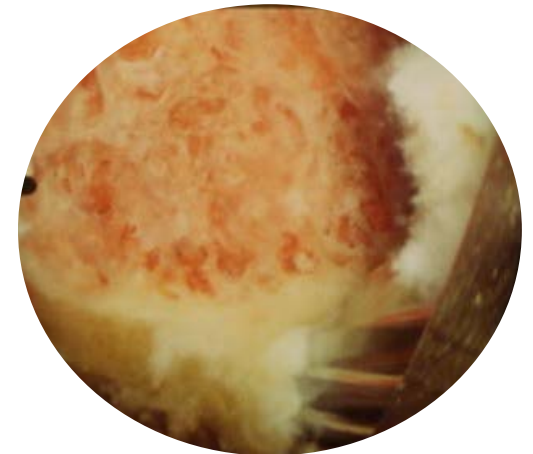
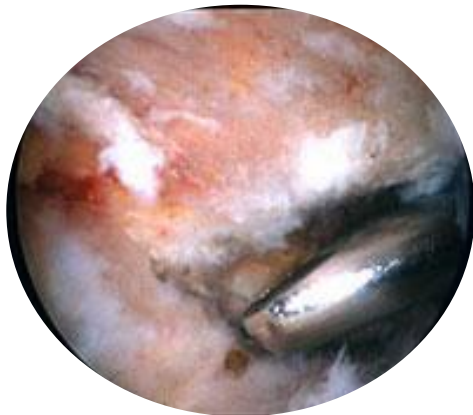
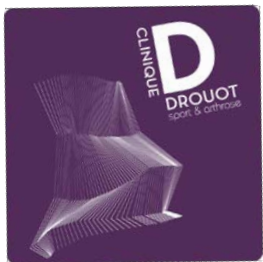


Décompression sous acromiale et resection du quart latérale de clavicule Indication et Technique





Définition

Anterior **acromioplasty** for the chronic impingement syndrome in the shoulder. 1972.

Neer CS 2nd.

J Bone Joint Surg Am. 2005 Jun;87(6):1399.

Arthroscopic subacromial decompression: analysis of one- to three-year results.

Ellman H.

Arthroscopy. 1987;3(3):173-81.

