Codman Case Presentation

MR – Multiple Failed Rotator Cuff Repairs

4-10-2017

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Patient MR

- 57 y.o. RHD M who previously rode bulls with varied injuries over the years. Three previous left shoulder surgeries by another surgeon:
  - April 2015 – open distal clavicle resection
  - November 2016 – open rotator cuff repair
  - February 2, 2017 – Revision arthroscopic rotator cuff repair

- After his first rotator cuff surgery he had decreased range of motion with popping in his shoulder. MRI revealed massive retear and he underwent a revision with a total of 10 anchors (noted focal full thickness cartilage loss on op report)
- After the second surgery he continued to have similar symptoms and pain. Repeat MRI on 3-28-17 showed massive retear of supra and infra.
- He has had four corticosteroid injections in that shoulder in the past year.
- Pain 1-5/10. SSV 25%

History

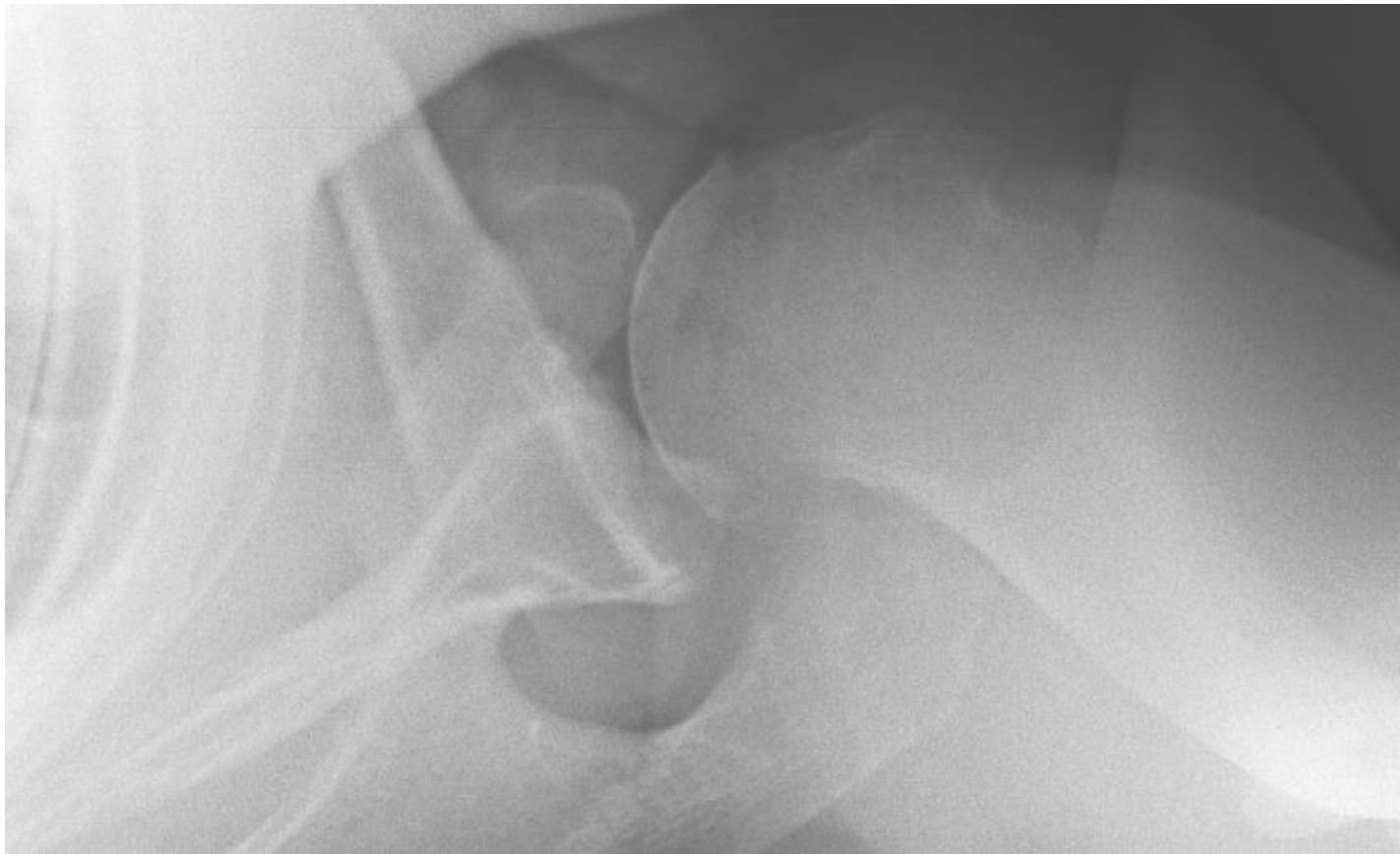
- PMH: None
- PSH: Left and right rotator cuff repairs (multiple on the left)
  - Right knee, right hip, left elbow, skull, and jaw surgeries
- Medications: ibuprofen and Percocet
- Allergies: NKDA
- SH: Currently an educator for Georgia Pacific (no heavy lifting).
  - Quit smoking over 5 years ago. No alcohol or drug use.
- FH: Noncontributory

