

ACJ LOCKDOWN: A NEW DAWN FOR CHRONIC ACJ

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Introduction: Acromioclavicular joint (ACJ) injury constitutes of 9% of shoulder girdle injuries commonly occurring after an acute shoulder trauma-often found in among athletes and young men. Generally Rockwood I and II are treated conservatively, IV and V requiring surgical intervention, however rockwood III remains controversial¹.

Discussion: A 28 year old man presented with a right ACJ Rockwood 3 injury after motorcycle accident. Conservative management failed after 5 months of rehabilitation after he developed persistent pain right shoulder thus preceded with Lock Down procedure with distal clavicular resection right ACJ. It is a procedure that requires the surgeon to pass a strong weave below the coracoid using its passer and fix the repair using 3.5mm cortical screw at lateral end clavicle medial to its resection. Post operative rehabilitation were 2 weeks of armsling proceed with 4 weeks of active physiotherapy. Pain and functional improvement was seen within 3 months and patient able to resume his previous work. Pre and post operative DASH scores was from 9 to 35 and UCLA scores from 53.3 to 15. Management of unstable acute and chronic ACJ injuries is anatomical reduction and reconstruction. There are various techniques described in the literature which includes tightrope, grafting, Weaver-Dunn, modified Weaver-Dunn and clavicular hook plate. Our fixation of choice is the Lockdown procedure that consist of synthetic double braided polyester with a weave that has a pull out strength of 1700N². A high pullout strength allows aggressive rehabilitation and earlier mobilization. The device acts as a scaffold for connective tissue which forms an investing fibrous pseudo-ligament therefore not requiring a graft to augment.

Conclusion: We suggest the lockdown procedure to be used in both acute and chronic ACJ injury in any Rockwood classification that requires surgery in view of its less intra-operative complication, fast rehabilitation, early function and return to work.