

AB120. SOH22ABS083. Clinical outcomes in patients with humeral avulsion glenohumeral ligament (HAGL) lesions in the setting of anterior shoulder instability—a retrospective comparative study

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Background: Humeral avulsion glenohumeral ligament (HAGL) lesions are often under reported but have been shown to occur in up to 10% of cases of anterior shoulder instability. The purpose of this study was to compare clinical outcomes and recurrence rates of patients with HAGL lesions undergoing open stabilization for anterior shoulder instability versus a pair-matched control.

Methods: A retrospective review of all patients who underwent both arthroscopic and open stabilization procedures with a minimum of 24-month follow-up was performed. Patients with HAGL lesions were pair matched in a 1:6 ratio for age, gender, sport, level of pre-operative play, and follow-up length with those without HAGL lesions who underwent arthroscopic Bankart repair alone. Return to play (RTP), the level of return and the timing of return were assessed. Additionally, recurrence, Visual Analogue Scale for pain (VAS), Subjective Shoulder Value (SSV), Rowe score, satisfaction, and whether they would undergo the same surgery again were compared.

Results: A total of 15 patients with HAGL lesions who underwent shoulder stabilization procedures were included, with a mean age of 21.5 ± 4.1 years and mean follow-up of 53.5 ± 17.4 months, which were pair-matched to 90 patients without HAGL lesions. Overall, there was no significant difference in any of the clinical outcome scores (VAS, Rowe, SSV, satisfaction) utilized between the two groups (1.6 vs. 1.7 , $P=0.86$; 83.4 vs. 88.0 , $P=0.06$; 85.7 vs. 87.2 , $P=0.76$; and

86.7% vs. 94.5% , $P=0.26$ respectively). Additionally, there were no significant differences in terms of overall rates of, levels of, and timing of RTP between the two groups (93.3% vs. 90.0% , $P>0.99$; and 80.0% vs. 78.9% , $P>0.99$; and 5.3 vs. 5.9 months, $P=0.45$ respectively). There was no significant difference in the rates of apprehension, subluxation and recurrent instability between the HAGL and pair-matched control groups (26.7% vs. 26.7% , $P>0.99$; 6.7% vs. 3.3% , $P=0.47$; and 9.1% vs. 6.7% months, $P=0.32$ respectively).

Conclusions: Patients with anterior shoulder instability undergoing surgical stabilization with open HAGL repair demonstrate excellent functional outcomes and high rates of RTP, with low rates of recurrence in the medium-term when compared to a control group without HAGL lesions.

Keywords: Humeral avulsion glenohumeral ligament (HAGL); shoulder instability; glenoid labrum; Bankart

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Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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