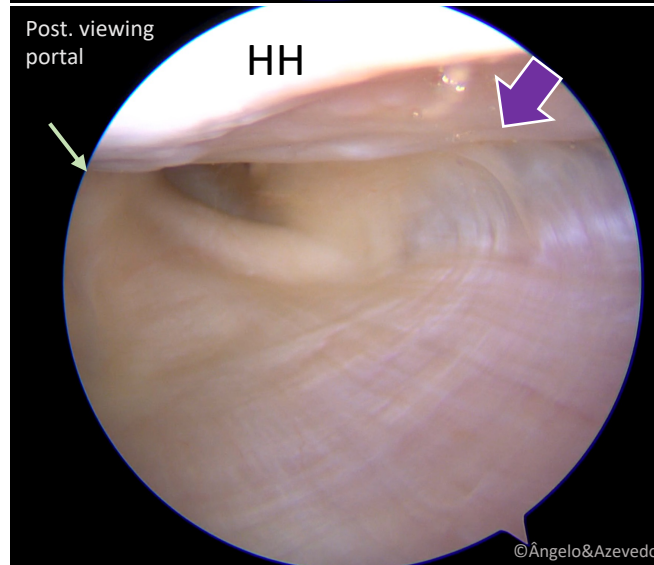
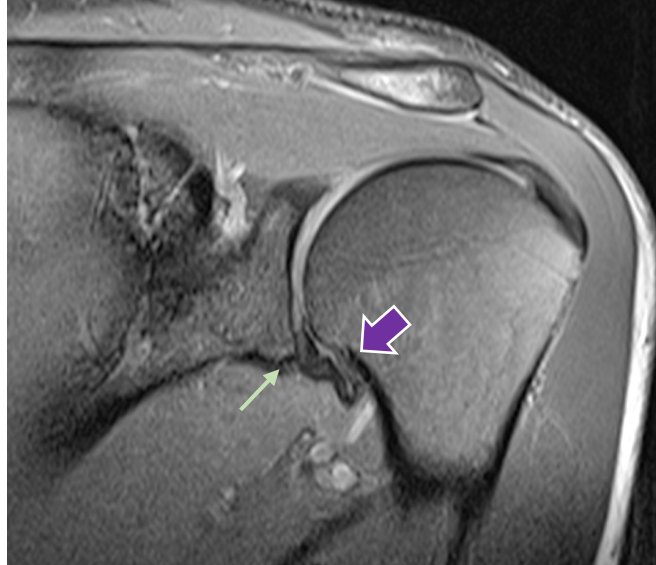
Bare area and posterior humeral head contour

