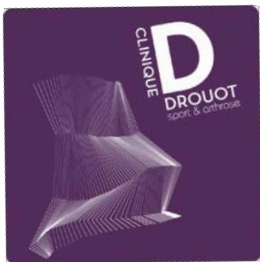
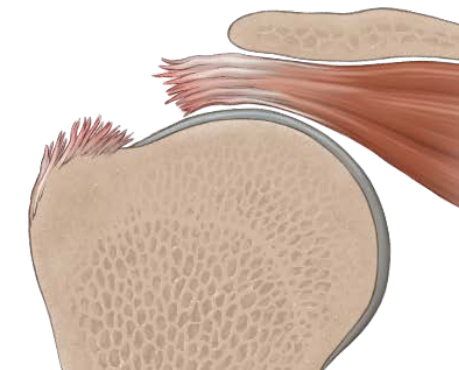
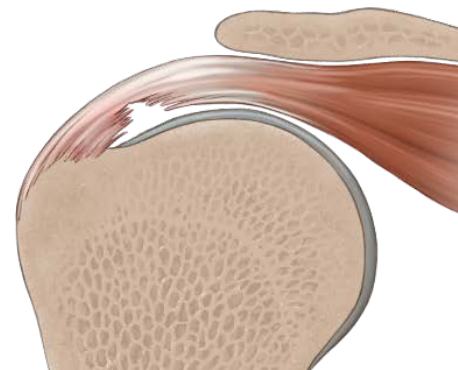
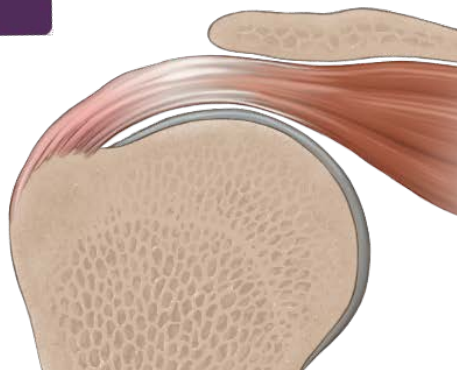


Tendinopathie sévère et lésions partielles



Histoire Clinique



Severe Tendinosis/Low-Grade Partial-Thickness Tears (PTT) – Failed Conservative Treatment

- Chronic rotator cuff tendinosis has been identified as a primary cause of rotator cuff tears¹

Subacromial Decompression (SAD): Inconsistent results, limited long-term efficacy²



High-Grade Partial-Thickness Tears

- Up to 80% of PTTs increase in size within 2 years³
- ~44% have been reported to progress to full-thickness tears⁴

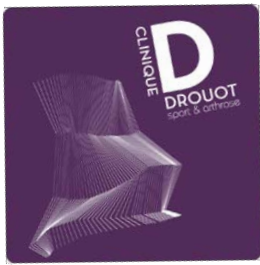
Take down/repair and trans-tendon approach:
Both have challenges and neither is an ideal treatment option⁵



Full-Thickness Tears (FTT)

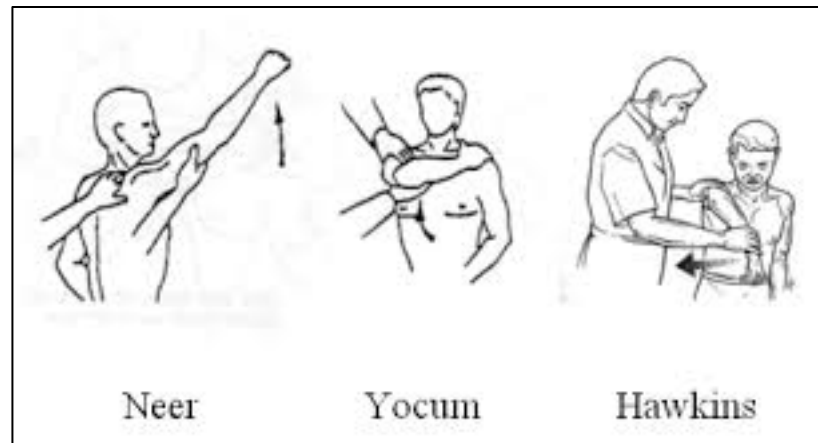
- Small tears progress over time, eventually requiring surgical repair⁶⁻⁸
- Larger tears requiring repair tend to re-tear over 40% of the time⁹⁻¹¹

