

## Functional And Clinical Outcome Of Arthroscopic Versus Mini-Open Bankart Repair In Anterior Shoulder Instability

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### INTRODUCTION:

The shoulder is the most common major joint to dislocate, accounting for 45% of all dislocation. The gold standard for the treatment of anterior shoulder instability was open bankart repair. However, the trend has shifted to arthroscopic repair. This study was designed to evaluate and compare the functional and clinical outcome of Arthroscopic and Mini-open Bankart repair method.

### METHODS:

The shoulder is the most common major joint to dislocate, accounting for 45% of all dislocation. The gold standard for the treatment of anterior shoulder instability was open bankart repair. However, the trend has shifted to arthroscopic repair. This study was designed to evaluate and compare the functional and clinical outcome of Arthroscopic and Mini-open Bankart repair method.

### RESULTS:

All patients were male .2 patient had dislocation less than 5 times, 10 had dislocation 5 to 10 times and 3 had dislocation more than 10 times. All patient had dislocation over the dominant upper limb. The mean score SF-36 for Physical function were 90 in Arthroscopic group and 86 in Mini-open group. The mean Range of Motion of affected shoulder in Arthroscopic group were 163.75 degree for abduction, 171.25 degree for foward flexion, 72.5 degree for external rotation and 80 degree for internal rotation. In Mini-open group, the mean range of motion were 171.43 for abduction, 177.18 degree for foward flexion, 73.53 degree for external rotation and 70 degree for internal rotation. The mean Rowe score for Arthroscopic group were 93.13 and 89.29 in Mini-open group. The mean Visual analogue score for Arthroscopic group were 0.88 and in Mini-open group were

0.71. There was no recurrent dislocation or instability in both group.

### DISCUSSIONS:

The best surgical treatment for recurrent anterior shoulder instability remains debatable. From this study, the functional and clinical outcome for both group were similar which also supported by other studies. However, the main drawback of arthroscopic repair in higher risk of recurrence as reported by several studies. In this study, there were no difference between both group. This study can be improves by higher number of patients and longer duration of follow up.

### CONCLUSION:

The functional and clinical outcome of Arthroscopic and Mini-open Bankart repair are comparable in both group.

### REFERENCES:

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