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诚挚地欢迎中华医学会骨科学分会主席田伟教授
以及其他来自中国的骨科同仁们参加第90届法国骨科年会
这是我们有史以来首次迎接来自中国的同道
感谢所有合作协会及各分会对迎接中国同道所做出的努力
Le président du CNP-SOFCOT (Gilles WALCH) et le président de l' Académie des Orthopédistes et Traumatologues (Henry COUDANE) souhaitent la bienvenue au Pr Wei TIAN, Président du COA (Chinese Orthopaedic Association) ainsi qu'à tous ses collègues chirurgiens orthopédistes de la République Populaire de Chine qui est pour la première fois nation invitée dans l'histoire de la SOFCOT pour ce 90e Congrès.
Les Présidents du CNP-SOFCOT et de l' AOT remercient les Sociétés Partenaires et Associées de la SOFCOT d'avoir facilité l'accueil de nos Collègues Chinois.
SOFCOT
SOciété Française de Chirurgie Orthopédique et Traumatologique
PARIS - PALAIS DES CONGRÈS
9-12 NOVEMBRE 2015
90
SOFCOT
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- E

CSES - Chinese Shoulder & Elbow Society

- Members in 2014: 105
- Congress meeting: Biennially
- Cooperations & Communications:

ASES traveling fellowship, NSC, Annecy cour

中华医学会系列杂志

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中华肩肘外科电子杂志

ZHONGHUA JIANZHOU WAIKE DIANZI ZAZHI

2013年11月 第1卷 第1期（创刊号）

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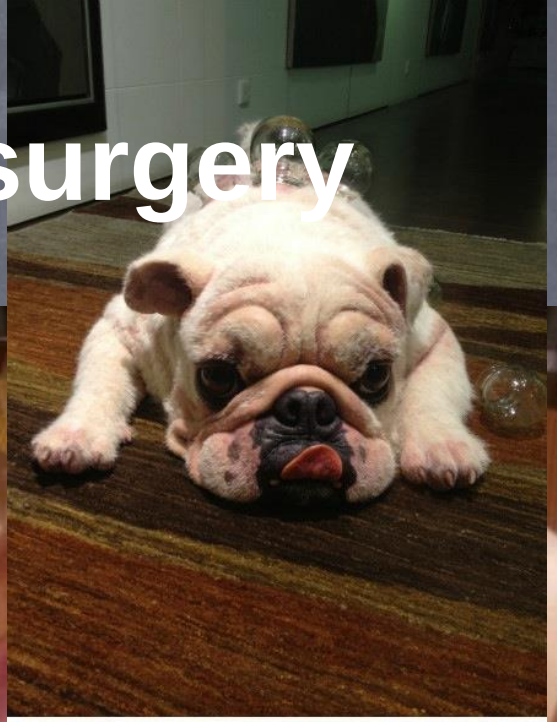
cma cma cma

Shoulder in China

- Surgeons: trauma guys and sports guys
- Patients: RCT, instability, trauma
- Pathology: very few primary OA
- Something unique: patients avoid surgeries

Chinese do NOT like surgery



Shoulder in China

Beijing Ji Shui Tan Hospital

School of Medicine, Peking University

Shoulder Service

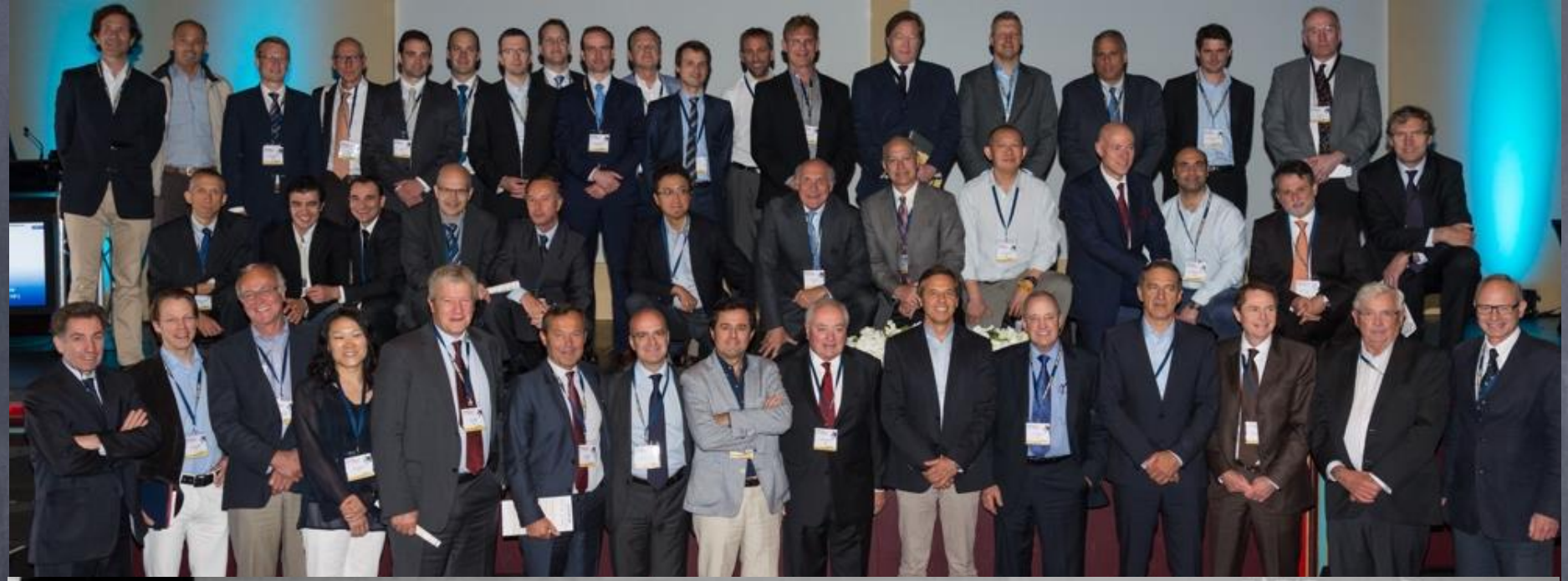
- 2001.7: shoulder fellowship with E Flatow
- 2002.2: small group with subspecialty
- 2004： shoulder service
- 2005： shoulder learning

Shoulder Service

- everything about shoulder
- NO tumors
- 2014：650 surgeries

Shoulder Service

- arthroscopic surgery: 400
- shoulder trauma & OA: 150 - 200
- elbow: 50 - 100




PARIS
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COA 2015 CHINESE ORTHOPAEDIC ASSOCIATION

中华医学会第十七届骨科学术会议暨第十届COA国际学术大会

The 10th International Congress of Chinese Orthopaedic Association

2015年11月19-22日 中国·重庆 November 19-22, 2015 ChongQing, China

- Guest nation: France
  - Philippe Collin
  - Daniel Mole
  - Jean-Francois Kempf
  - Henry Coudane

- French shoulder society: **welcome anytime !**

Arthroscopic vs. Open Latarjet: Who's the Champion ?