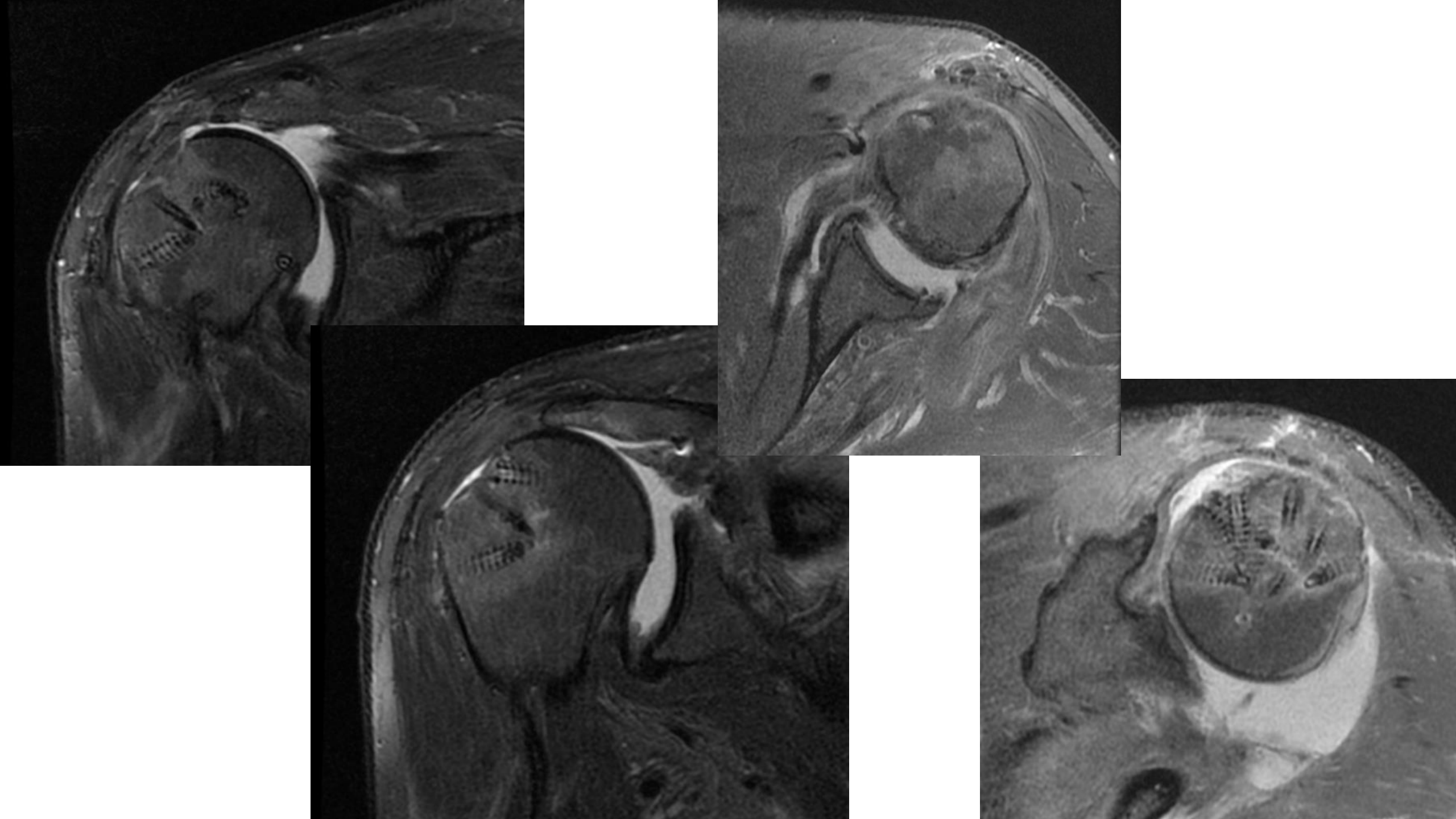
Exam

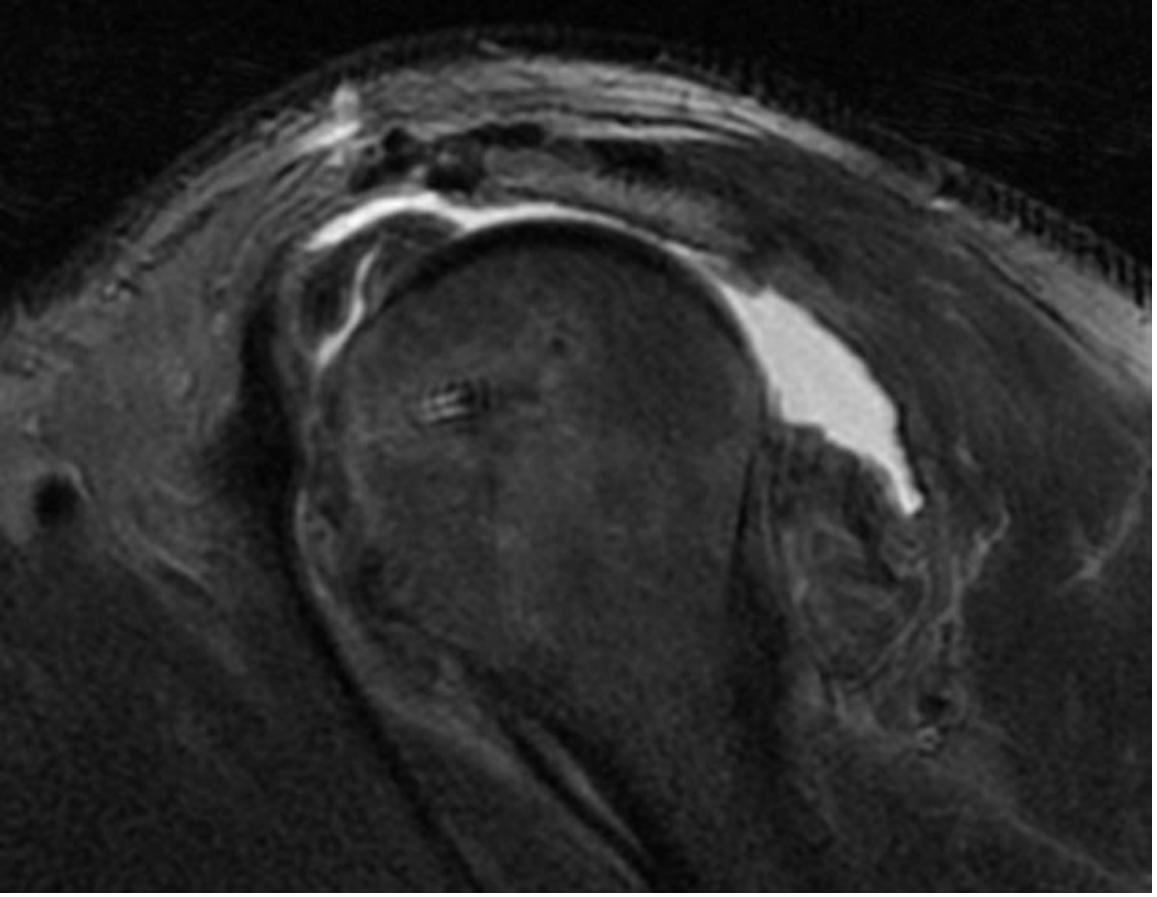
- 5’11”, 185 lb
- LUE:
  - Active FE = 30 degrees, Passive FE: 160 (R=160)
  - Active ER = 0, Passive ER = 20, 10 degree lag (R=45)
  - Internal rotation = L2 (R=T12)
  - Abduction 80 degrees (80 degrees of ER, and 70 degrees of IR)
  - Strength
    - 5/5 strength to resisted IR and negative belly press
    - 3/5 strength to resisted ER,
    - 3/5 strength to abduction in scapular plane, + drop arm

