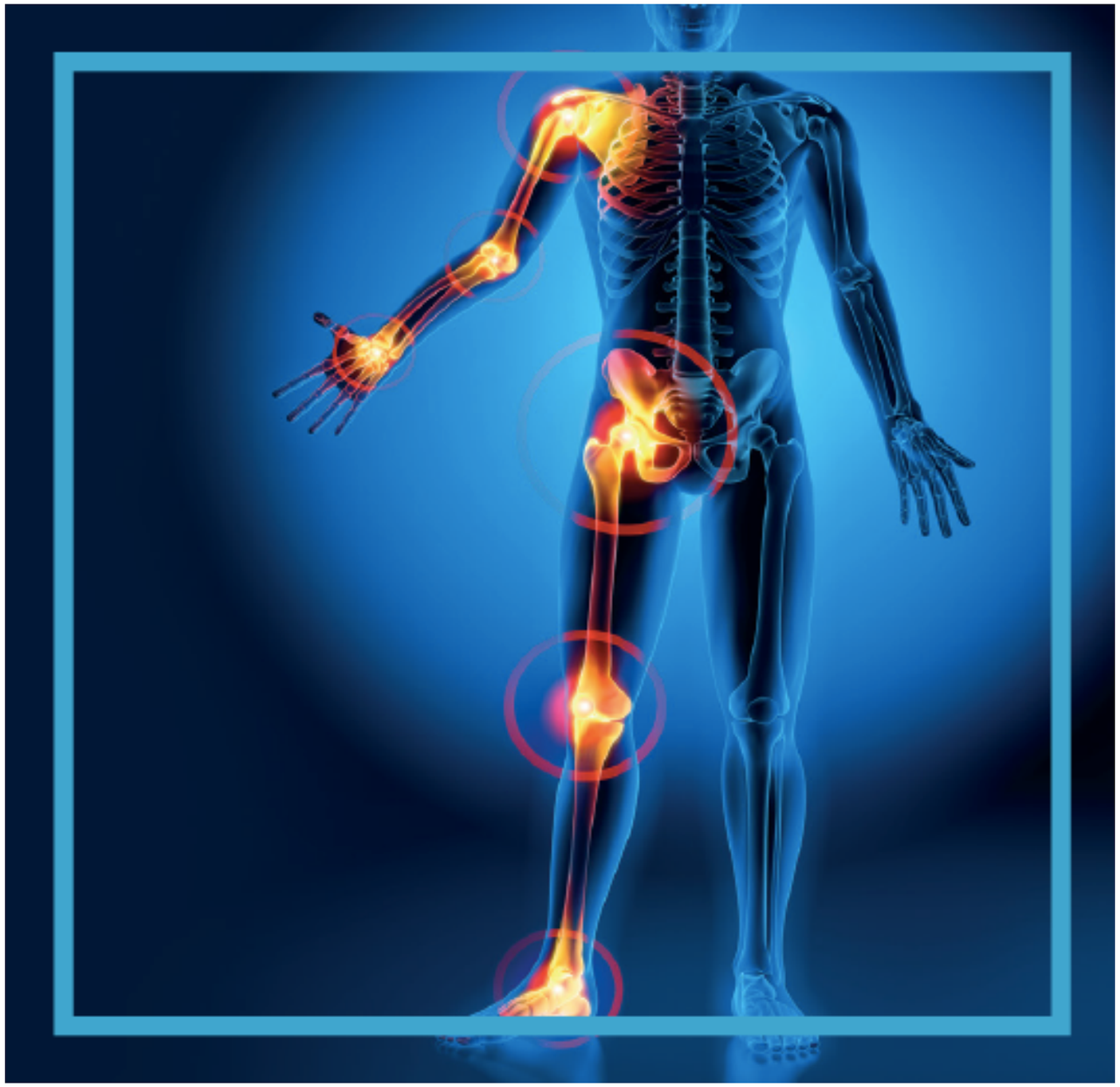

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1º Episódio de luxação gleno-umeral no jovem

Tratamento Cirúrgico

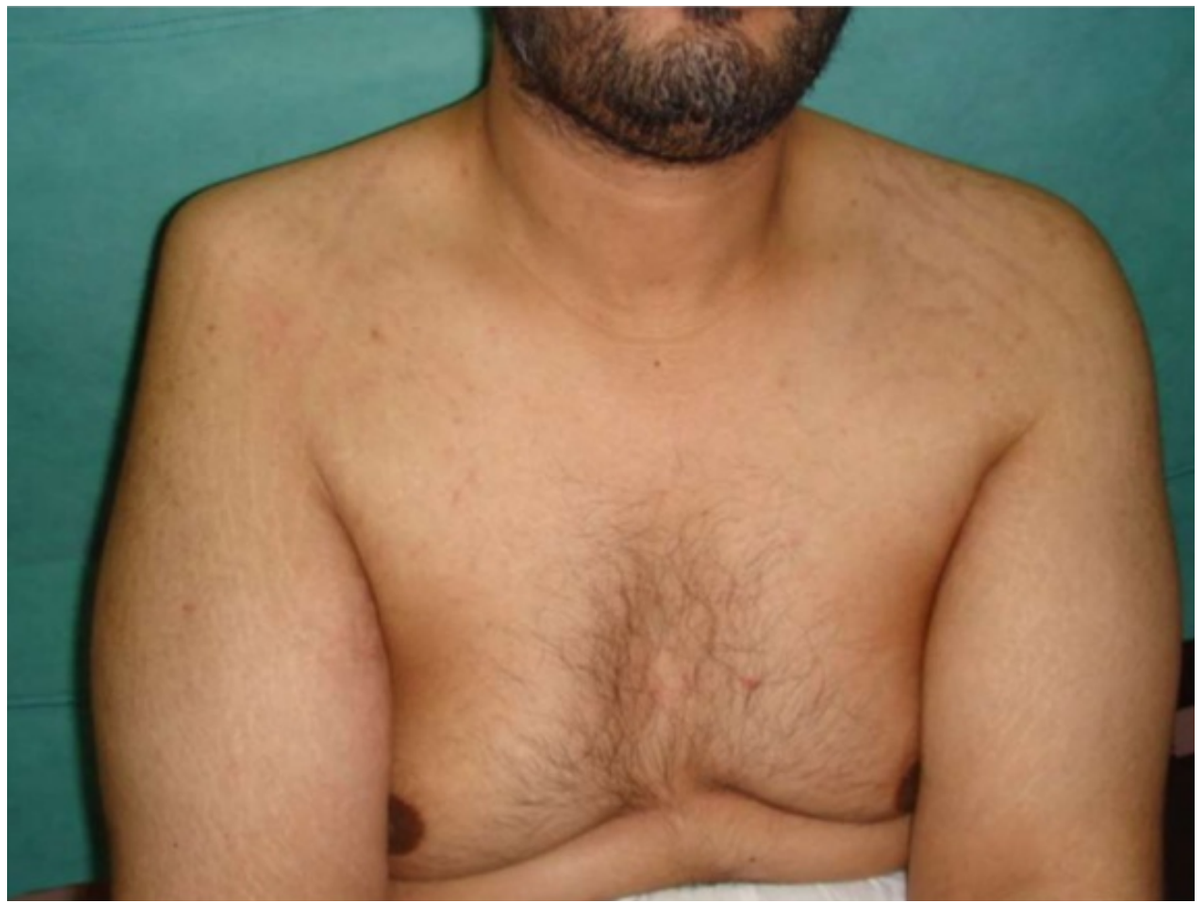
Hospital Santa Maria Maior, S.A.