G

Glenoid

MGHL

Middle Glenohumeral Ligament



Humeral insertion of the AILLC



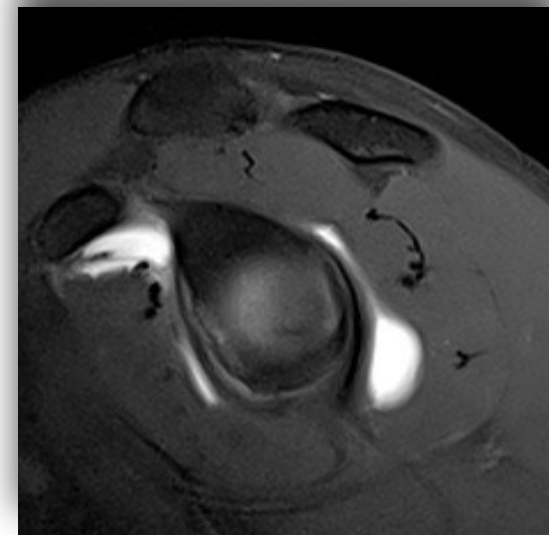
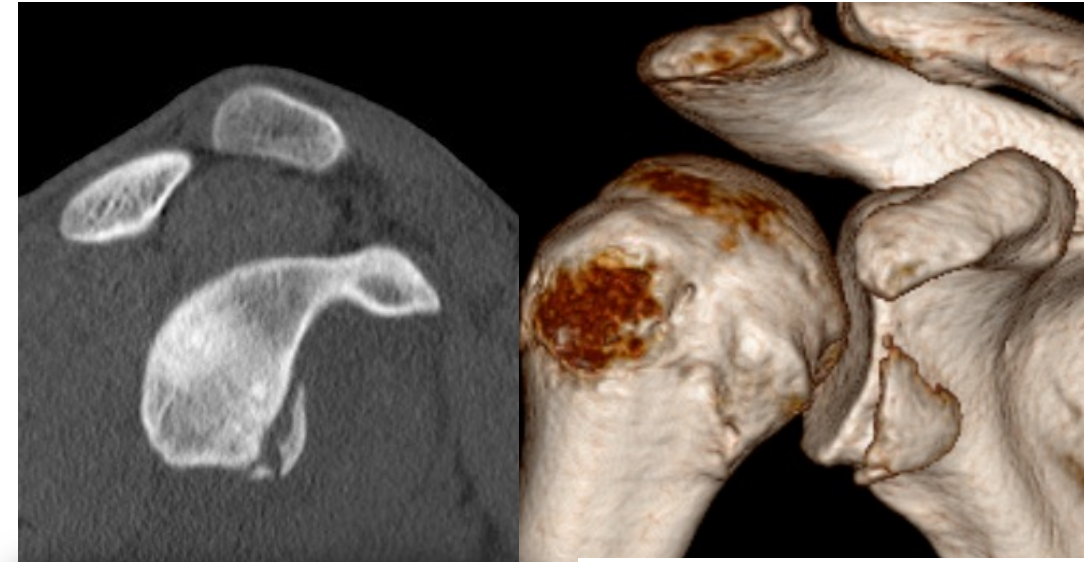
Glenoid insertion of the AILLC

HH

Humeral Head

Evaluating Significant Bipolar Bone Loss in Anterior Shoulder Instability → Tip 2: KNOW WHICH MODALITY TO CHOOSE

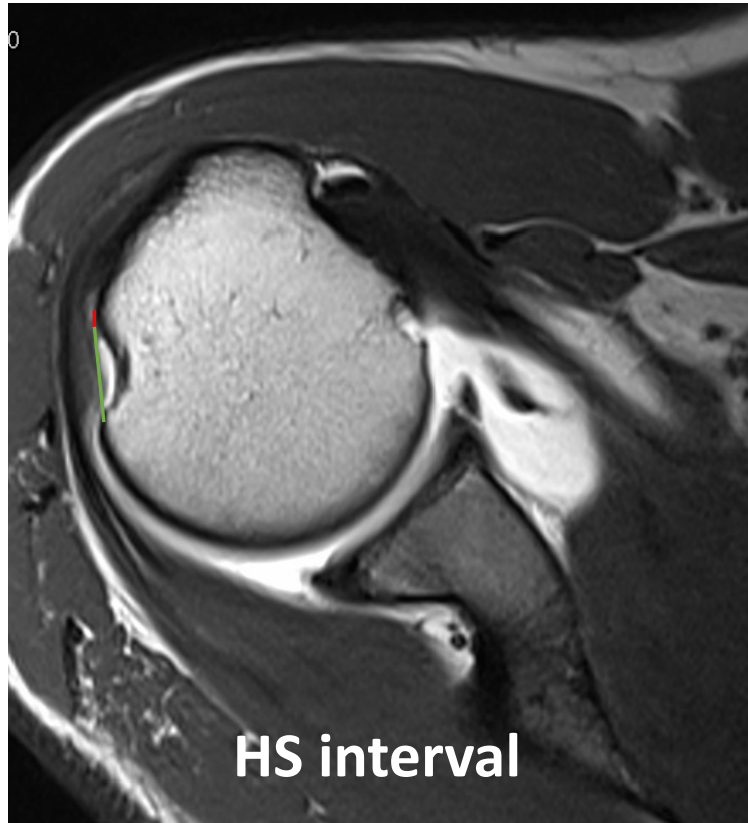
- MRI (standard or arthro) and CT (standard or arthro) are all accepted
 - ❑ Literature is heterogeneous
- 3D and 2D imaging are both accurate
 - ❑ 3D better than 2D to measure glenoid bone loss
 - ❑ 3D MD TC / 3D MRI reconstructions
- Radiographs are not accurate



