Injury. 2010 Nov;41(11):1103-6. Epub 2010 Oct 8.

Surgical treatment of chronic acromioclavicular dislocation: comparison between two surgical procedures for anatomic reconstruction.

Fraschini G, Ciampi P, Scotti C, Ballis R, Peretti GM.

Department of Orthopaedics and Traumatology, San Raffaele Scientific Institute, Via Olgettina 60, 20132 Milan, Italy.

Abstract

INTRODUCTION: Surgical treatment of chronic complete acromioclavicular (AC) joint dislocation is still debated and no gold standard surgical procedure has been identified.

MATERIALS AND METHODS: A retrospective series of 90 patients treated for AC dislocations is reported here. Patients were divided into three groups: group 1 receiving AC reconstruction with a Dacron vascular prosthesis; group 2 receiving AC reconstruction with **LARS**(®) artificial **ligament**; group 3 receiving conservative treatment. Follow-up was performed after 1, 6 and 15 months with plain radiographs, UCLA, SPADI and modified UCLA acromioclavicular rating scales.

RESULTS: Patients treated surgically presented significant better functional outcome compared to patients treated conservatively with overall positive results in 93.3% of patients for group 2 and 53.3% of patients for group 1. However, reconstruction with Dacron vascular prosthesis presented an unacceptable high complications rate (43.3%).

CONCLUSION: Our results show that anatomic AC reconstruction with **LARS**(®) artificial **ligament** resulted in both satisfactory functional outcome and low complication rate. Therefore, we recommend this procedure for the treatment of chronic complete AC dislocations.

PMID: 20934695 [PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms

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