姜春岩　朱以明

Chunyan Jiang MD Ph.D, Yiming Zhu MD

Professor, Shoulder Service

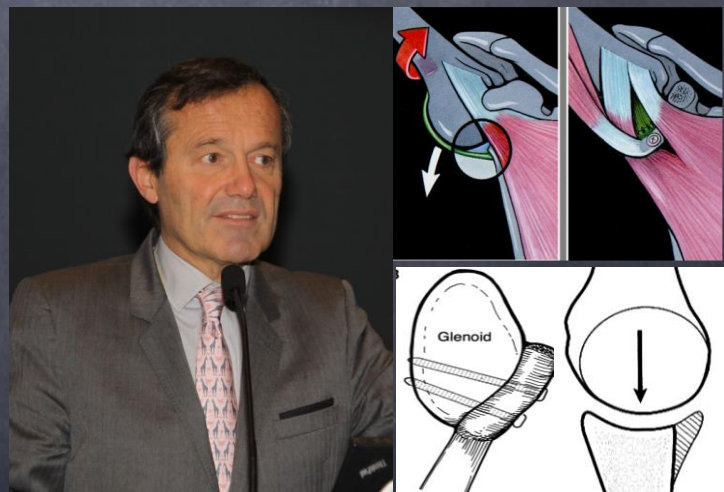
Beijing Ji Shui Tan Hospital

School of Medicine, Peking University

Latarjet Procedure – "triple blocking"

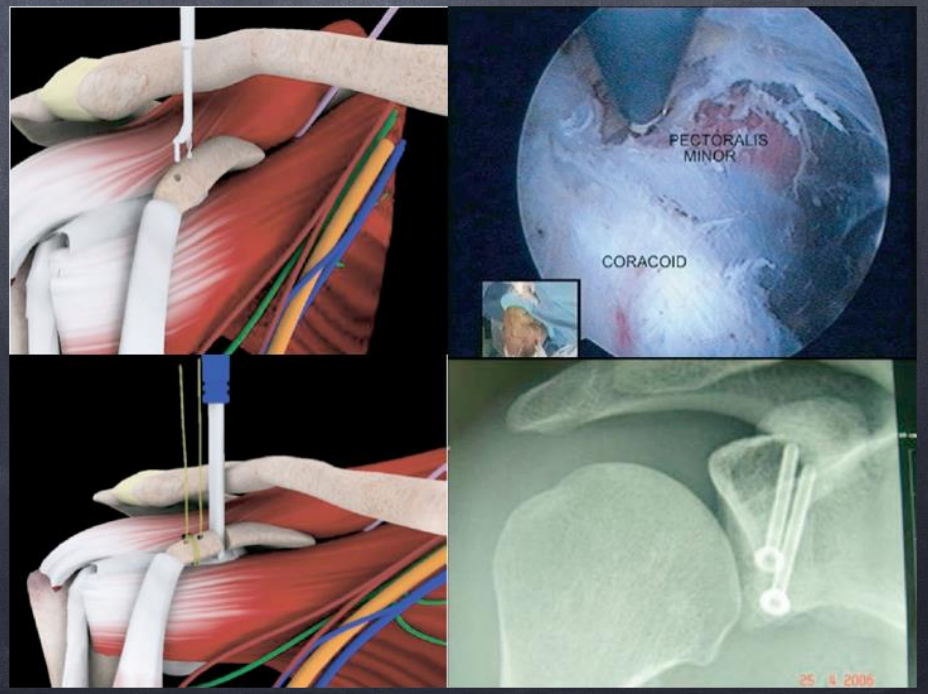
- Dynamic reinforcement by the conjoined tendon
- Inferior capsular ligamentous complex reinforcement

  by the stump of the coracoacromial ligament
- Increase glenoid width



Arthroscopic Latarjet

- **Laurent Lafosse**



Purpose

- To evaluate & compare the clinical and radiographic outcomes of anterior shoulder instability patients treated with arthroscopic Latarjet vs open Latarjet regarding graft position, screw orientation, graft resorption & clinical function

Patients and Methods

Study design: Prospective Comparative study

- **Inclusion criteria**
  - Traumatic anterior instability
  - Glenoid defect > 20% & < 40% on preop CT en face view
  - Treated by open or @ Latarjet
  - Patients' agreements
  - Complete radiological evaluation (CT-3d at preop, immediate postop & postop 1-y)
- **Exclusion criteria**
  - MDI
  - Concomitant RCT
  - Degenerative evidence in G-H
  - Neurological deficit
  - Incomplete radiological evaluation

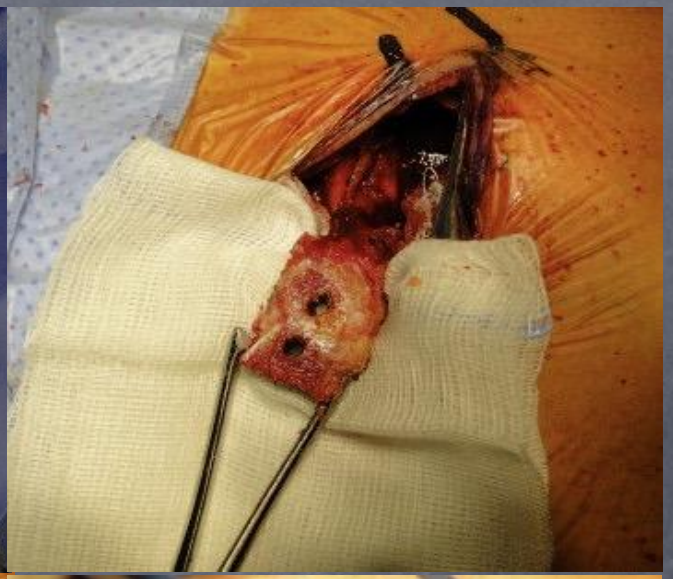
Patients and Methods

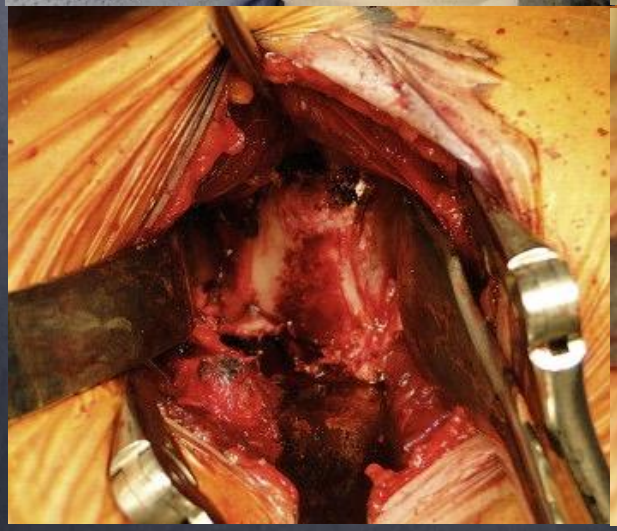
- The open Latarjet group
  - initial **47** patients in the series
- The arthroscopic Latarjet group
  - the subsequent **51** patients

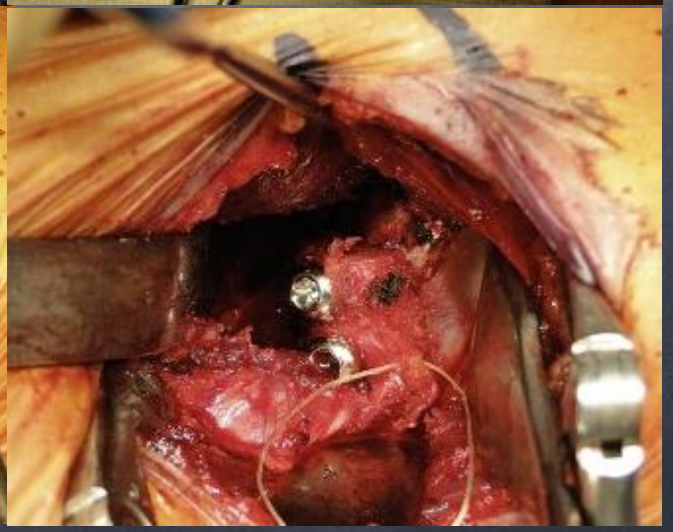
Surgical technique

- General + inter-scalene block
- Beach-chair position:
  - Open: Walch technique,axillary crease approach
  - @: Modified Lafosse technique
- Two 4.0mm AO cannulated screws
- Concomitant Bankart repair
- Standard rehab