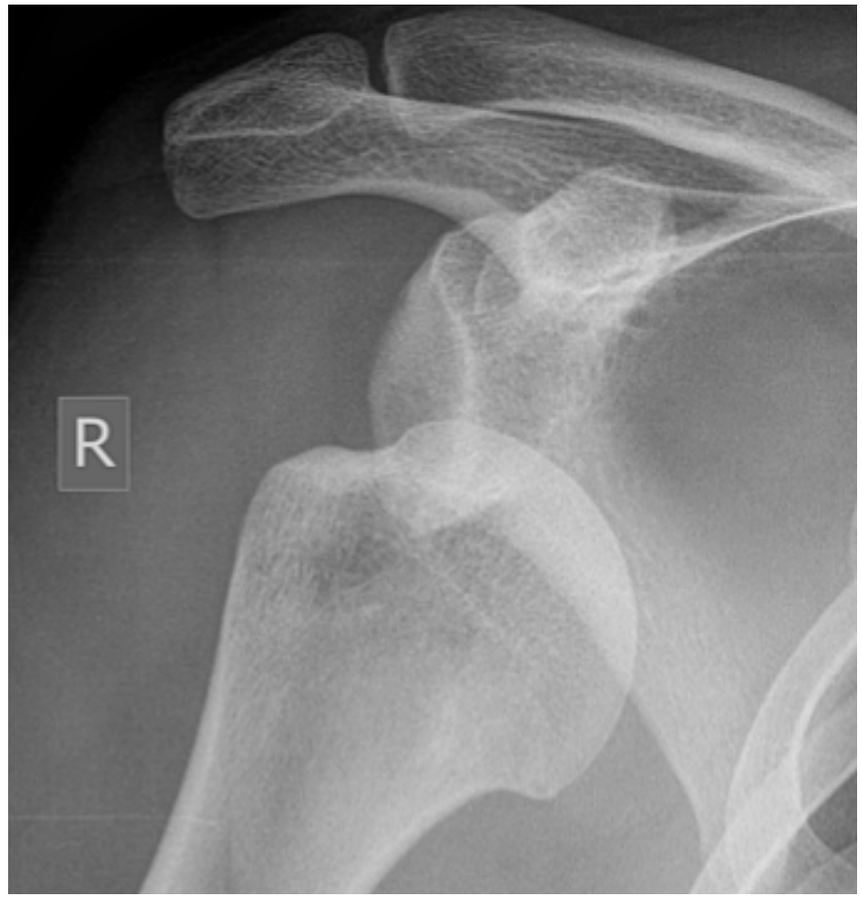
Nuno Vieira Ferreira
nvferreira@gmail.com

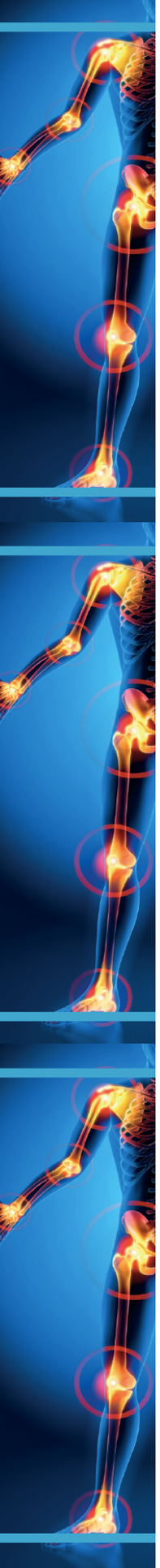
TrofaSaúdeHospital
BRAGA SUL BRAGA CENTRO TROFA

Luxação gleno-umeral

E agora?