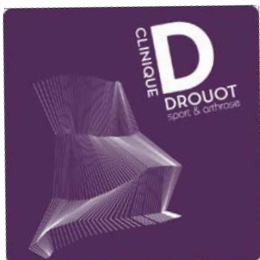
Repair:
High rate of revision/retear¹¹



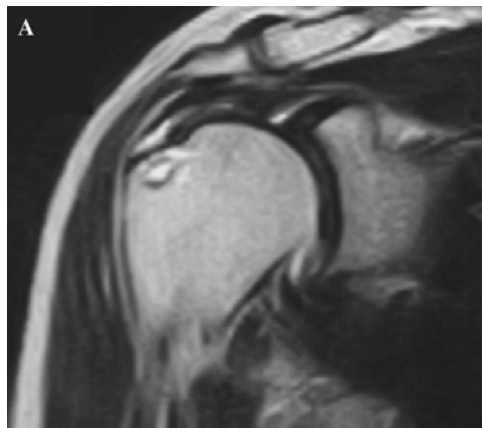
Présentation clinique

- Pas de spécificité
- Epaule douloureuse
- Pas de différence entre TPNR /Lésions partielles/RIT





Définition

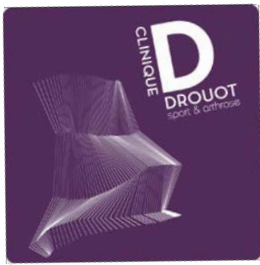


- *Lésion de la face superficielle*
- *Lésion intratendineuse*
- *Lésion de la face profonde ++++*
 - Fibres de Co plus fines
 - Hypovascularisation
 - Moindre résistance au stress meca

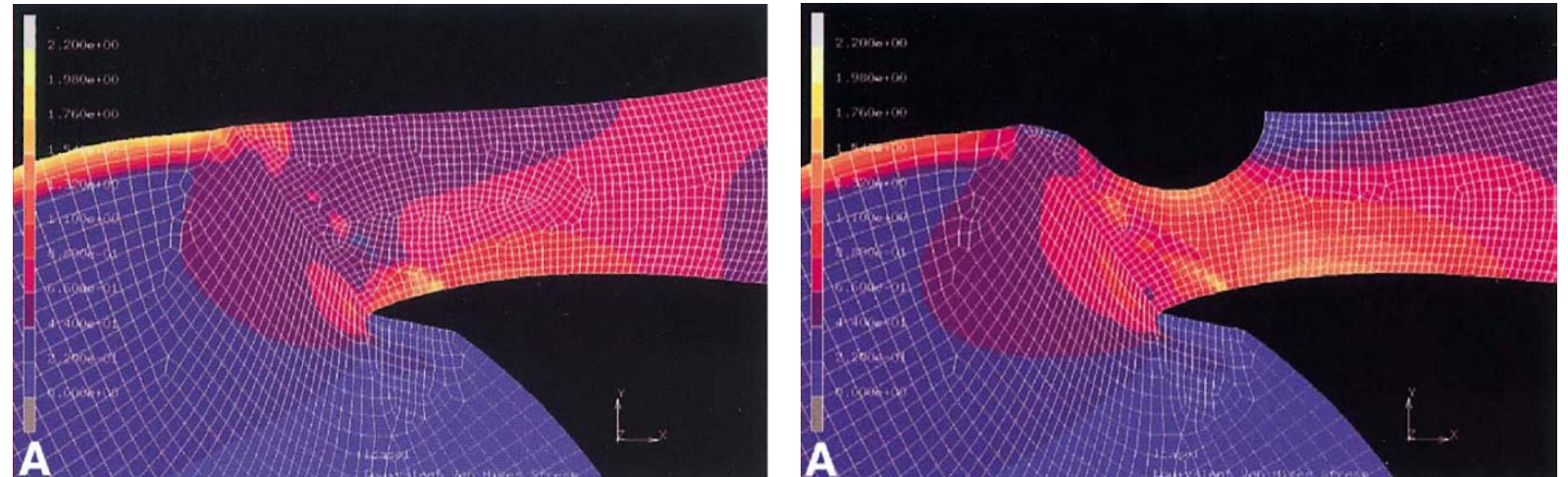
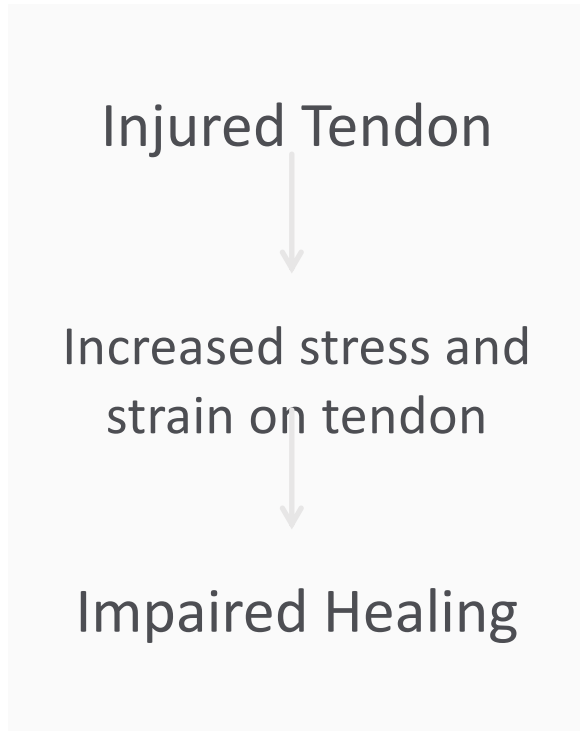
CLASSIFICATION OF PARTIAL TEARS Based on depth of defect			
Articular surface			
Brusal surface			
	GRADE 1 <1/4 Thickness (-3mm)	GRADE 2 <1/2 Thickness (3-6mm)	GRADE 3 >1/2 Thickness (+6mm)