Open Latarjet Procedure



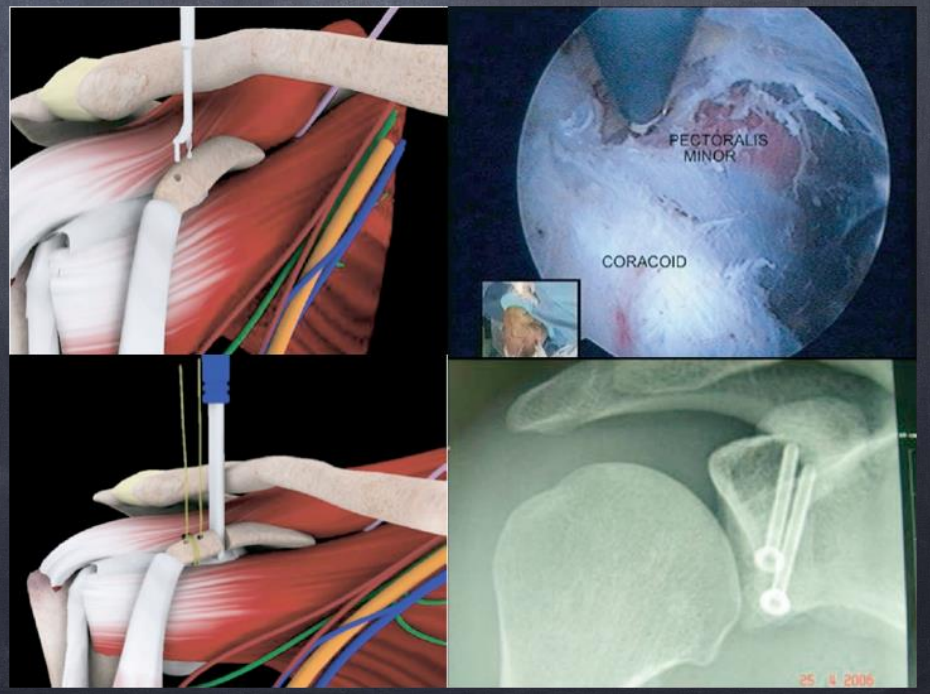




Arthroscopic Latarjet

- **Laurent Lafosse**

capsule debridement & massive ablation in subscap



Major steps

- Antero-inferior capsule prep
- Coracoid graft prep
- Nerve identification
- Glenoid prep
- Subscap split
- Graft fixation + capsule repair