Luxação gleno-umeral

Factores de risco para a luxação gleno-umeral

Sexo masculino

72% nos USA

Jovem (2ª ou 3ª década)

>50% luxações entre 15-29 anos

Maior actividade física, maior risco de lesão

Episódio anterior de luxação ou sub-luxação

O maior factor de risco

Anatomia e função

Laxidez articular (Ehlers-Danlos)

Baixo tonus muscular

Glenoide rasa

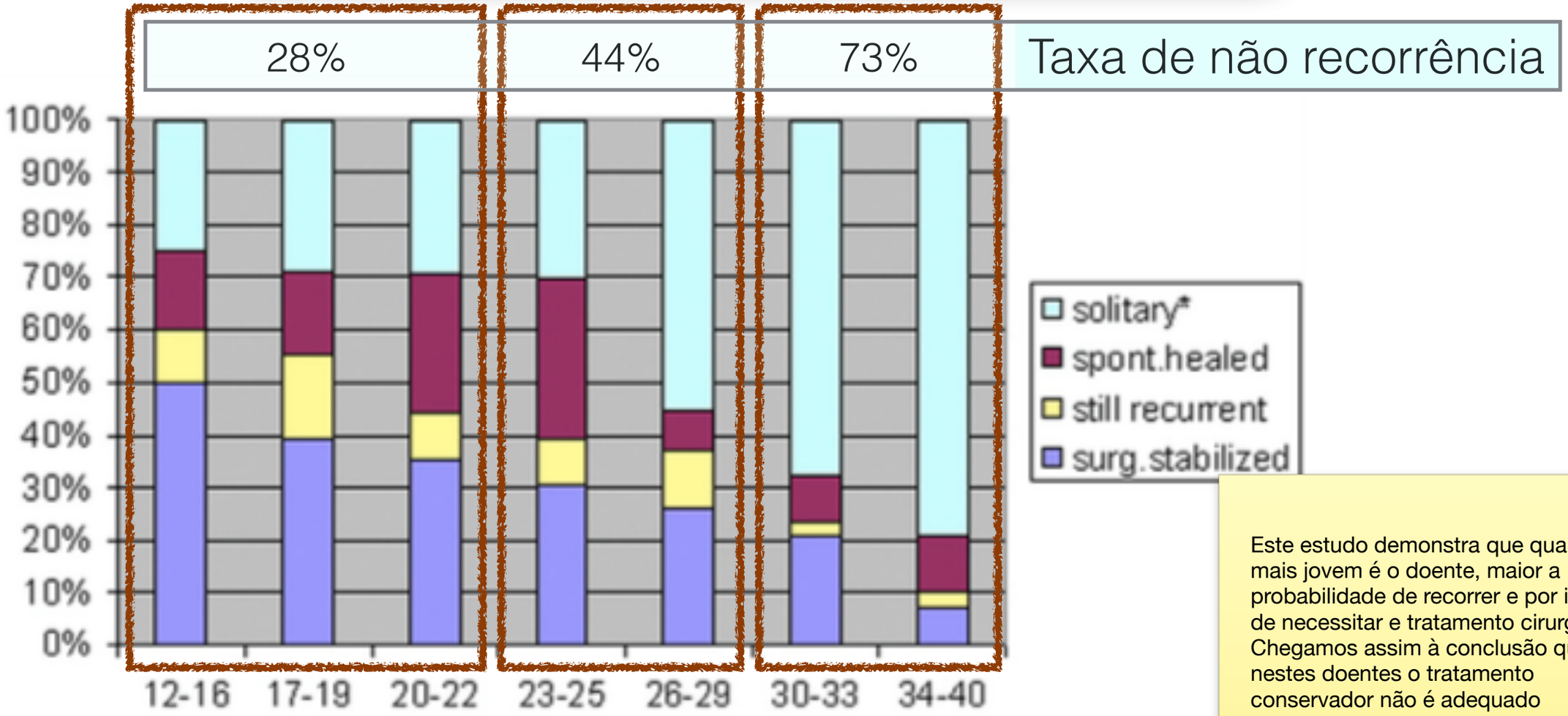
Participação em desportos de contacto

História Natural da Luxação do Ombro

Nonoperative Treatment of Primary Anterior Shoulder Dislocation in Patients Forty Years of Age and Younger

A Prospective Twenty-five-Year Follow-up

By Lennart Hovelius, MD, PhD, Anders Olofsson, MD, Björn Sandström, MD, Bengt-Göran Augustini, MD, Lars Krantz, MD, Hans Fredin, MD, PhD, Bo Tillander, MD, PhD, Ulf Skoglund, MD, Björn Salomonsson, MD, Jan Nowak, MD, PhD, and Ulf Sennerby, MD



Este estudo demonstra que quanto mais jovem é o doente, maior a probabilidade de recorrer e por isso de necessitar e tratamento cirurgico. Chegamos assim à conclusão que nestes doentes o tratamento conservador não é adequado

Avaliação do risco de recorrência

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BRITISH JOURNAL OF SPORTS MEDICINE

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Br J Sports Med. 2015 Jul; 49(14): 913–922.
Published online 2015 Apr 21. doi: 10.1136/bjsports-2014-094342

PMCID: PMC4687692
PMID: 25900943

Risk factors which predispose first-time traumatic anterior shoulder dislocations to recurrent instability in adults: a systematic review and meta-analysis

M Olds,[1] R Ellis,[2] K Donaldson,[1] P Parmar,[1] and P Kersten[3]

- **Idade aquando da primeira luxação**
  - 40 years and less (44%) compared with those over the age of 40 (11%).
- **Sexo**
  - 46.84% in men compared with 27.22% in women
- Tempo decorrido desde a primeira luxação
- Hiperlaxidez
- Lesões associadas

Key risk factors in at least two good quality cohort studies resulting in strong evidence as concluded in the GRADE criteria

Avaliação do risco de recorrência

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Accepted 6 June 2014

Review article

Management of recent first-time anterior shoulder dislocations

F. Khiami*, A. Gérometta, P. Loriaut

Service d'orthopédie et de traumatologie du sport du Pr Pascal-Mousselard, CHU Pitié Salpêtrière, 47-83, boulevard de l'Hôpital, 75013 Paris, France

Table 1
Recurrence rate after classical conservative treatment.

Author	Level of evidence	Type of treatment	*n*	Age (years)	Recurrence rate (%)	Secondary stabilisation (%)	Follow-up (years)
Robinson et al. [24]	I	Conservative	252	15–35	56		2
					67		5
				<30	54		2
				>30	29		
Bottoni et al. [25]	I	Conservative	14	18–26	75		3
Lawton et al. [26]	IV	Conservative	70	<16	40		>2
Deitch et al. [27]	IV	Conservative	32	11–18	75		>2
Rowe et al. [28]	IV	Conservative	313	<20	80		5
				>40	16		
				>50	12		
Hovelius et al. [23]	I	Conservative	229	12–40	57		25
Hovelius et al. [29]	I	Conservative	247	12–40	48	23	10
				12–22		58	
				30–40		14	
Postacchini et al. [30]	Retrospective	Conservative	28	12–17	86		7
				<13	33		
				>14–17	92		

Recurrence rate is significantly higher after conservative treatment

Avaliação do risco de recorrência

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Table 4
Comparison of recurrence rates after conservative treatment versus surgery.

