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— Abstract —

What Should We Treat For Recurrent Dislocation?

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As the multidirection and posterior instabilities of the shoulder are not only uncommon but responds well to conservative treatment, the shoulder instabilities which requires surgical treatment are traumatic anterior type in most cases. Although various surgical procedures had been used in the past, Bankart procedure is the standard surgical method as a primary procedure in traumatic anterior instability. Nevertheless there has been changes in the techniques of Bankart procedure in order to minimize decrease of external rotation and effectively address capsular laxity. Capsular shift might be needed if there remains excessive capsular laxity of the inferior capsule after repair of the Bankart lesion. Large bony Bankart lesion should be fixed if possible and severe glenoid rim erosion requires extracapsular bone block after repair of the capsule. Although a few surgical procedures are described for the management of Hill-Sachs lesion in special circumstances, Hill-Sachs lesion does not usually need to be addressed.

Key Words: Shoulder, Recurrent Dislocation, Surgical Treatment

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Fig. 1. A large capsular tear is seen adjacent to the intact glenoid labrum.

Fig. 2. In the original Bankart procedure, a longitudinal capsulotomy is performed 0.5cm medial to the glenoid rim.

Fig. 3. Lateral longitudinal (Neer), mid-longitudinal (Rockwood) and transverse (Jobe) capsulotomies are devised to minimize capsular shortening as well as to ease the handling of inferior capsular laxity.

Fig. 4. Capsular shift can be added after repair of Bankart lesion depending upon the degree of remaining inferior capsular laxity.

2) Bankart
HAGL(humeral avulsion of
glenohumeral ligament) 1)
(Fig. 1)

18), bone block¹¹⁾
20)
8)

Bankart

2)

Bankart 1923 Bankart²⁾
Rowe⁸⁾
1980

Bankart 2,3)

(Fig. 2)

5 mm

Rowe¹⁸⁾

Bankart

Fig. 5. Large bony Bankart lesion should be internally fixed if possible.

Fig. 6. Hill-Sachs ' lesion may be engaged into anterior glenoid rim in external rotation of the arm.

9) Bankart
가 . (Fig. 3).
21) 19)
가
가
9) 5, 13) Bankart
17) 가
2, 30 (Fig. 4).
Bankart (Fig. 5) 가
가
16) Bankart
Hill-Sachs 12) 13)
가 6) 13) Hill-
1980 Bankart
가
가 4), 13), 20) .
14)

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