Major steps

- Antero-inferior capsule prep
- Coracoid graft prep
- Nerve identification
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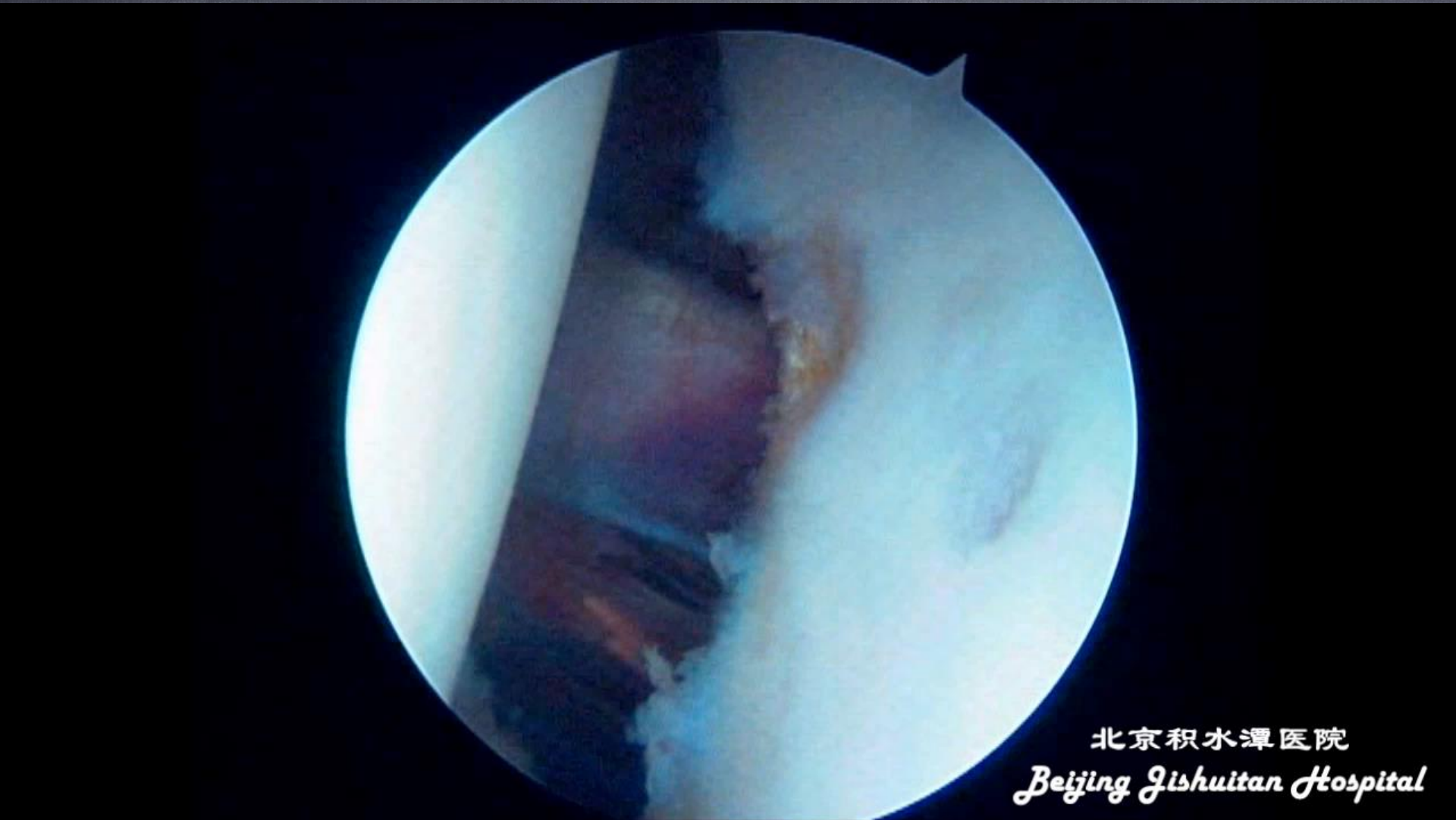
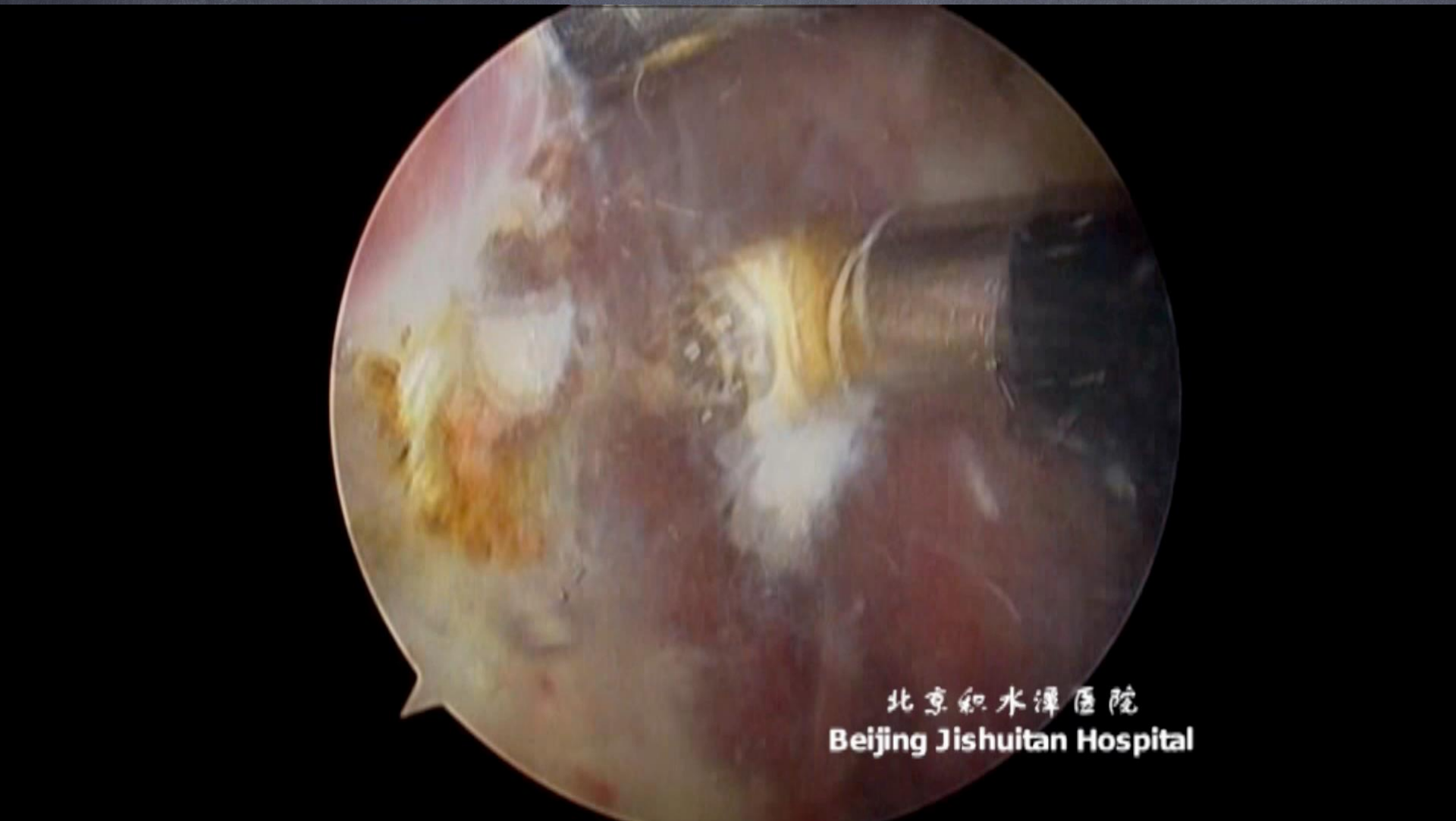
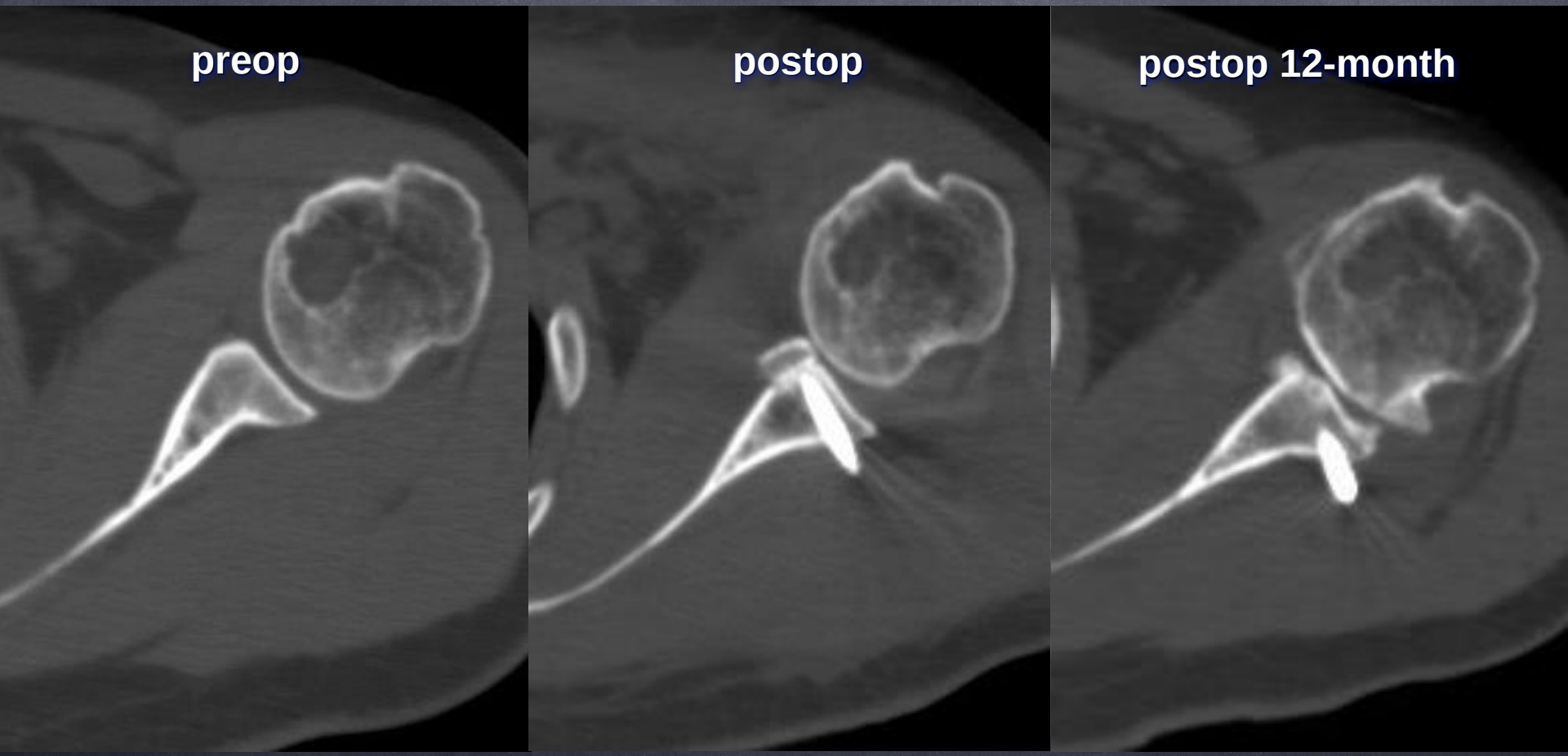
Antero-inferior Capsule Debridement