Author	Level of evidence	Type of treatment	*n*	Age (years)	Recurrence rate (%)	Follow-up
Larrain et al. [42]	Prospective not randomises	Surgical	46	21 (17–27)	4	67 months
		Conservative			94.5	
Jakobsen et al. [43]	I	Surgical	37	15–39	3	2 years
		Conservative	39		56	
Kirkley et al. [1]	II	Surgical	40	23.3	18	79 months
		Conservative		22.7	60	
Law et al. [44]	IV	Surgical	38	21 (16–30)	5.2	28 months
Owens [45]	IV	Surgical	40		14.3	12 years
Brophy and Marx [46]	Literature review	Surgical			7	2 years
		Conservative			46	
Bottoni et al. [25]	I	Conservative	14	18–26	75	3 years
		Arthroscopic	10		11	

Recurrence rate is significantly lower after surgical stabilization

The published data leave no room for doubt (Table 4): recurrence rates are significantly lower after open or arthroscopic surgical stabilisation than after any of the available conservative treatments.

Avaliação do risco de recorrência

Knee Surg Sports Traumatol Arthrosc
DOI 10.1007/s00167-015-3980-2

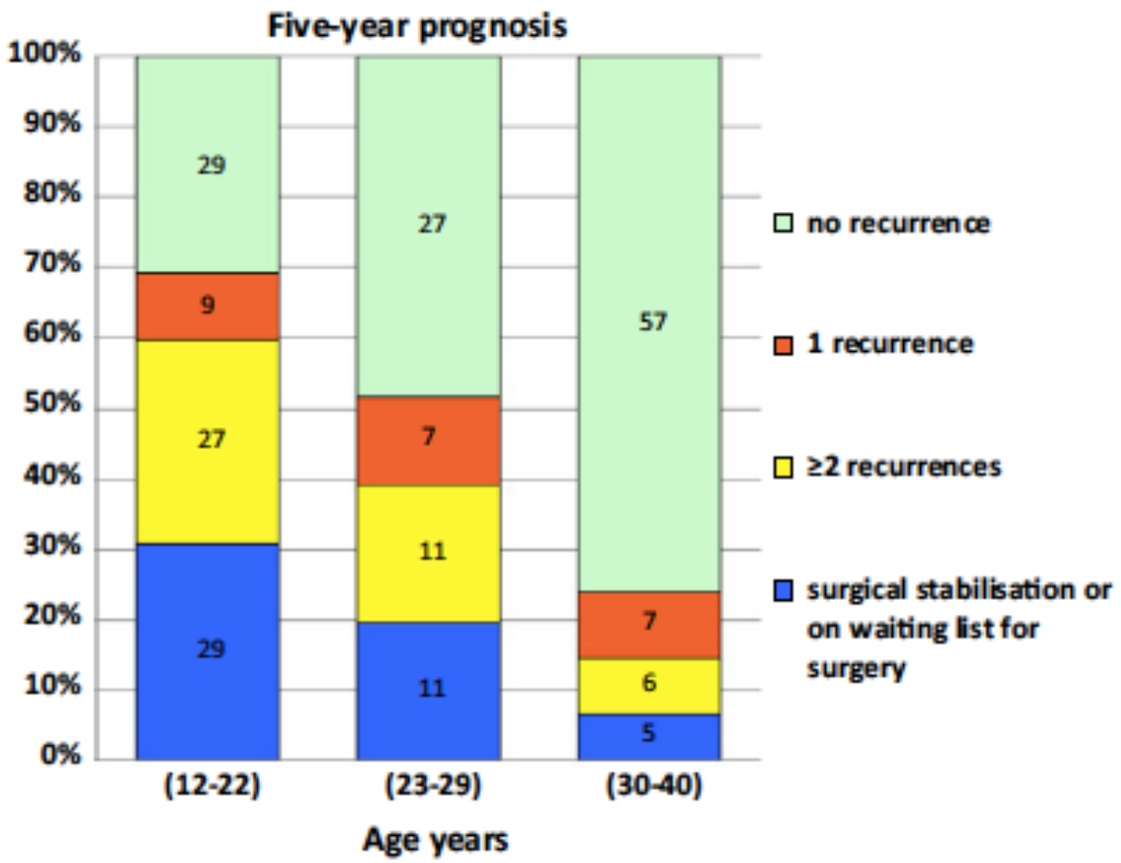
CrossMark

SHOULDER

Received: 27 August 2015 / Accepted: 29 December 2015

Primary anterior dislocation of the shoulder: long-term prognosis at the age of 40 years or younger

Lennart Hovelius[1] · Hans Rahme[2]



Almost half of all first-time dislocations at the age of <25 years will have stabilizing surgery

Recurrence rate is significantly higher in young patients

Avaliação do risco de recorrência

Knee Surgery, Sports Traumatology, Arthroscopy
February 2016, Volume 24, Issue 2, pp 406–413 | Cite as

Predictors of functional outcomes and recurrent shoulder instability after arthroscopic anterior stabilization

Authors | Authors and affiliations

Giorgio Gasparini, Massimo De Benedetto, Arcangela Cundari, Marco De Gori, Nicola Orlando, Edward G. McFarland, Olimpio Galasso ✉, Roberto Castricini

- Doentes operados após o **primeiro episódio de luxação** apresentam **MENOR risco** de recorrência (p = 0.027)

- Doentes tratados após o segundo ou mais episódios de luxação têm risco de recorrência **3,8 vezes SUPERIOR**