[Diagnosis and treatment of incomplete rotator cuff tears.](#)

Ellman H.
Clin Orthop Relat Res. 1990 May;(254):64-74. Review.

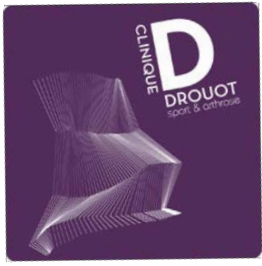


Pourquoi cela ne cicatrise pas ?



Stress distribution in the supraspinatus tendon with partial-thickness tears:
An analysis using two-dimensional finite element model²

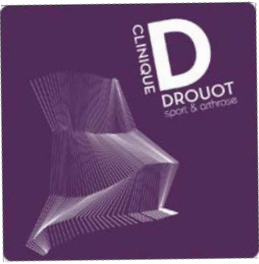
1. Schlegel TF, et al. J Shoulder Elbow Surg. 2018;27(2):242-251. 2. Sano H, et al. J Shoulder Elbow Surg. 2006;15(1):100-105.



Options thérapeutiques

- Ne rien faire
- Completer and Reparer
- Réparation Trans-tendineuse (Parachute)
- Place de la biologie (Membrane Bio-inductive) : Future?

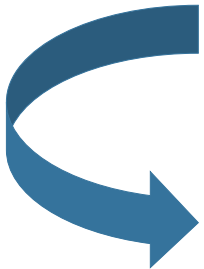




Cas Clinique

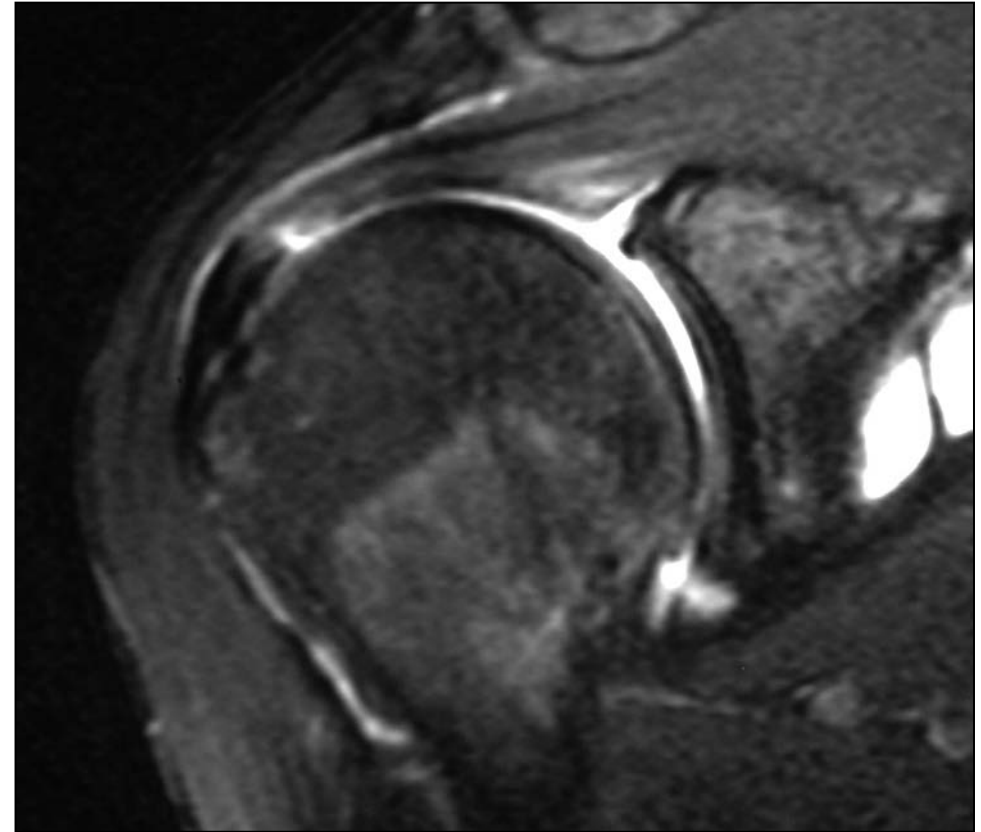
- *Homme*
- *35 ans*
- *Tennis en competition*
- *DL > 6 mois*
- *Arthro-MRI*