Antero-inferior Capsule Release

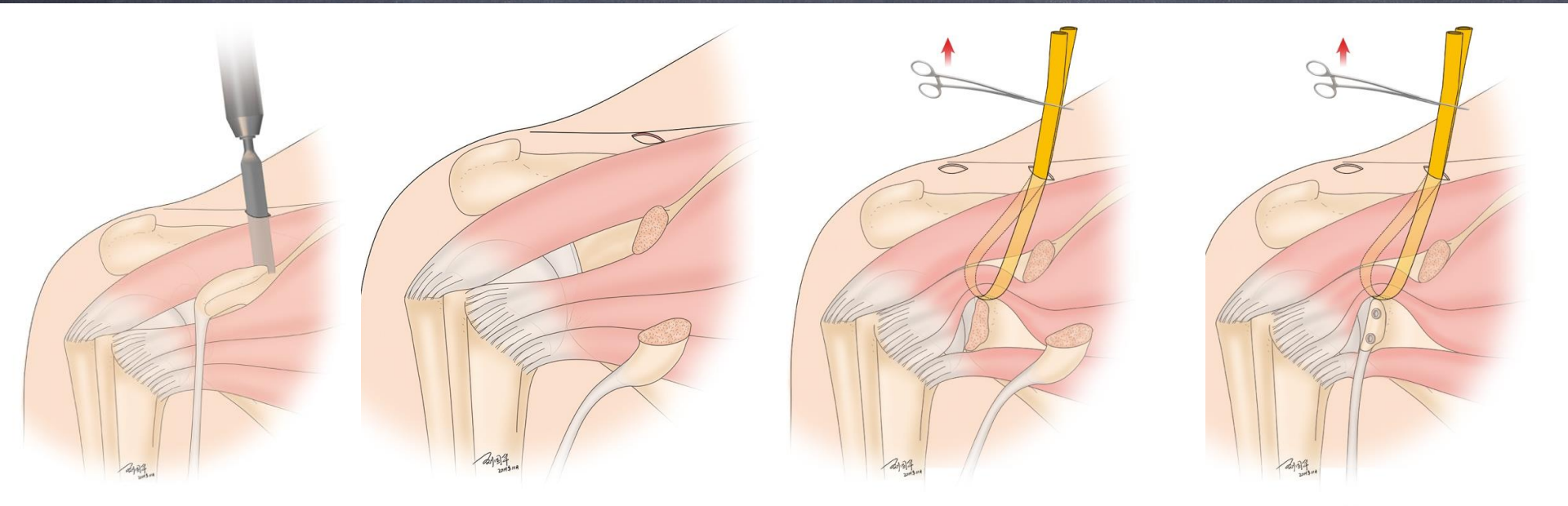


Subscap split
- with massive ablation in tendinous part

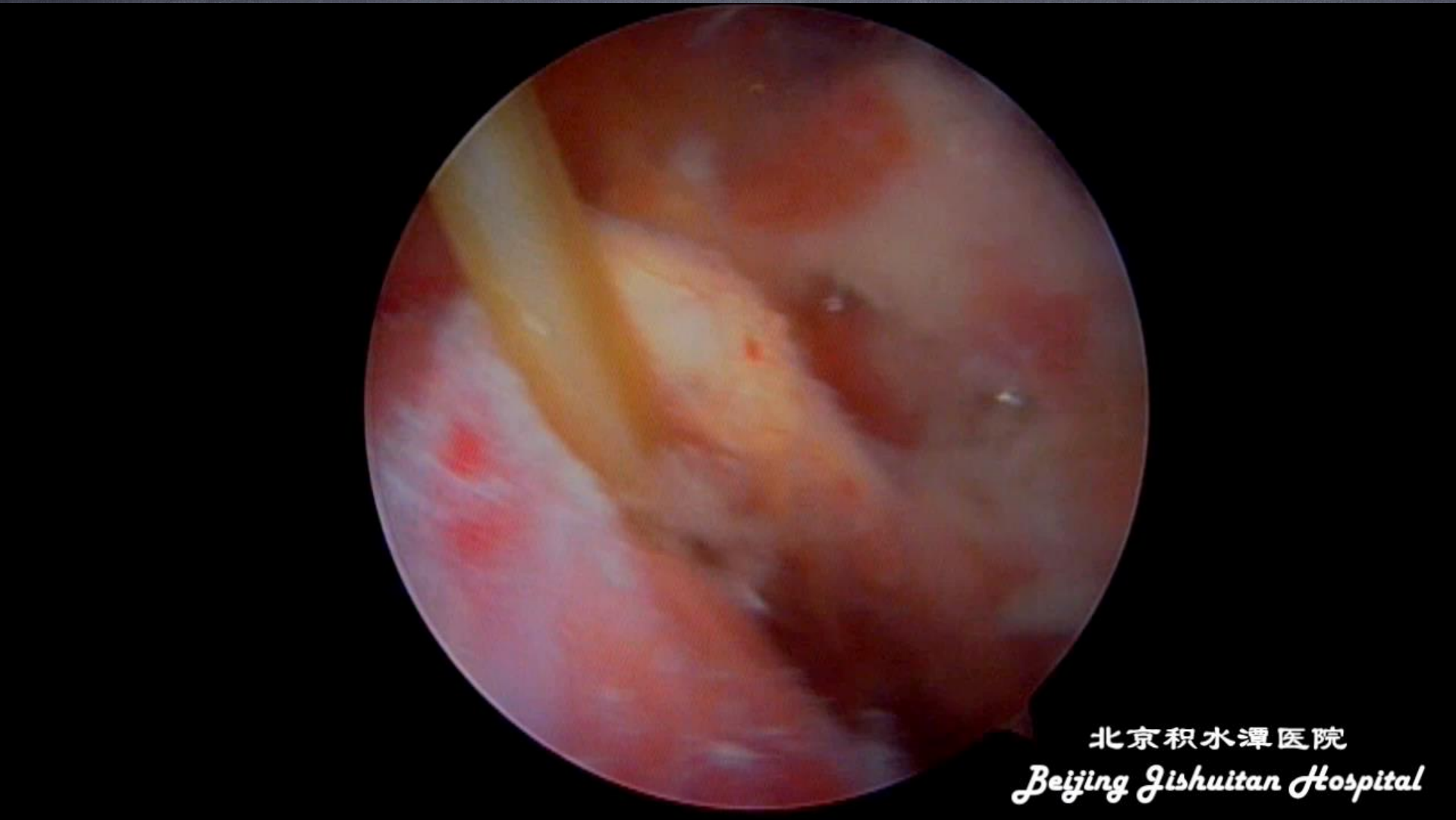



preop
postop
postop 12-month

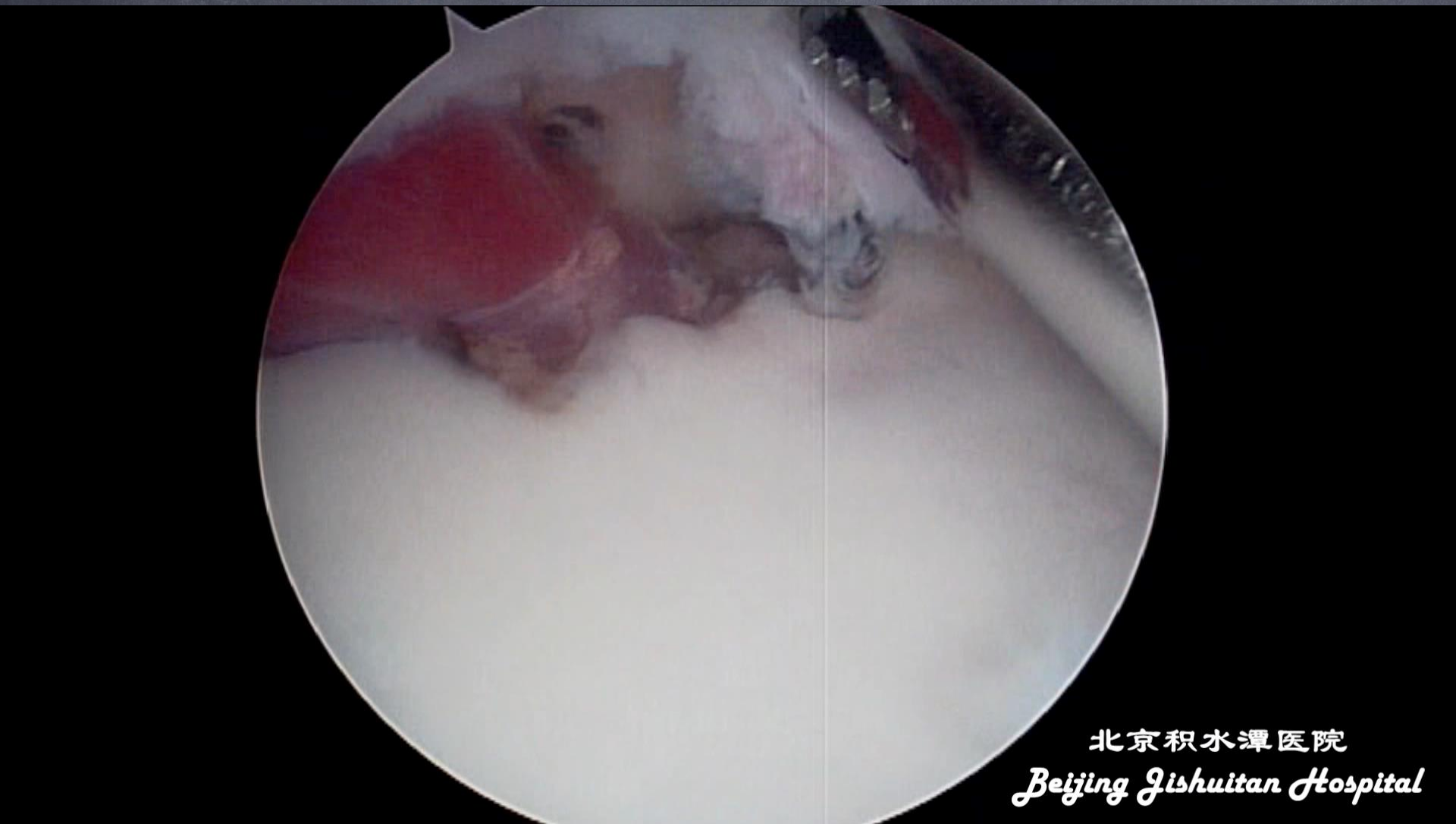
Subscap split - tendon-muscle junction



Subscap split - tendon-muscle junction



Bankart repair - make graft extra-articular



Postoperative rehabilitation

- Same for both groups
- Sling for 6 weeks
- Daily activities within FF-90 & ER-10 after 3 weeks
- Strengthening after 3 months
- No contact sport until postop 8-m with healing evidence