Avaliação do risco de recorrência

Knee Surgery, Sports Traumatology, Arthroscopy
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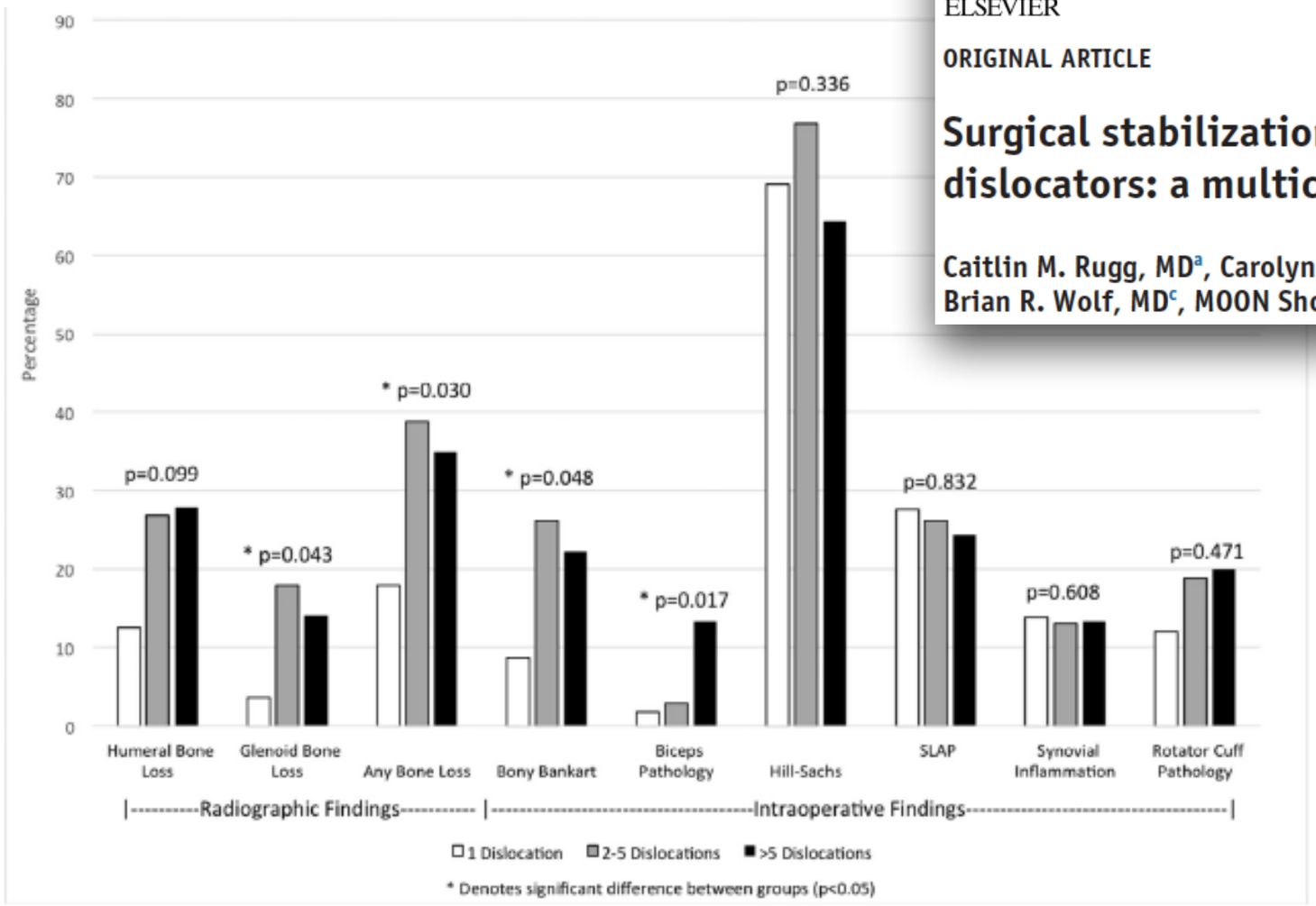
The second major issue is the y…rrence rate after a first episode of shoulder dislo…ents. The data on this point are consistent … 95% of patients. In addition, in the …pain and apprehension are common a… athletic activities or even to discont…

Recorrência 95%
Abandono desporto
Abandono competição

The development of arthroscopi…raged the use of surgical treatment… considerably decreases the recurrence … functional outcomes. Thus, there is … a broadening of the indications of ea… the technique used, most notably in … at highest risk for recurrence and residua… a 20% rate of osteoarthritis after 10 years [29].

Tendência para cirurgia precoce especialmente em doentes jovens com alto risco de recorrência