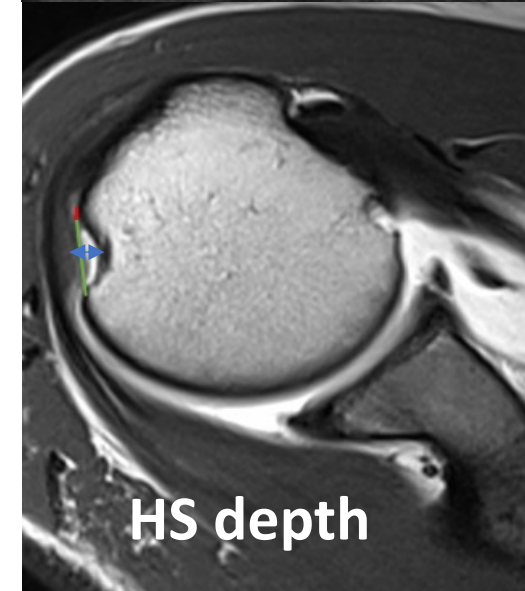
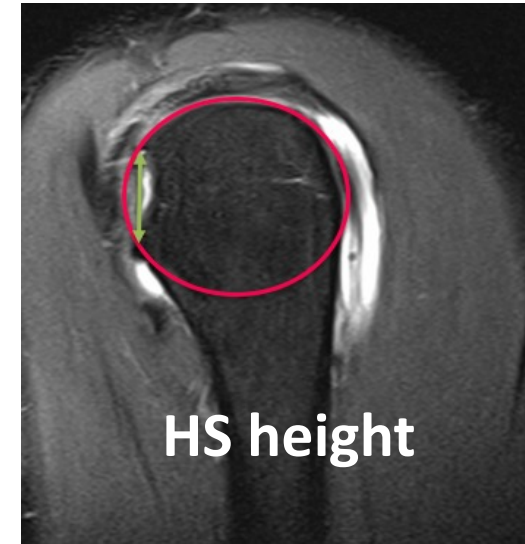
Evaluating Significant Bipolar Bone Loss in Anterior Shoulder Instability → Tip 3: MEASURE HUMERAL BONE LOSS

Hill-Sachs (@posterosuperior humeral head, at or above the coracoid)

- Difficult to measure during arthroscopy → Imaging is key
- Different ways to measure → **HS interval** most frequently used



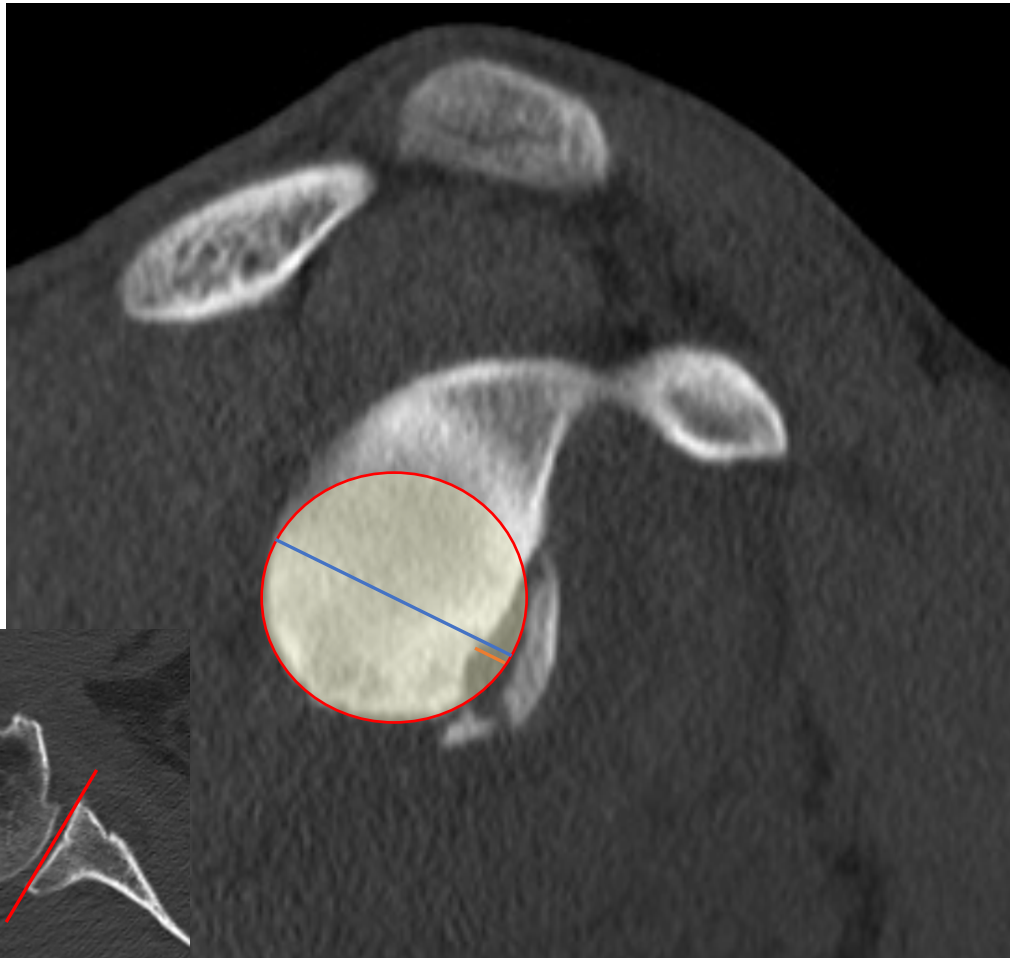
Measure **width of the HS** (length, from medial to lateral)
From here, a line to cuff attachment (**bone bridge**)
widest part HS + bone bridge = HS interval