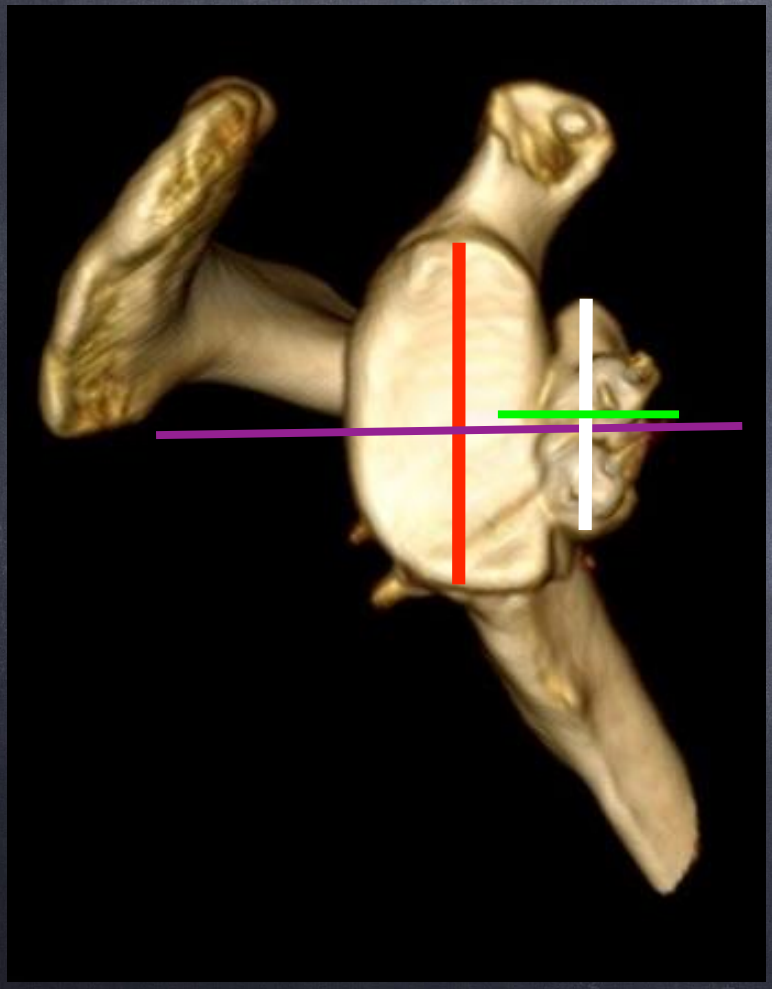
Clinical evaluation

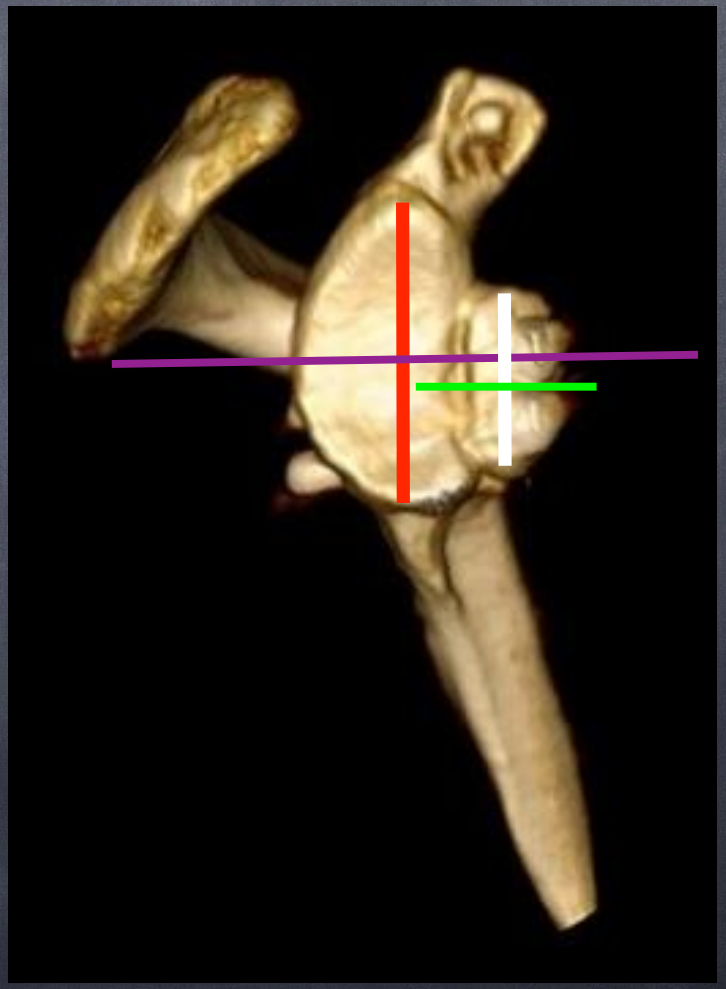
- Follow-up interviews
  - 3-w, 6-w, 3-m, 6-m, 1-y postop & every year
  - ASES, Constant-Murley, Rowe scores

Radiographic evaluation

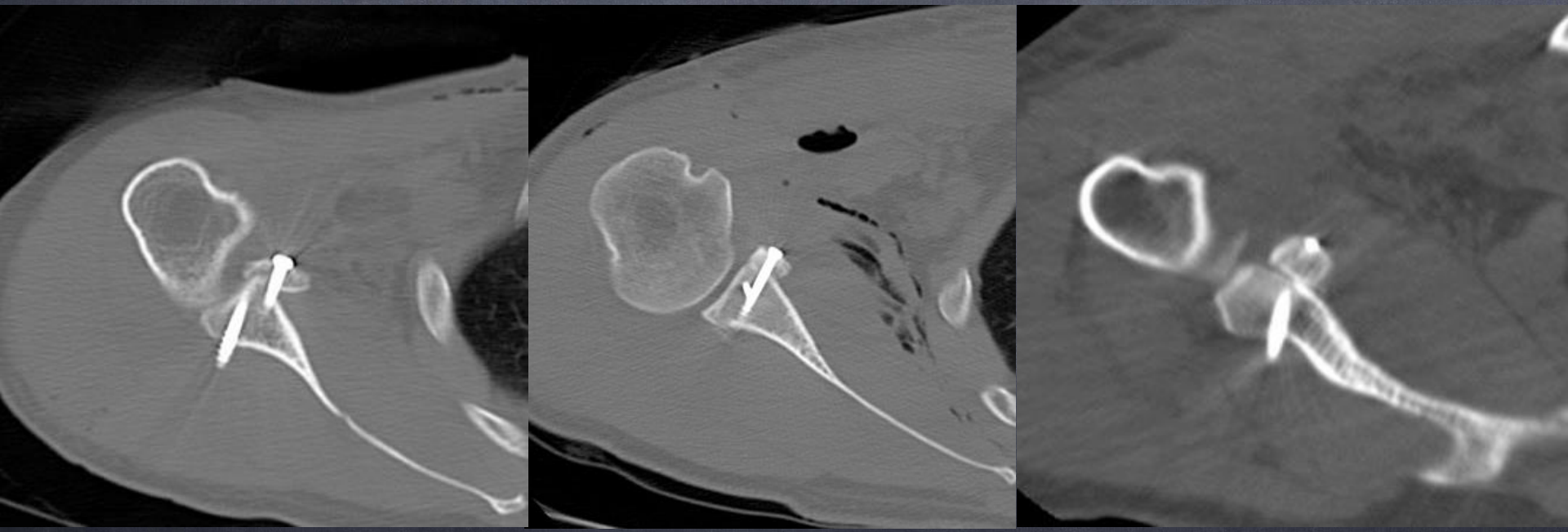
- Axial CT scan at: preop, immediate postop & 1-y postop
- Graft position
  - Superior-inferior: regarding equator
  - Medial-lateral: > 3mm
- Screw orientation
- Graft resorption