Avaliação do tipo de tratamento cirúrgico



ARTICLE IN PRESS

J Shoulder Elbow Surg (2017) ■■, ■■–■■

ELSEVIER

Journal of Shoulder and Elbow Surgery

www.elsevier.com/locate/ymse

ORIGINAL ARTICLE

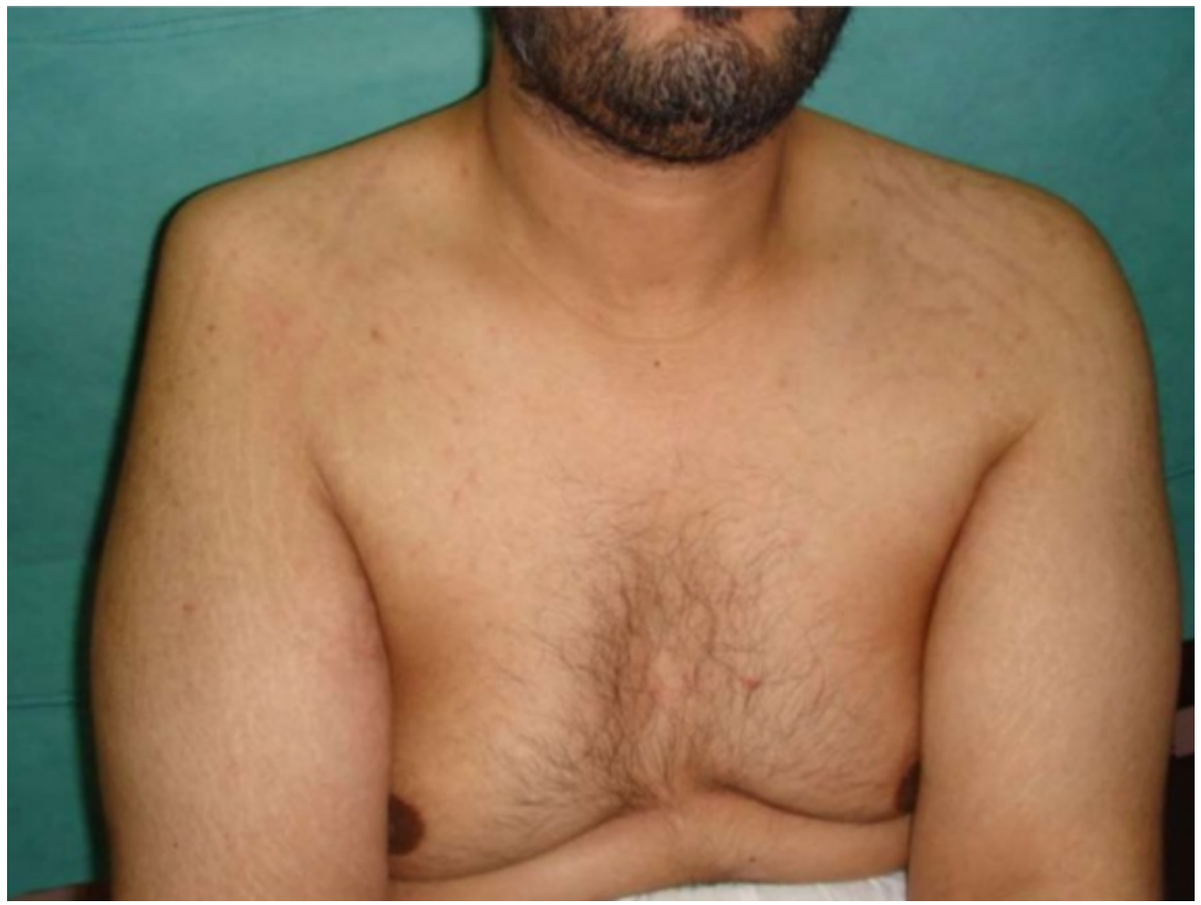
Surgical stabilization for first-time shoulder dislocators: a multicenter analysis

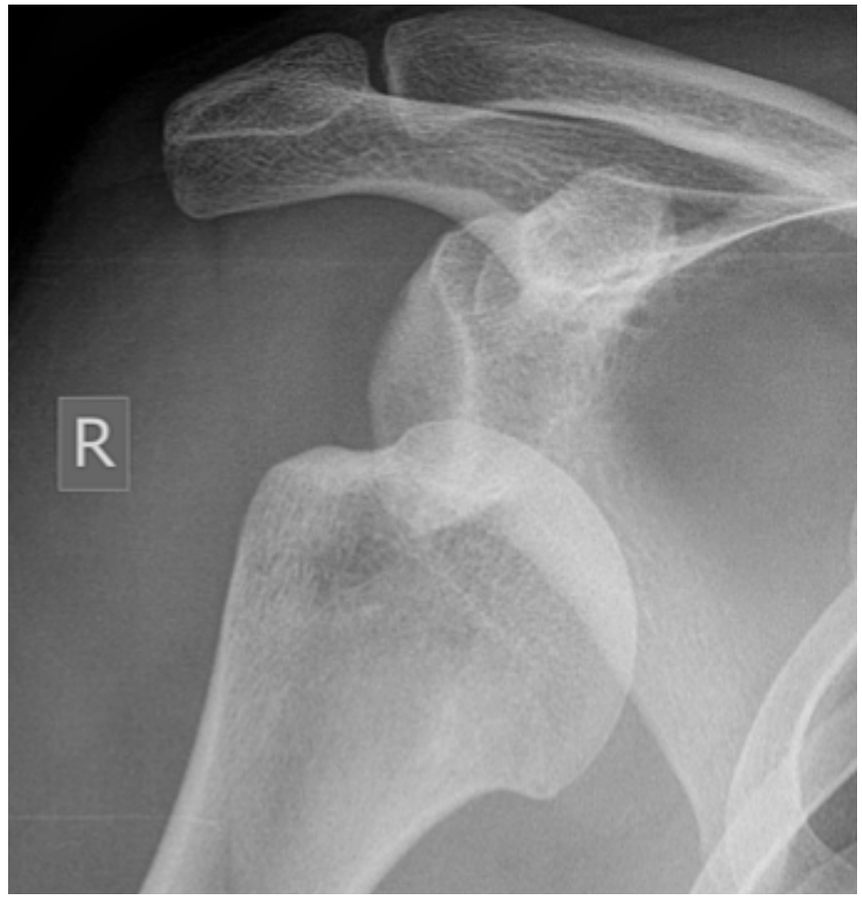
Caitlin M. Rugg, MD[a], Carolyn M. Hettrich, MD[b], Shannon Ortiz, MPH[c], Brian R. Wolf, MD[c], MOON Shoulder Instability Group, Alan L. Zhang, MD[a,*]

First-time shoulder dislocators who undergo stabilization are more likely to undergo an arthroscopic procedure and less likely to have bone loss or biceps pathology compared with recurrent dislocators

Luxação gleno-umeral

E agora?





Timing do tratamento

Fase aguda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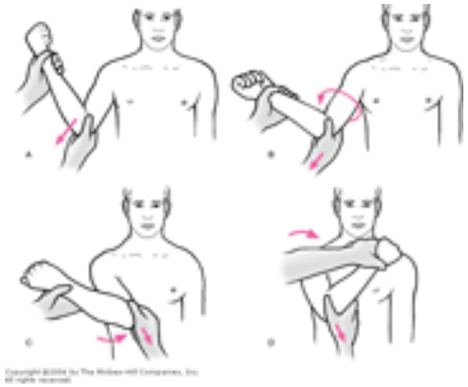
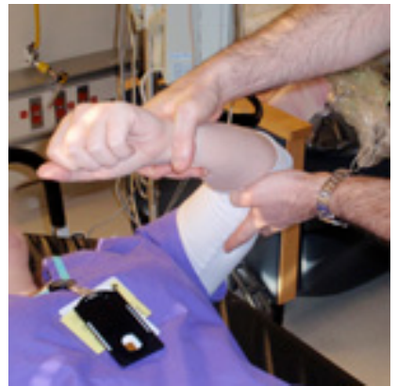
Redução!