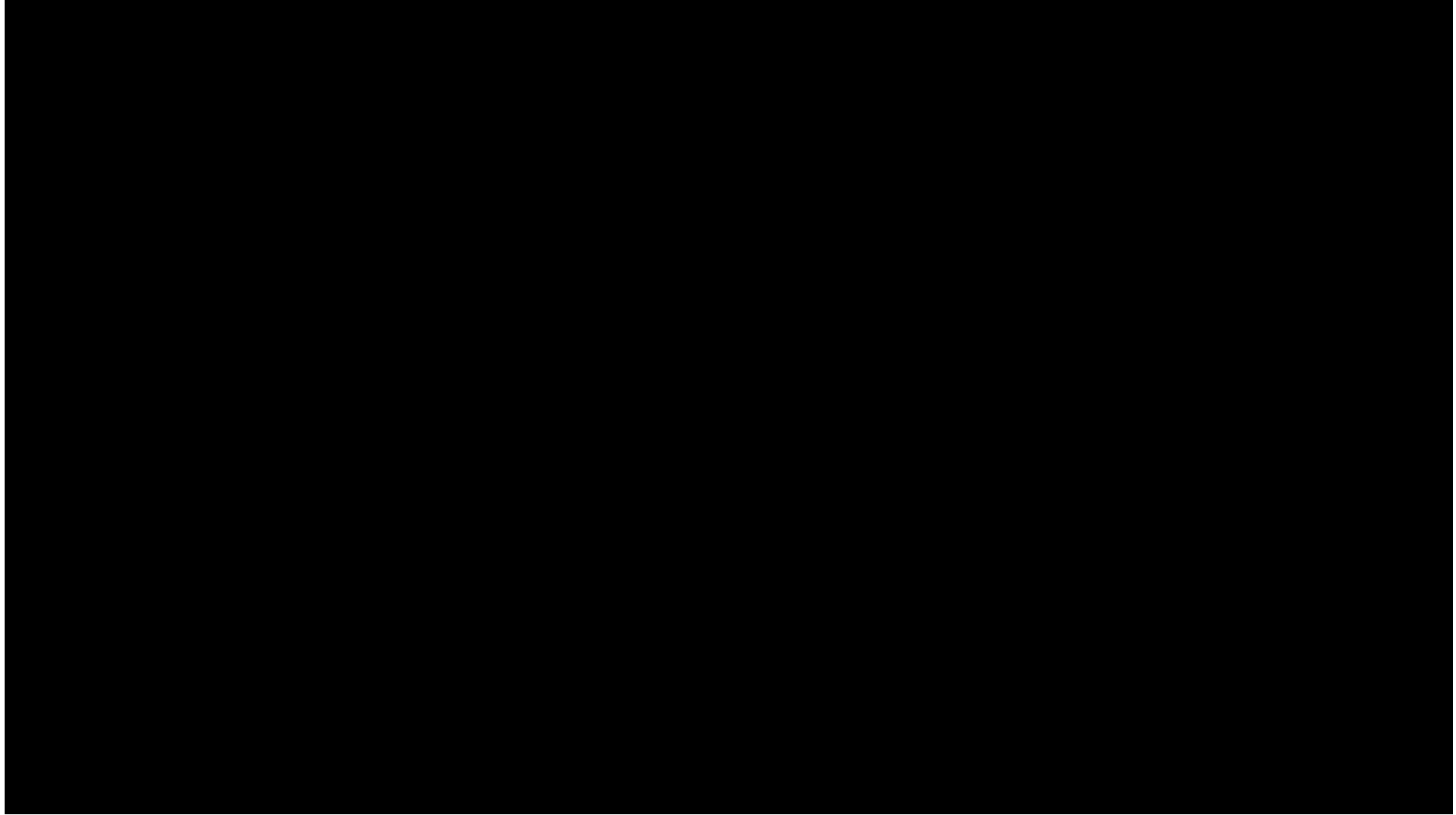
Treatment options?