Graft position - superior-inferior





Graft position - medial-lateral



Screw orientation

Graft resorption

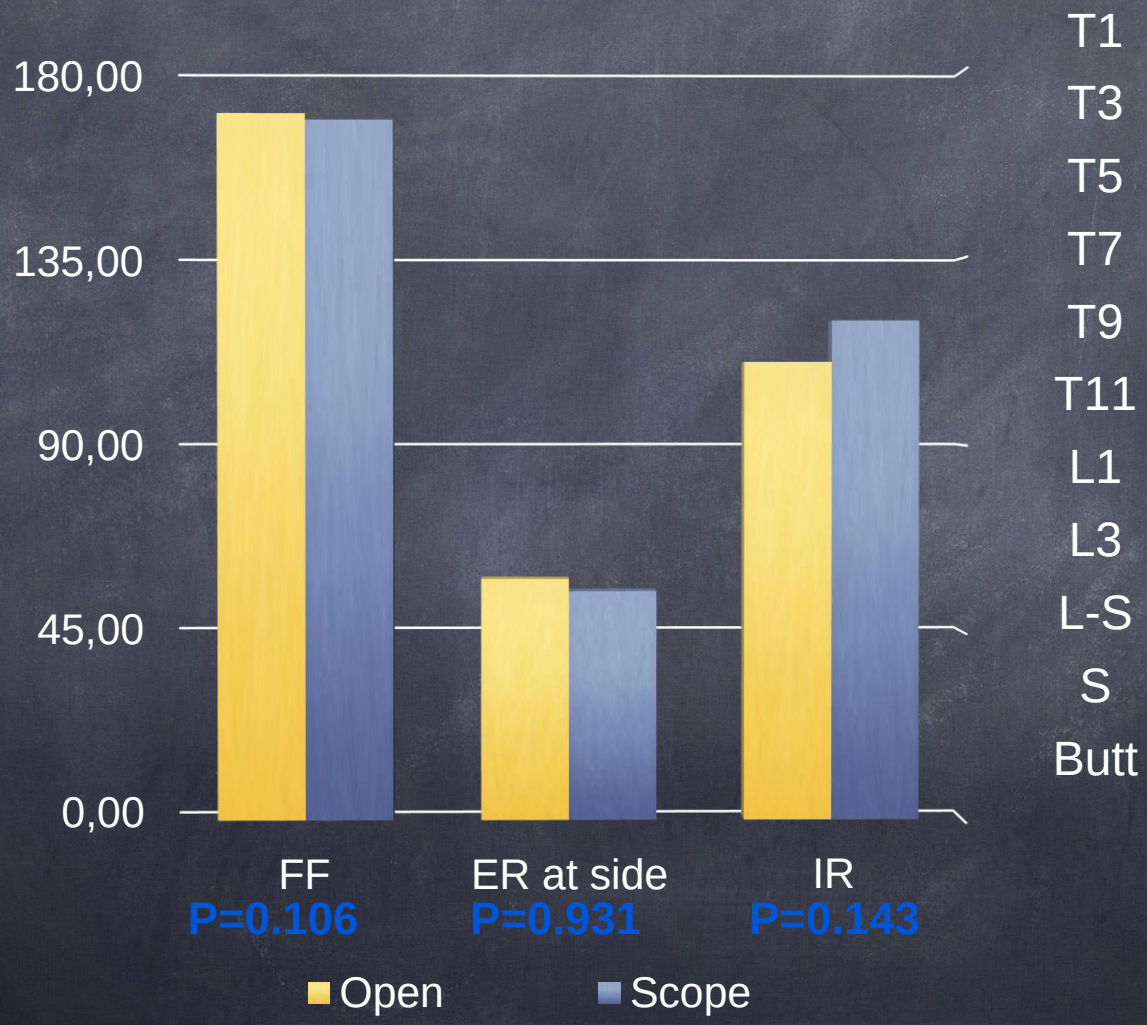
- **Grade 0**: The screw head is buried in the coracoid bone graft
- **Grade I**: Only the screw head is exposed outside the bone graft and the whole screw shaft is inside the bone
- **Grade II**: Part of the screw shaft is exposed outside the graft and there is still some bone left on the glenoid neck
- **Grade III**: Both of the screw head and shaft are totally exposed with all of the coracoid bone graft absorbed and no bone is left on the glenoid neck.

YM Zhu CY Jiang. Coracoid Bone Graft Absorption after Latarjet Procedure: An Underestimated Existence. A New Classification System and a Clinical Review with CT Evaluation. JSES, 2015

Results

- Jan 2010 to Aug 2012, **44/47** open Latarjet
  - Mean age: 31.2-y
  - Ave. numbers of dislocation preop: 26.9 (3-150)
- Feb 2013 to Aug 2014, **47/51** scope Latarjet
  - Mean age: 32.0-y
  - Ave. numbers of dislocation preop: 27.9 (2-400)

Results - ROM


180,00
135,00
90,00
45,00
0,00
FF
ER at side
IR
P=0.106
P=0.931
P=0.143
Open
Scope
T1
T3
T5
T7
T9
T11
L1
L3
L-S
S
Butt

Results - clinical evaluation

Result - clinical evaluation

- Graft healing rate: 97.7% (1/44) in open vs. 100% in @
- No recurrence
- No apprehension

Nerve safety during Latarjet

- JP Warner 2014: frequent nerve alert during open Latarjet

J Shoulder Elbow Surg (2

ELSEVIER

2014 Nee
Latarjet p

Ruth A. Delane
Kamen V. Vlas

JOURNAL OF SHOULDER AND ELBOW SURGERY

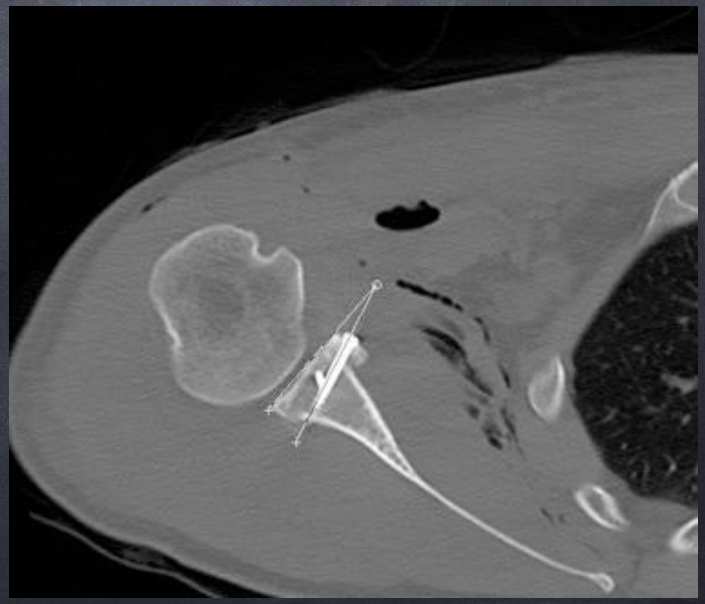
sevier.com/locate/ymse

CrossMark

anfaza, MD[b],
D[a,*]