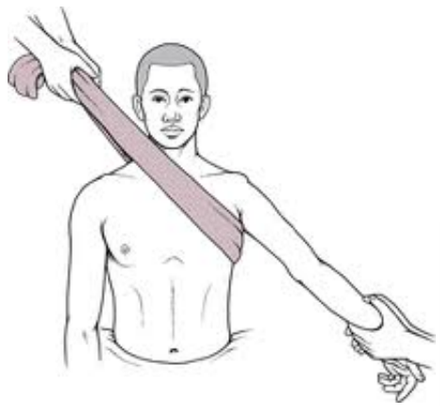
Imobilização +-





Cirurgia se:

- Luxação irredutível
- Complicações
  - Lesão neurológica (Axillary / SSN) - 4%
  - Lesão vascular (Art Axilar) - 1%
  - Fracturas concomitantes
    - Colo do úmero
    - Grande tuberosidade
    - Rebordo anterior da glenoide



Timing do tratamento

Reavaliação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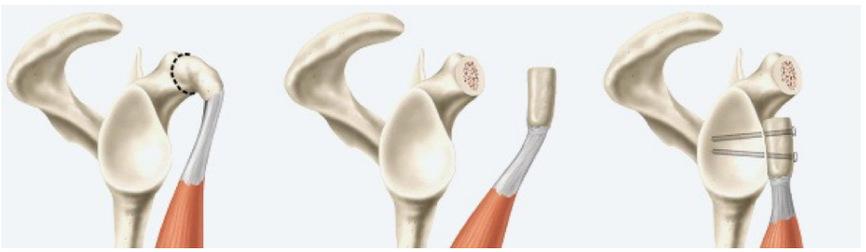
Assintomático

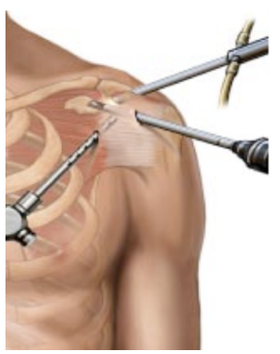
Reavaliar após retomar actividade / desporto

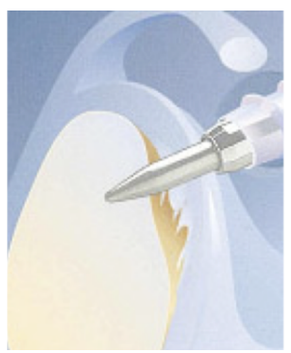
Sintomático

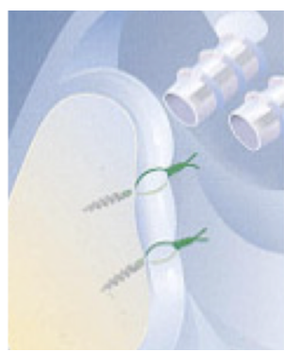
Dor
Apreensão / Sub-luxação
Instabilidade recorrente

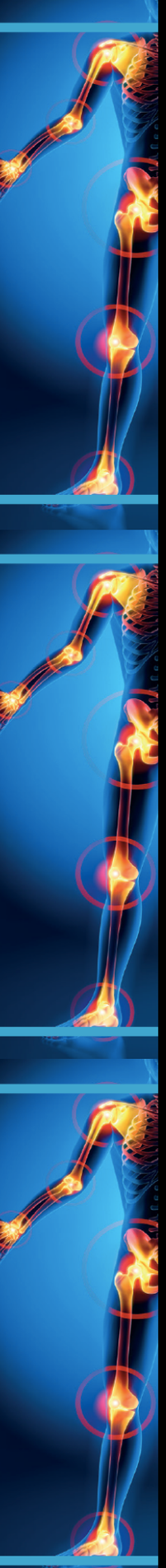
Tratamento Cirúrgico!



