

L'Épaule Instable Physiopathologie Indication et Score ISIS

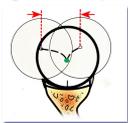
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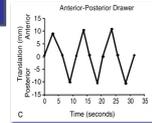

CENTRE HOSPITALIER UNIVERSITAIRE DE TOULOUSE

Définitions: Laxité ≠ Instabilité

Laxité « physiologique » : translation normale, physiologique (ou articulaire)



Asymptomatique



Instabilité : Translation excessive, ~~non~~ physiologique

Symptomatique

Formes Cliniques

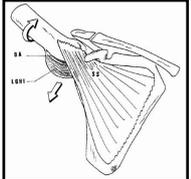
Luxation: perte de contact totale et permanente des surfaces articulaires → Réduction par un tiers

Subluxation: perte de contact partielle et transitoire des surfaces articulaires → Auto-réduction

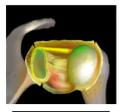
Épaule Douleuruse & Instable (EDI):
instabilité non perçue (non verbalisée) par le patient

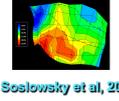
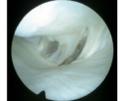


Ligament Gleno-Huméral Inferieur = LGHI = Stabilisateur principal antéro-inférieur

Lésions LGHI

Soslowsky et al, 2001

Lésions Osseuses

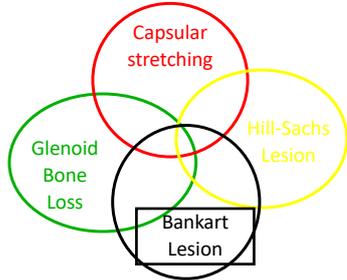
Humérus :






Edwards et al. Arthroscopy 2003

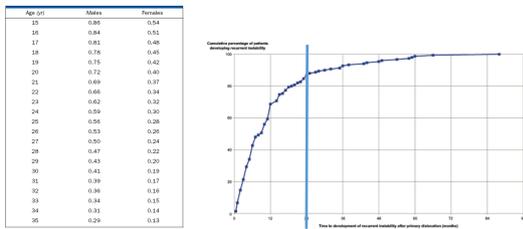
Lésions souvent associées



Epidémiologie: Age

	Age Group			Total
	12 to 22 Years	23 to 29 Years	30 to 40 Years	
Nonrecurrent†	32 (28%) [6]	25 (44%) [3]	59 (73%) [13]	116 [22]
Became stable over time	18 (20%)	9 (18%)	6 (10%)	33
Recurrent	11 (12%)	5 (10%)	2 (3%)	18
Surgical treatment	37 (40%)	15 (28%) [1]	10 (14%) [1]	62 [2]
Total	98 [6]	54 [4]	77 [14]	229 [24]

Epidémiologie: Sexe

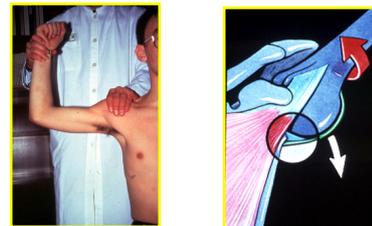


Bilan Clinique: Hyperlaxité



Bilan Clinique

Test d'Appréhension



Bilan Clinique

« Relocation test »

Bilan Clinique

D'après P.Boileau

Bilan Clinique

Test de Gagey Modifié
(le « Lachman » de l'épaule)

D'après P.Boileau

Bilan Clinique

Tiroir Post
Ressaut Post.

Bilan Musculaire

Isocinétique

Imagerie

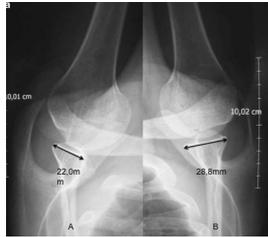
Profil glénoïdien Face en double obliquité 3

Evaluation des Défects Osseux Glénoïdiens

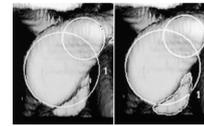
Profil de Bernageau comparatif



Reproductibilité de l'examen



TDM Rec 3D



Type de PDS
 •Fractures
 •Erosion/Compressions
 90% de PDS glénoïdienne
Sugaya et al. JBJS Am 2003

Arthro-TDM



Distension Capsulaire évidente



Bony Bankart Lesion



HAGL: désinsertion humérale du LGHI

Engagement de la lésion de Hill-Sachs

Burkart et De Beer

Arthroscopy 2000

Intra-opératoire diagnostic



Prevalence 1,5 to 27% ?!

