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Treatment of Acute Displaced Glenoid Fractures

Guillaume Herzberg, Marion Burnier, Lyliane Ly, Louis Ducharne, LYON, France





Acute Glenoid Fractures are Rare, Severe High-Energy Injuries

Arthroscopy for Large Acute Glenoid Fractures: Relatively Recent, mostly for Rim Fractures

Cameron Perez Carro Porcellini Schneider Gigante Sugaya **Bauer-Hardy** Tauber Scheibel Millett Scheibel Seidl Park



Anecdotal Reports on Arthroscopically-Assisted Treatment Of Glenoid Fossa Fractures

1999

Arthroscopic-Assisted Reduction and Percutaneous External Fixation of a Displaced Intra-articular Glenoid Fracture

L. Perez Carro, M.D., Ph.D., M. Perez Nuñez, M.D., Ph.D., and J. I. Echevarria Llata, M.D.





2015

Arthroscopic Reduction and Internal Fixation of an Inferior Glenoid Fracture With Scapular Extension

Jeffrey M. Tuman, M.D., Julius A. Bishop, M.D., and Geoffrey D. Abrams, M.D.





To Report our Experience with

Arthroscopic and Arthroscopic-Assisted Treatment

of Acute Displaced Glenoid Fractures (Rim and Fossa)

Using a Modified Goss Classification Sysyem

Methods

2008 – 2023

25 Acute Glenoid Fractures (23 Male) Treated with Arthroscopy (Lateral Decubitus) 1 Surgeon

Type 1 11 а **Glenoid Rim** Type 2 12 Lower а Glenoid Type 3 2 Upper а Glenoid Type 4 Comminuted

Modified Goss Classification

Arthroscopic Fixation (Anchors)

Arthroscopic-Assisted Fixation (Hardware)

Arthroscopic Fixation (Screws)





Average Clinical & Radiological F-Up 36 Months In 20 Patients Pre & Post-operative CT Scan in All

(5 Lost to Follow-up)

No Intra-operative Complications, 2 Capsulitis Mean VAS pain 1/10 Mean Active AAE, ER1, IR1 77% of Contralateral Step-off / Gap from 10 / 12 mm Preop to 1 / 1 mm Postop All Glenoid Fragments Healed Example 1 Anterior Rim #: 36 y old male Fell from Self Reduced LT Anterior Fx-Dislocation Enucleated Glenoid Rim Fracture



All Arthroscopic: Fragment Removal Bankart Labrum Reinsertion













Excellent Clinical Result, At 1 year No anterior Instability



Example 2 Anterior Rim #: : 24 y old male Fell from a 2m height Reduced LT Anterior Fx-Dislocation Large Displaced Glenoid Rim Fragment



Anchor Fixation (Anterior View)





Final Aspect from (Posterior View)

Excellent Clinical Result, At 6months No anterior Instability



Example 3 Glenoid Fossa #: : 28 y old male High Energy Motorbike Accident Large Displaced Glenoid Fossa Fracture



Combined Mini-open fixation under Arthroscopic Assistance









2 Years Follow-up VAS =0, back to work at 3 months





Example 4 Upper Glenoid #: 43 y old male Sooter High Energy Accident









Good Clinical / XR Result at 1 year, After Screws Removal



Discussion

Goss Classification 1995: Gold Standard

However Inferior Glenoid & Lateral Border of Scapula are in Both « 2 » and « 5 » Types





We Propose a Modified Goss Classification





And Highlight the Usefulness Of Arthrocopic Treatment Vs Classic Open Management Even in Glenoid Fossa Fractures





Arthroscopic and Arthroscopic-Assisted Treatment

of Acute Displaced Glenoid Fractures (Rim and Fossa)

Using a Modified Goss Classification Sysyem

Is a Viable and Efficient Alternative to Classic Open Treatments