Evaluating Significant Bipolar Bone Loss in Anterior Shoulder Instability → Tip 4: MEASURE GLENOID BONE LOSS

Glenoid bone loss:

- Bony bankart with a fragment (*most typical*) vs flattening/impaction of the anterior glenoid impaction (*most common*)



Circle method (glenoid width):

Draw the best fitting **CIRCLE** around inferior half glenoid
(@ the subcondral bone: cross-reference with axials)

Measure the **diameter of the circle**

Measure the **diameter of bone loss**

$$\frac{\text{diameter of bone loss}}{\text{diameter of intact glenoid}} \times 100 \%$$

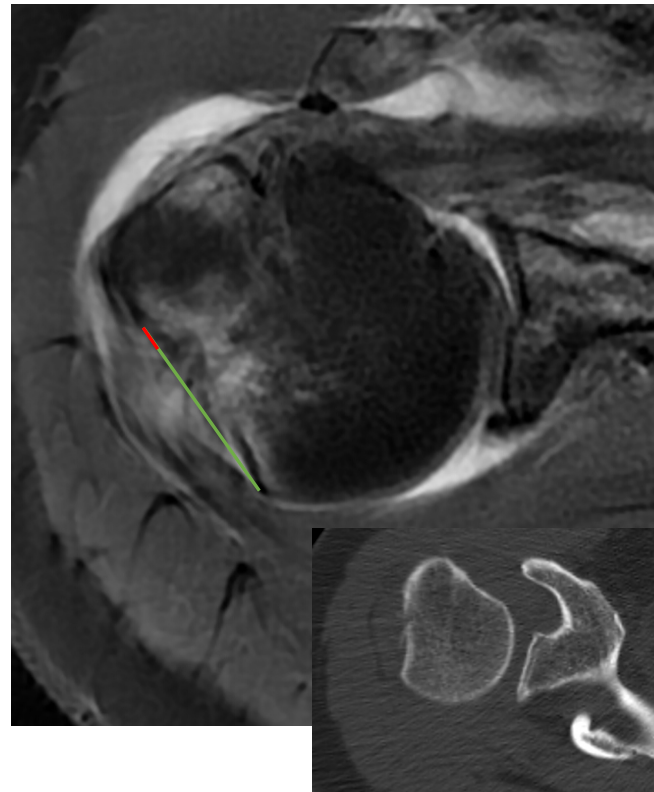
Critical bone loss (current threshold >20%) not effective
“Subcritical” bone loss: 13.5% -20%

Evaluating Significant Bipolar Bone Loss in Anterior Shoulder Instability → Tip 5: MEASURE GLENOID TRACK