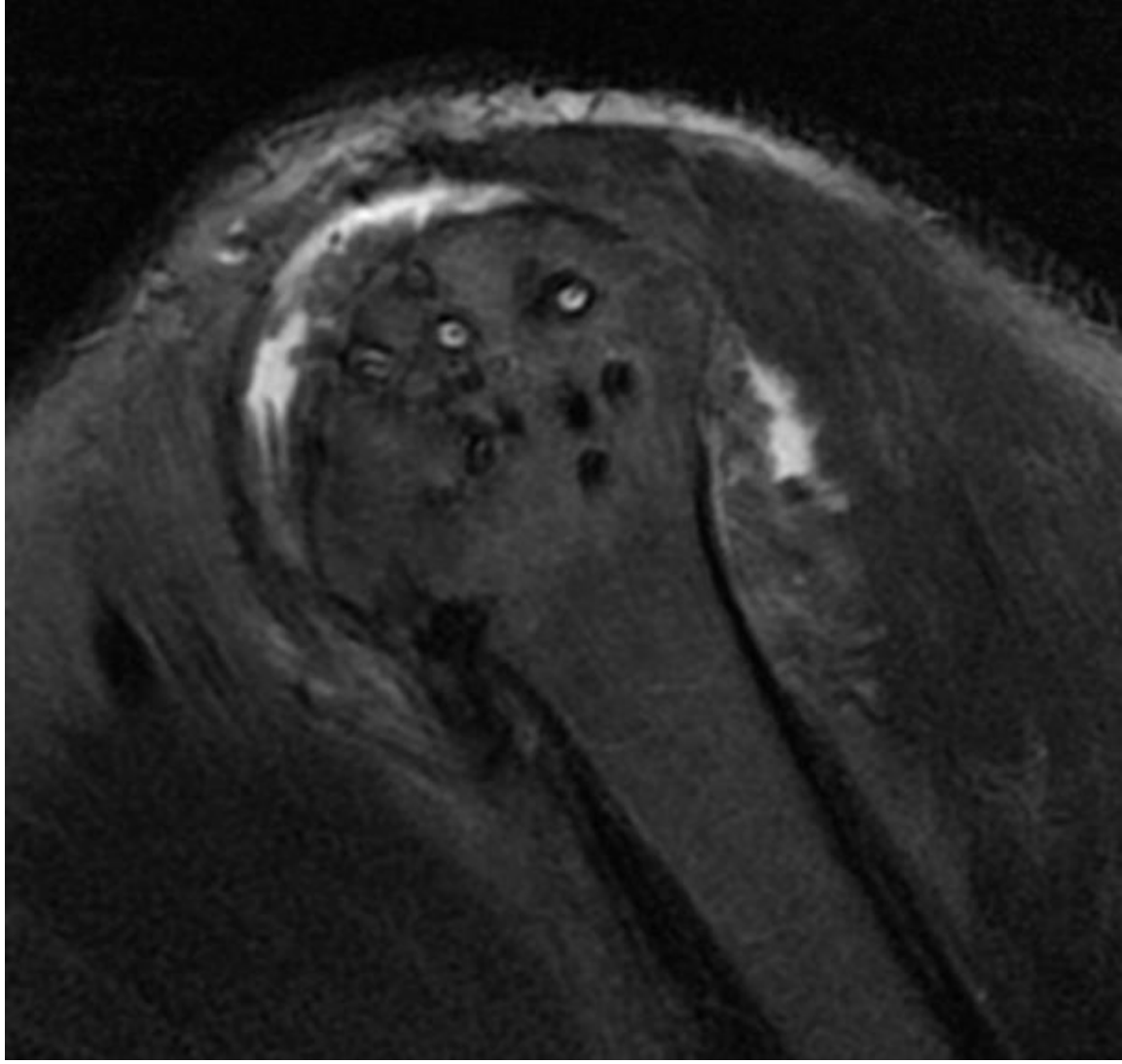


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