

Biceps tendinopathy: Tenodesis All Arthroscopic vs Open Subpectoral Tenodesis

Maximiliano Ibáñez, MD¹; Ana Belén Calvo, MD²; Victoria Alvarez, MD³; Salvador Lepore, MD⁴; Federico Ibáñez, MD⁵; Juan Andrés Reybet, MD⁶

^{1, 2, 3, 4, 5, 6} Instituto de Ortopedia Traumatología Dr. Jaime Slullitel, Sanatorio de la Mujer. Dirección: San Luis 2534. Rosario. Argentina.

Introduction

Tenodesis is the preferred technique in the treatment of the long head of the biceps tendon pathology in younger people, athletes, workers, and those wishing to avoid any cosmetic deformity. The aim of our study was to compare a group of patients who underwent all arthroscopic biceps tenodesis with a group of patients who underwent an open subpectoral procedure. A clinical assessment was performed and we also registered the occurrence of complications.

Materials and Methods

We retrospectively reviewed 90 patients with lesions in the long head of the biceps tendon treated at our institution between January 2009 and January 2012. Group A underwent an arthroscopic technique while Group B was treated in an open fashion. Clinical assessment included appropriate scores (ASES, Rowe, Simple Shoulder Test, Constant Murley), and we also evaluated pain with Visual Analogue Scale (VAS), and personal satisfaction in terms of aesthetics and local pain at the scar.

Results

Group A: Rowe 86 points, ASES 81 points, SST 9 points, Constant and Murley 87 points. VAS 2/10.

Regarding scars of the portals patients were satisfied.

Group B: Rowe 85 points, ASES 82 points, SST 8.5 points, Constant and Murley 85 points. VAS 3/10 (greater at the site of subpectoral approach). Aesthetic concerns about the scar was observed in 4 cases (4 women). Arm deformity (sign of Popeye) was not observed at the latest follow-up.

Discussion

No statistical significant differences were found in clinical assessment between both procedures. Arthroscopic tenodesis is technically more challenging and requires an initial longer learning curve in order to perform a successful procedure. Open subpectoral tenodesis despite being a faster and simpler procedure reports discomfort regarding the scar site.

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