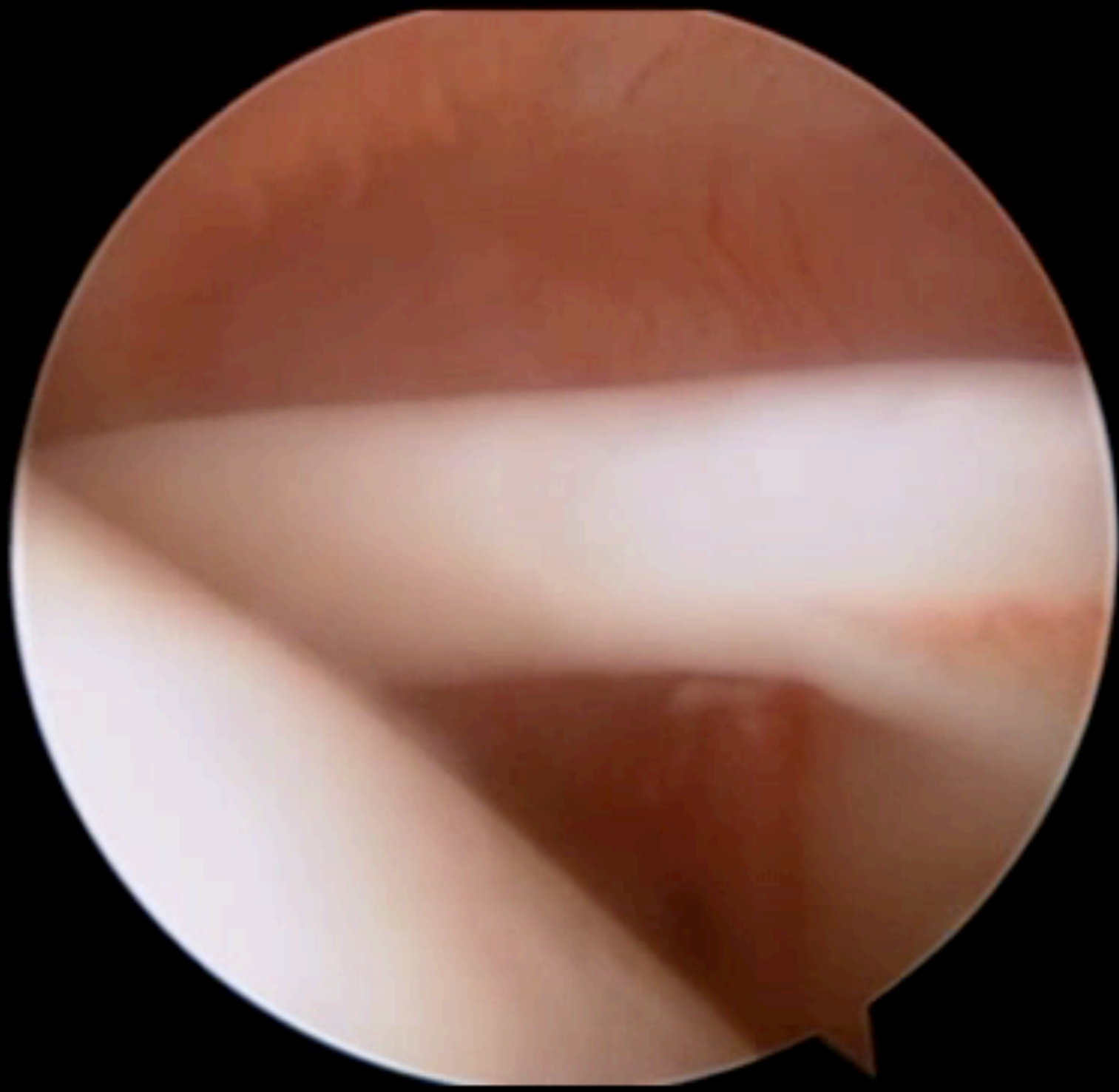






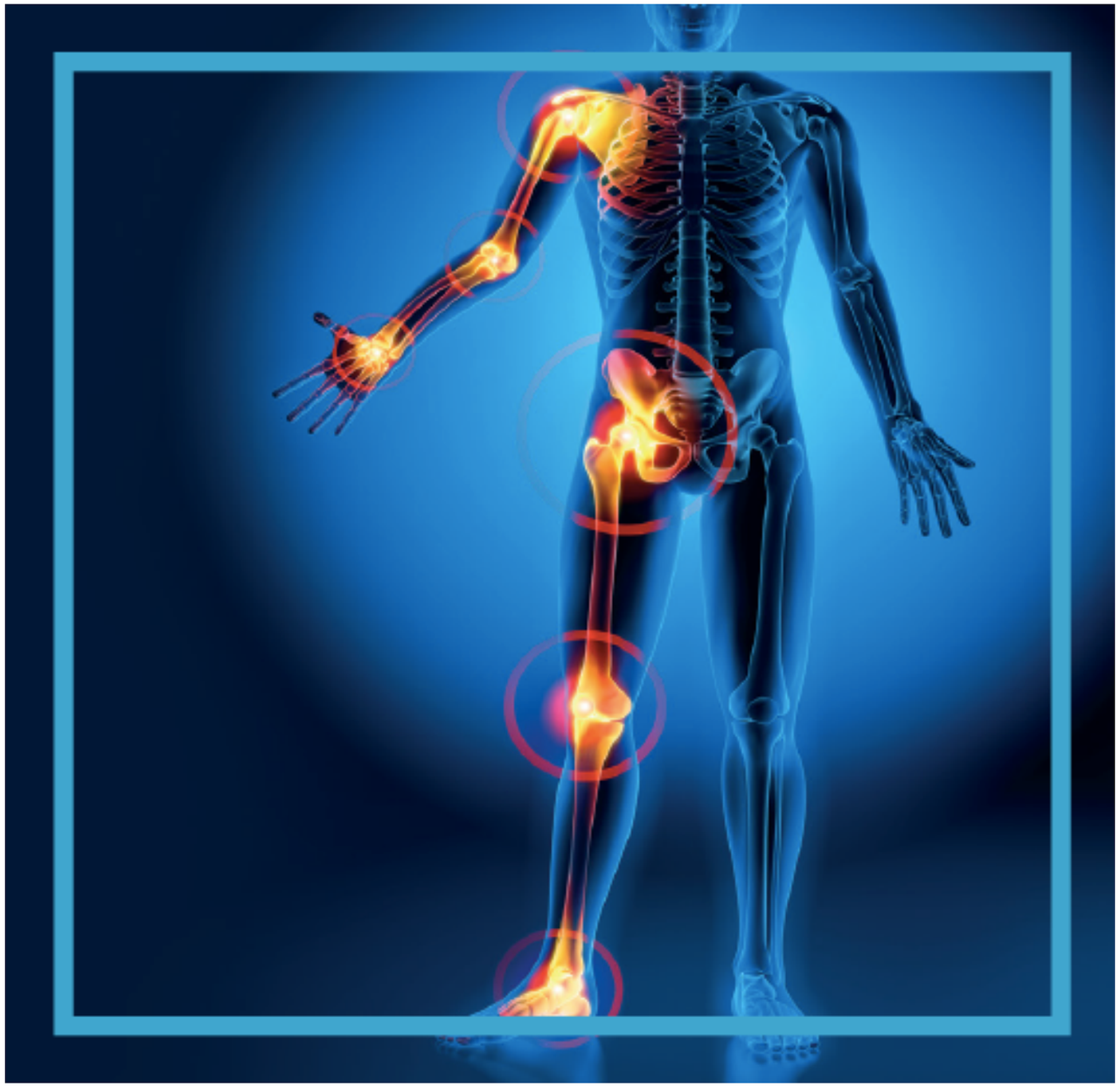


Tratamento cirúrgico



@ Bankart

Nuno Vieira Ferreira



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