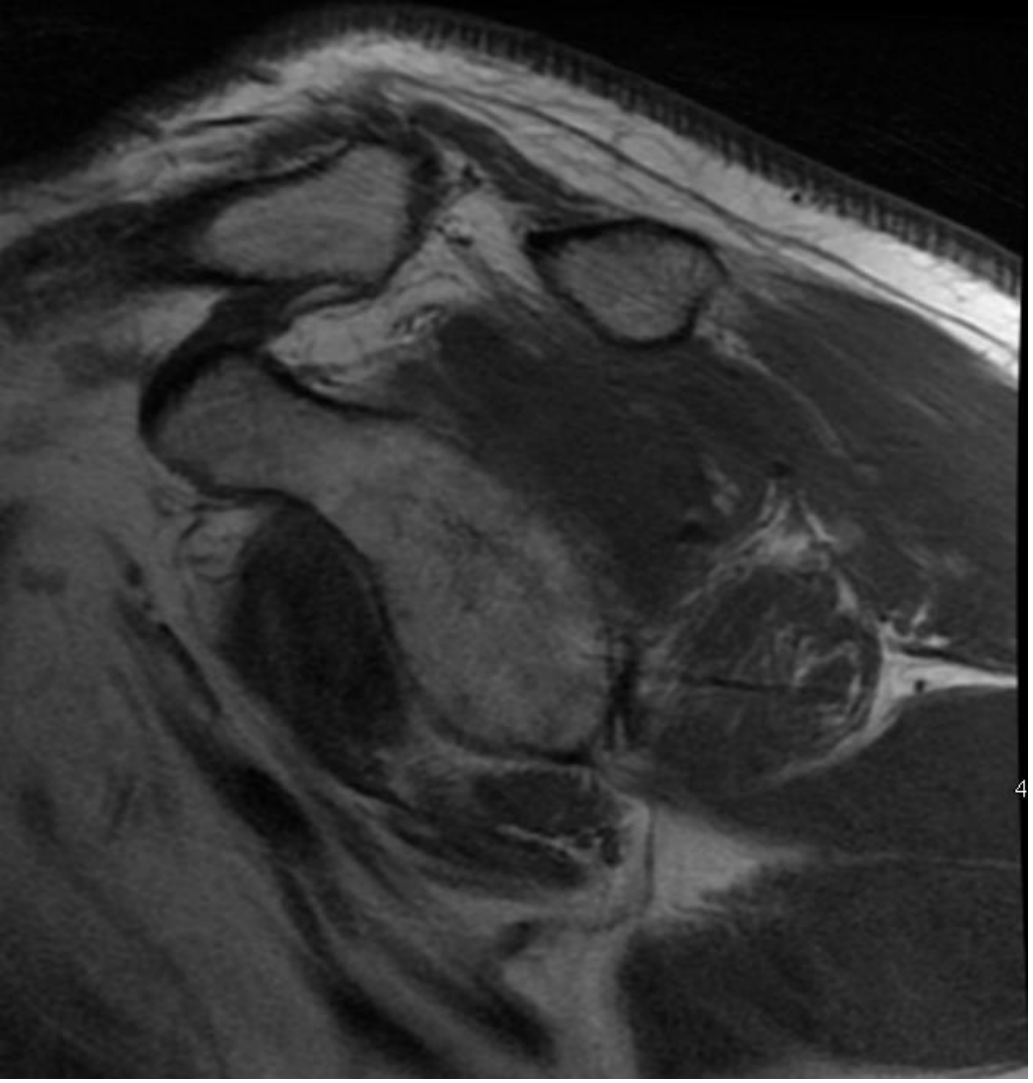