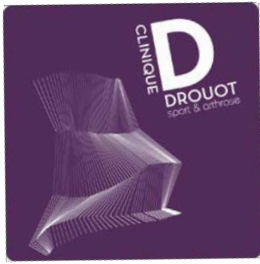


- Rien
- CaR
- RTT

TT





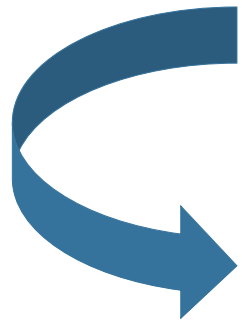


CaR vs Trans-tendon ?

[Adv Orthop.](#) 2016;2016:7468054. doi: 10.1155/2016/7468054. Epub 2016 Jul 4.

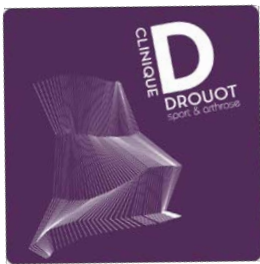
Arthroscopic Repair of Articular Surface Partial-Thickness Rotator Cuff Tears: Transtendon Technique versus Repair after Completion of the Tear-A Meta-Analysis.

[Ono Y](#)¹, [Woodmass JM](#)², [Bois AJ](#)², [Boorman RS](#)², [Thornton GM](#)³, [Lo IK](#)².



•No difference between CAR / TT





Comment choisir entre CaR et RTT

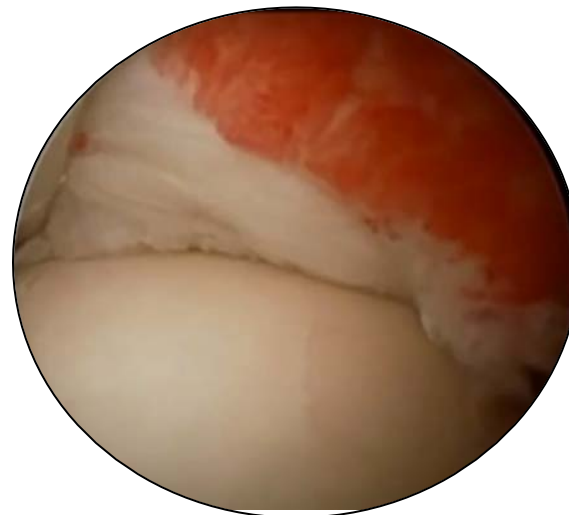
- **CAR +++**

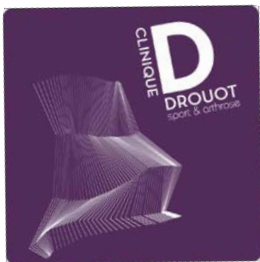
- Sujet plus âgé/retraction/Etat du tendon?



- **Trans-Tendineux**

- Sujet jeune
- Sports
- Si le feuillet profond n'est pas trop rétracté





? Tendinopathie pure non rompue sévères ?

- Pas de consensus sur la prise en charge
 - Ttt med ? Oui en tout cas pour le début
 - Ttt chir? Lequel

La résection-réinsertion tendineuse dans les tendinopathies sévères est-elle aussi efficace sur le plan clinique que dans les ruptures partielles intra tendineuses ?

Is tendon resection-reinsertion in severe tendinitis as clinically effective as in partial intra tendinous tears?

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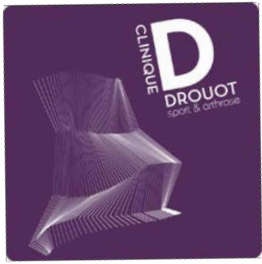
Tanguy Ledru, Mo Saffarini, Florent Borel, Arnaud Godenèche

[Lancet](#). 2018 Jan 27;391(10118):329-338. doi: 10.1016/S0140-6736(17)32457-1. Epub 2017 Nov 20.

Arthroscopic subacromial decompression for subacromial shoulder pain (CSAW): a multicentre, pragmatic, parallel group, placebo-controlled, three-group, randomised surgical trial.

[Beard DJ](#)¹, [Rees JL](#)², [Cook JA](#)³, [Rombach I](#)³, [Cooper C](#)³, [Merritt N](#)³, [Shirkey BA](#)², [Donovan JL](#)⁴, [Gwilym S](#)², [Savulescu J](#)⁵, [Moser J](#)², [Gray A](#)⁶, [Jepson M](#)⁴, [Tracey I](#)⁷, [Judge A](#)², [Wartolowska K](#)², [Carr AJ](#)⁸; CSAW Study Group.

Merci



MERCI