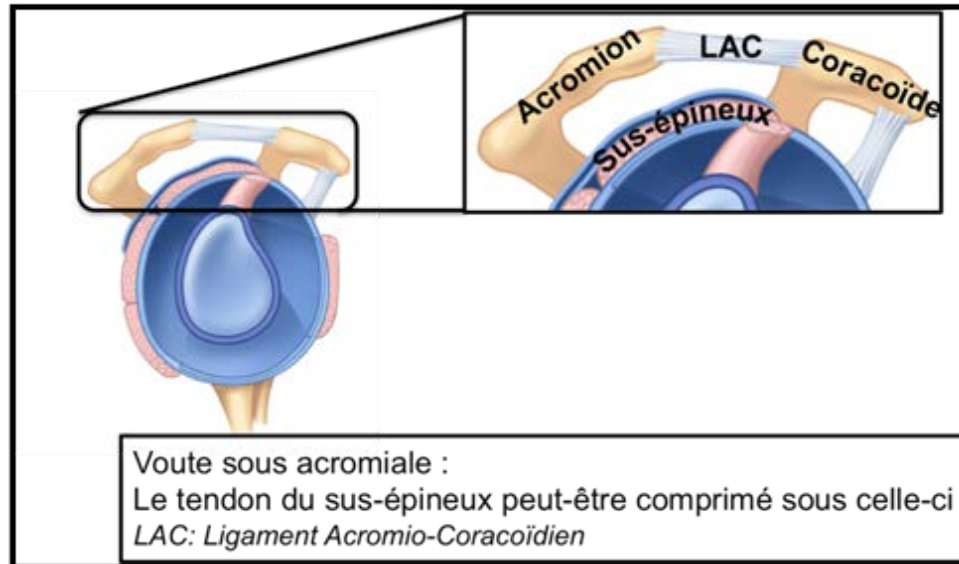
Acromioplastie

=

Bursectomie

+

Acromioplastie

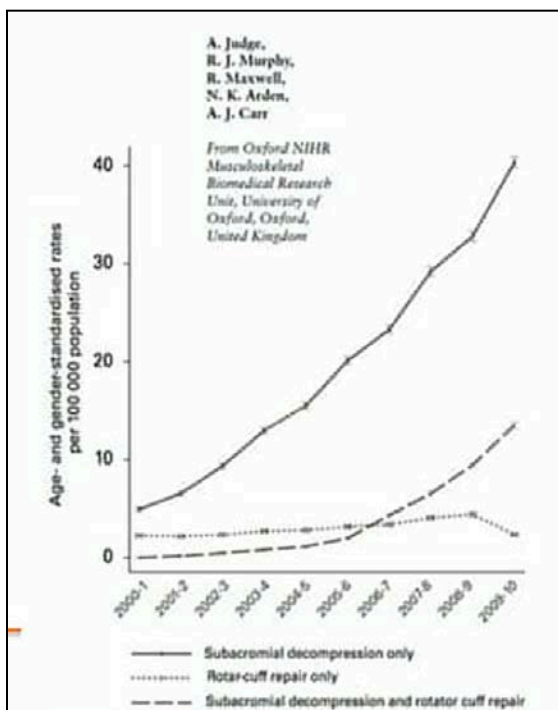


Pour

- Diminuer la compression extrinsèque
- Libérer l'espace de travail
- Afflux de sang et donc de Facteurs de croissances

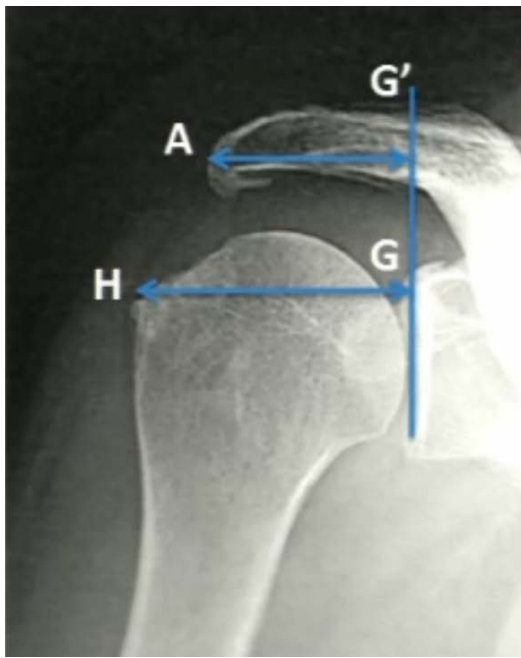
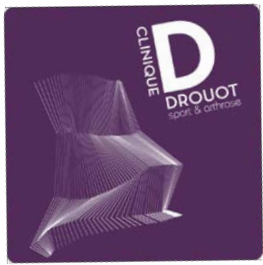
Contre

- Modification de l'arche acromial
- Lésion du LAC et du Deltoïde
- Efficience?



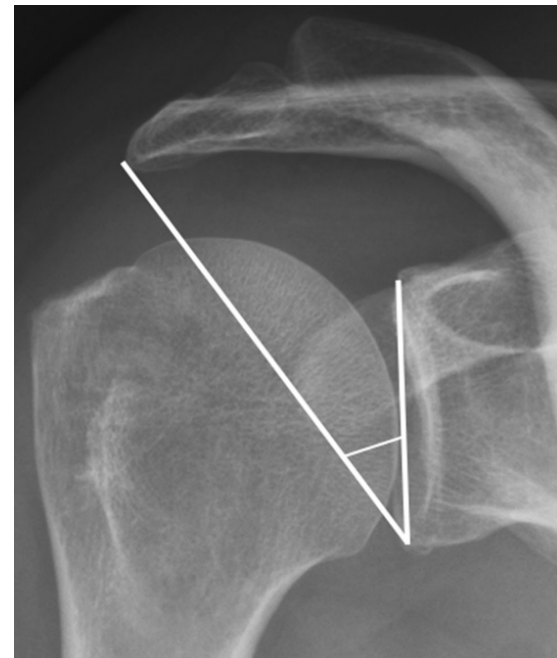
Place de l'acromioplastie dans le traitement des tendinites de la coiffe de l'épaule :
méta-analyse de la littérature *The treatment of rotator cuff's tendinitis with
acromioplasty: a metanalysis review.*
F. Bazile, P. Chiron, A. Alves, D. Ollat, G. Versier (Paris) (SFA 2012)

AUTHOR	JOURNAL	CRITERE INCLUSION	SUIVI	RANDOM	SCORES	RESULTAT
Gartsman and O'Connor	JSES 2004	Rupt TFIK SusEP AC 2	16 mois (100%)	47 (ARCR A) 46 (ARCR)	ASES	Aucune ≠
Milano al	Arthroscopy 2007	Rupt TFIK AC 2 / 3	2 ans (89%)	34 (ARCR A) 37 (ARCR)	Constant DASH	Aucune ≠
Mac Donald al	JBJS Am 2011	Rupt TFIK	2ans (79%)	32 (ARCR A) 36 (ARCR)	ASES WORC	Aucune ≠
Shin al	Arthroscopy 2012	Rupt TFIK (petite/mo yenne)	3 ans (80%)	60 (ARCR A) 60 (ARCR)	Constant ASES Pain EVA	Aucune ≠
Romeo al	ASES oct 2013	Rupt TFIK	2,5 ans (83%)	43 (ARCR A) 52 (ARCR)	ASES SST EVA	Aucune ≠