- Engagement of the HS at the anterior glenoid depends on the sliding movement of the humerus over the articular surface of the glenoid and its width → **quantification of bipolar bone loss is crucial!**
- Glenoid track** → predicts humeral engagement

HS interval < Glenoid Track =
ON-TRACK (↓ risk of engagement)

HS interval > Glenoid Track =
OFF-TRACK (↑ risk of engagement)

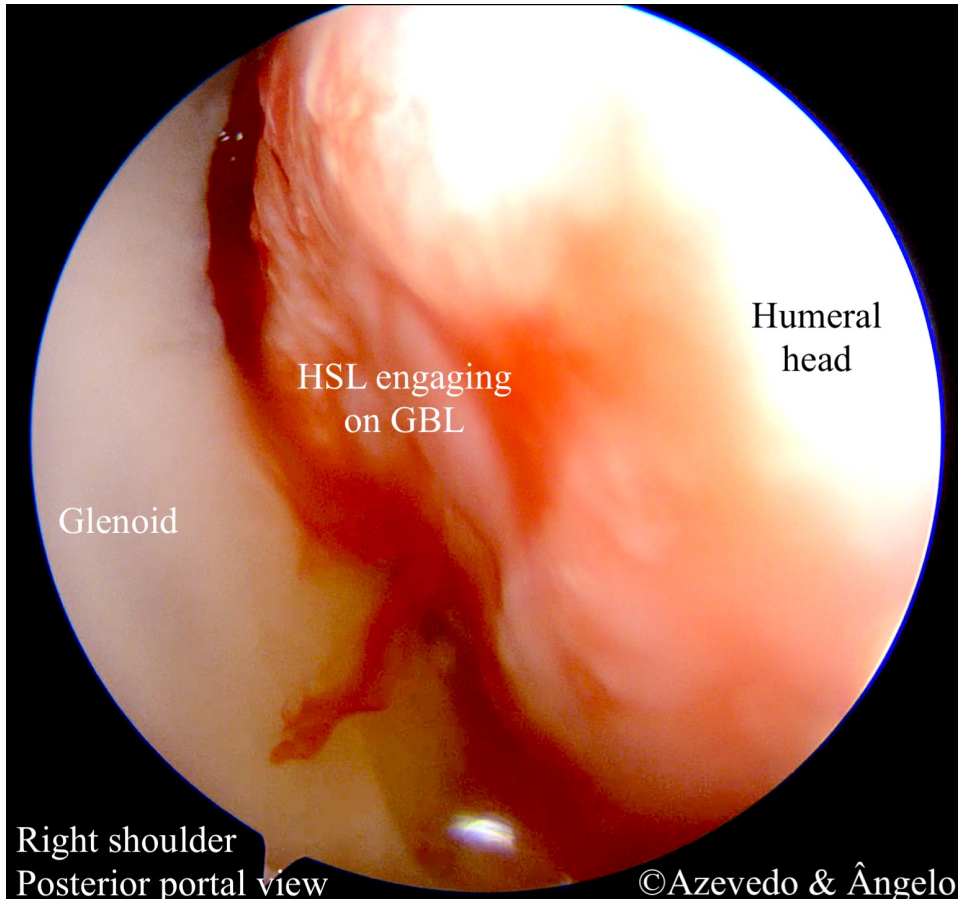


HS interval



Glenoid track
(0,83 X D) -d

Evaluating Significant Bipolar Bone Loss in Anterior Shoulder Instability → Bonus Tip from the Surgeon: IT'S ALL ABOUT THE INTERPLAY!



DECISION-MAKING

What does the surgeon look for? → **INTERPLAY OF LESIONS**

QUANTIFICATION OF BOTH

GBL % and GLENOID TRACK

HSL LENGTH and HS INTERVAL

if HS interval $<$ Glenoid track → **ON-TRACK** = lower risk of engagement

if HS interval $>$ Glenoid track → **OFF-TRACK** = higher risk of engagement

LOCATION OF HSL

if **MEDIAL** = higher risk of engagement

if **LATERAL** = lower risk of engagement



Evaluating Significant Bipolar Bone Loss in Anterior Shoulder Instability → References

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