

COMPREHENSIVE ARTHROSCOPIC MANAGEMENT (CAM) PROCEDURE : A JOINT PRESERVING APPROACH FOR A YOUNG ACTIVE PATIENT WITH ADVANCED GLENOHUMERAL ARTHRITIS

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Introduction: Glenohumeral arthritisis frequently results in substantial discomfort and activity limitations in life. Shoulder arthroplasty has been shown to provide reliable pain relief under these circumstances in older, less active populations. Younger patients, however, who desire to continue participation in high-demand activities, may not be optimal candidates for glenohumeral arthroplasty. Therefore we present a technique of arthroscopic management of advanced glenohumeral arthritis in a young, high-demand patient with underlying rheumatoid arthritis.

Discussion: A 28-year-old lady working as a pharmacist presented with a complaint of right shoulder pain, weakness and limited range of motion for past 2 years. She had underlying seropositive rheumatoid arthritis where she was treated with tab prednisolone for more than 8 years. Upon physical examination her right shoulder has a limited range of motion. Serial radiographs of her right shoulder showed progressive arthritic changes : subchondral cysts on the humeral head with sclerosis and pannus formation. The acromiohumeral interval (AHI) is less than 6mm with flattening of humeral head suggestive of humeral head AVN and acetabulization of the acromion (Hamada Grade V). MRI of right shoulder showed rheumatoid changes; well defined punched out juxta articular erosions at humeral head with subchondral cysts and synovial hypertrophy with intraarticular pannus. She agreed for the Comprehensive Arthroscopic Management procedure; glenohumeral debridement, capsular release, osteophyte and loose bodies removal and manipulation under anaesthesia was done for her. To date, patient is satisfied with the procedure as there is significant pain reduction, increased range of motion and increased function. There were no complications post-operatively.

Conclusion: Glenohumeral arthritis in the young adult is a particularly disabling condition for which optimal treatment algorithms have yet to be established. Arthroscopic joint-preserving treatments have the advantage of delaying arthroplasty in this younger population while maintaining the patient's natural anatomy and do not appear to compromise later arthroplasty.