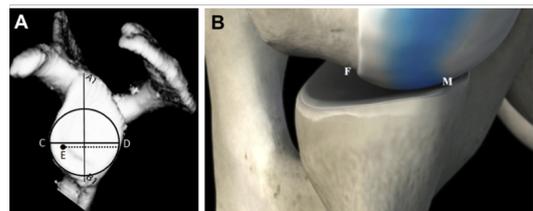
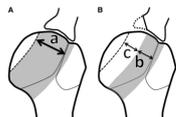
Nouveau Concept: Glenoid Track

Itoi

JSES 2013

Pre-operative diagnostic: CT analysis

Prevalence 7%

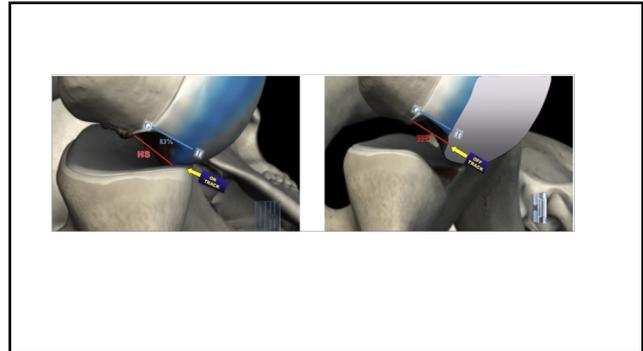


A

B

Table 1. How to Determine Whether Hill-Sachs Lesion Is "On Track" or "Off Track"

1. Measure the diameter (D) of the inferior glenoid, either by arthroscopy or from 3D CT scan.
2. Determine the width of the anterior glenoid bone loss (d).
3. Calculate the width of the glenoid track (GT) by the following formula: $GT = 0.83 \cdot D - d$.
4. Calculate the width of the HSJ, which is the width of the Hill-Sachs lesion (HS) plus the width of the bone bridge (BB) between the rotator cuff attachments and the lateral aspect of the Hill-Sachs lesion: $HSJ = HS + BB$.
5. If $HSJ > GT$, the HS is off track, or engaging. If $HSJ < GT$, the HS is on track, or non-engaging.



A

B

Engagement lésion de HS:

- Large
- Etroite et Médiale

Aide Simple au Choix Thérapeutique ?...

The instability severity index score

A SIMPLE PRE-OPERATIVE SCORE TO SELECT PATIENTS FOR ARTHROSCOPIC OR OPEN SHOULDER STABILISATION

Instability Severity Index Score (ISIS)

		<i>points</i>
Questionnaire	Age (at surgery)	Inf or equal to 20 y = 2 > 20 y = 0
	Niveau sportif	Competition = 2 Leisure or no sport = 0
	Type de sport	Contact or forced overhead = 1 others = 0
Ex.	Hyperlaxité	Hyperlaxity Ant. ou inf. = 1 NO hyperlaxity = 0
	AP x-ray	Encoche Hill-Sachs
PDS Glène		Glenoid bone loss = 2 No bony lesion = 0
		Total = 10

Hyperlaxité (Ant or Inf)

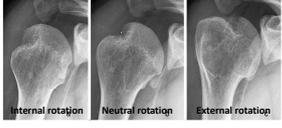
Hyperlaxité Antérieure

RE1 > 85°

Hyperlaxité Inférieure

Différence hyperabduction > 20° (Hazy Test, modified by Gupte)

Encoche de Hill-Sachs Sur Rx de Face en RE

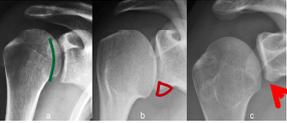


Internal rotation Neutral rotation External rotation



Quand la lésion est visible en rotation Ext = Lésion Supérieure
Haut Risque

PDS Glénoïdienne sur Rx de Face



a b c

3 types



Pas lésion

Avulsion fracture

Perte du contour scléreux

Instability Severity Index Score (ISIS). Bankart @ isolé ???

Score ISIS	Taux de Récidive
≤ 3	5%
≤ 5	10%
> 6	70%

p<0.001