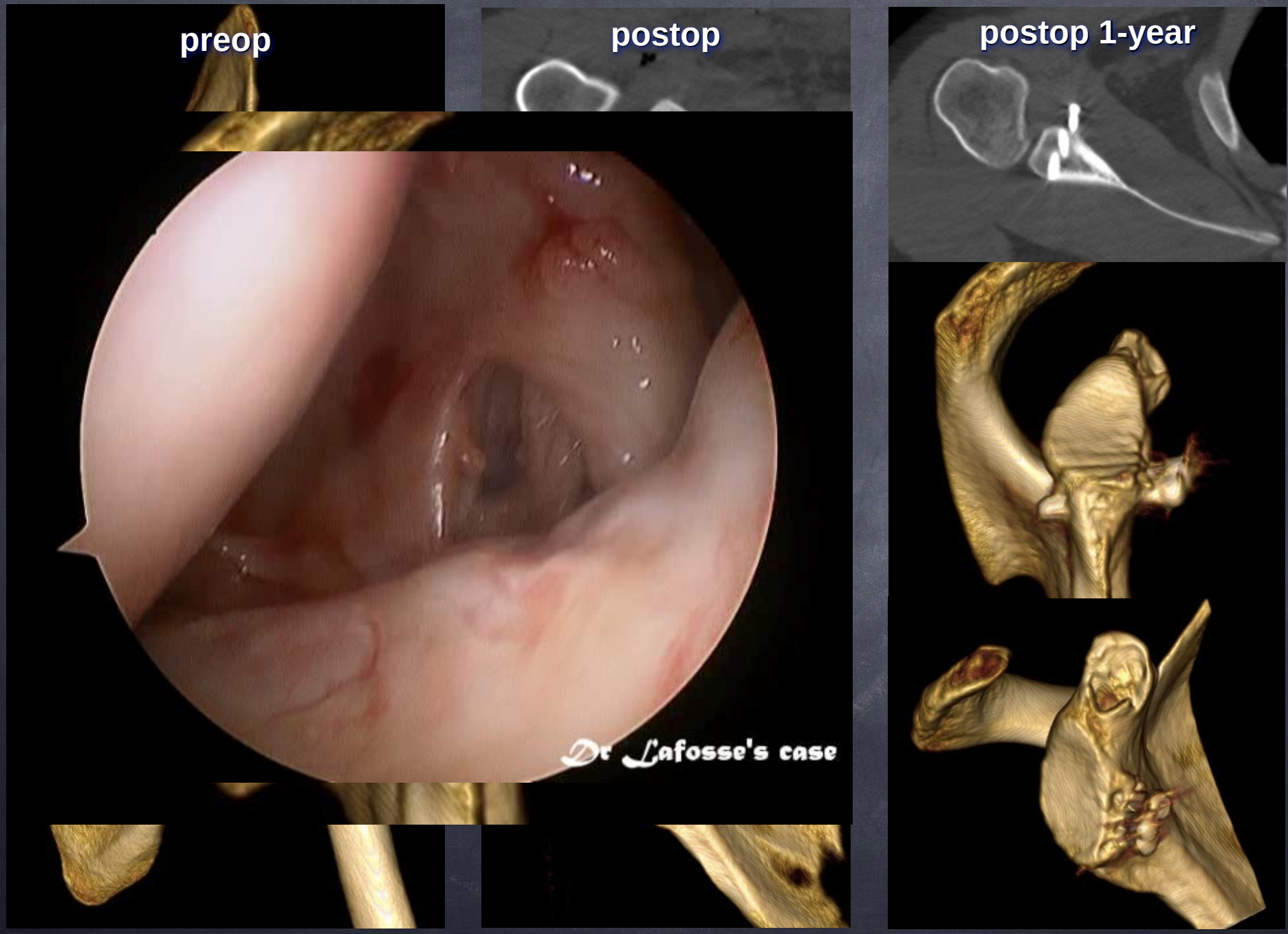
Radiographic evaluation results

- Screw orientation
  - open group: 18.1±9.2°
  - scope group: 21.9±10.4°
- No significant difference (p=0.174)



Graft absorption after Latarjet

- J Allain: no effect on function
- Di Giacomo: no effect on stability or pain or ROM
- X Cassagnaud: severe absorption cause pain
- JV Lunn: risk factor for recurrence
- Lafosse: 3/62 prominent absorption required screw removal

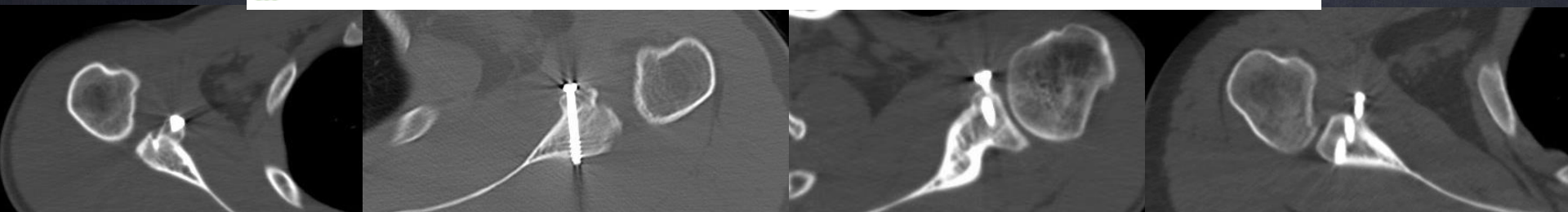

preop
postop
postop 1-year
Dr Lafosse's case

Radiographic evaluation results

- Graft resorption

		Groups		
		Arthroscopy	Open	Sum
Resorption	0	8	2	10
	I	26	19	45
	II	13	17	30
	III	0	6	6
Total		47	44	92

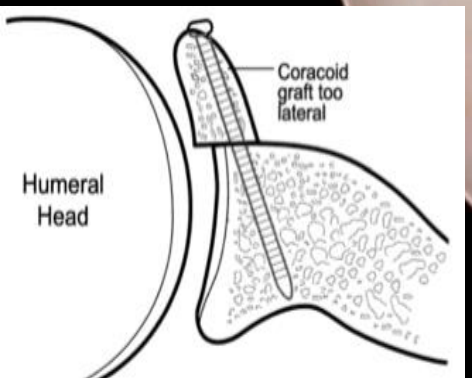
p=0.016

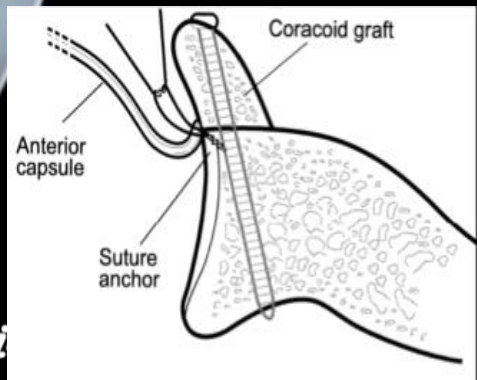


Radiographic evaluation results

- Graft position
  - Superior-inferior: all below equator in open group, 3/47 above equator in @ group, $p<0.001$
  - Medial-lateral > 3mm: 2/44 in open, 1/47 in @, $p=0.496$
- Significant difference regarding S-I position

Graft flush with the glenoid





Arthroscopic vs Open Latarjet

- Very few comparative studies
- @ Latarjet: controversial
- “Difficult”: longer surgery time & learning curve
- Worth the effort ?

Arthroscopic vs Open Latarjet

Open Latarjet

@ Latarjet

	Open Latarjet	@ Latarjet
Clinical outcome	☑	☑
Graft union	☑	☑
Graft position: S-I	☑	☒
Graft position: M-L	☒	☑
Screw orientation	☑	☑
Graft resorption	☒	☑
Axillary N. safety	☒	☑
Surgery time	☑	☒

Conclusions

- Both open & @ Latarjet:
  - reliable clinical outcome
  - comparable graft position & screw orientation
- Arthroscopic Latarjet:
  - Pros: **Better** graft resorption, more accurate
  - Cons: Long surgery time & learning curve

谢　谢　！

THANK YOU！