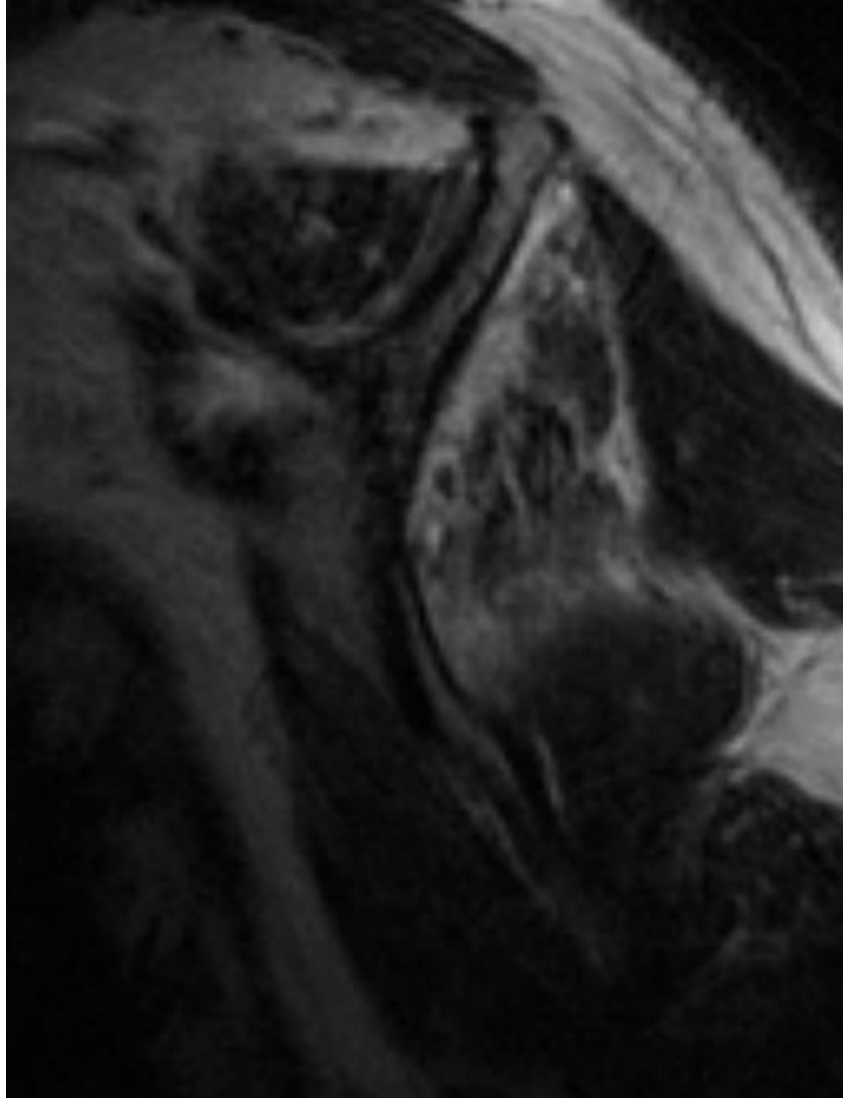




Sagittal T2 cuts



Most medial sagittal T1 cut from 3-28-17



Most medial sagittal PD FS (no T1 available) from before most recent surgery 01-2017

What to do??? – surgical options

- Attempt another revision rotator cuff repair (I think he has declared that his tissue is not good enough to do this after two early failures)
- Superior capsular reconstruction
- Tendon transfer (latissimus or trapezius) – I lean toward this option, with relatively young age and desire for relatively normal functioning shoulder, but what about focal humeral cartilage loss
- Reverse total shoulder