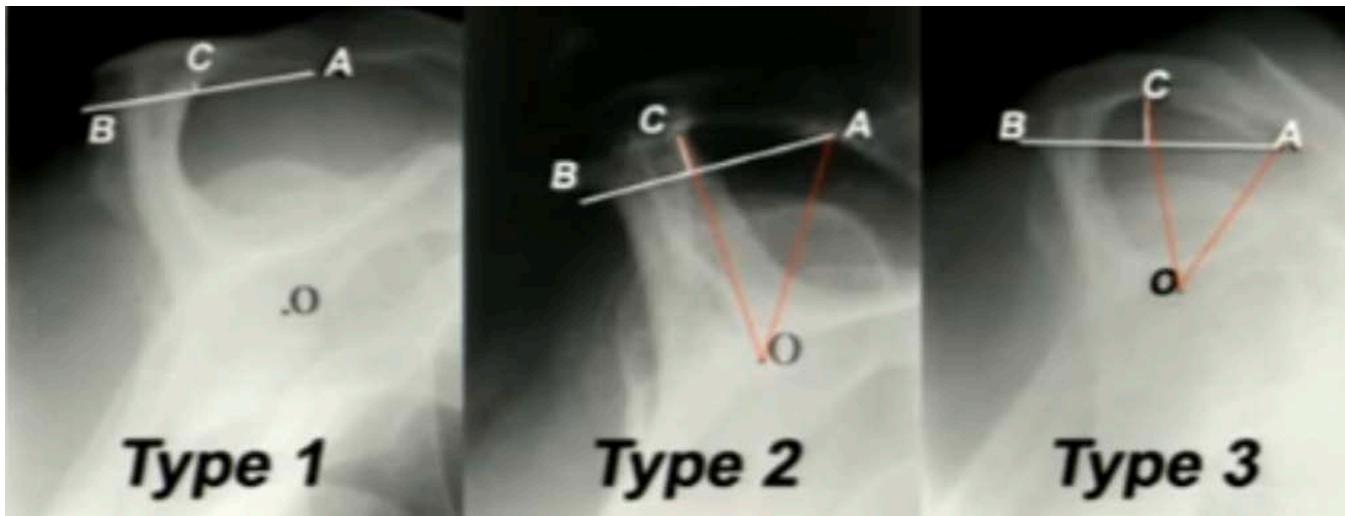
AI : AG'/HG Nle 0,75

Nyffeler JBIS 2006

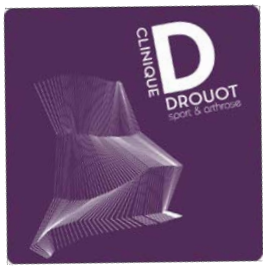


$30 < CSA < 35^\circ$

Moore BJ 2013

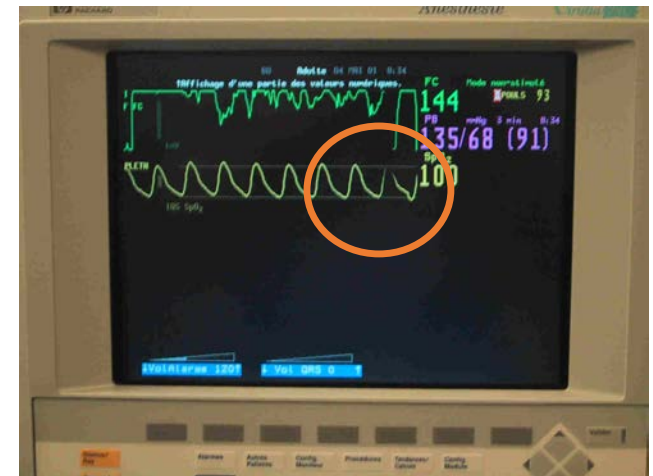


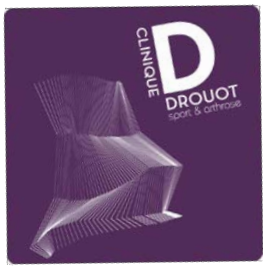
Park Arthroscopy 2001



INSTRUMENTATION

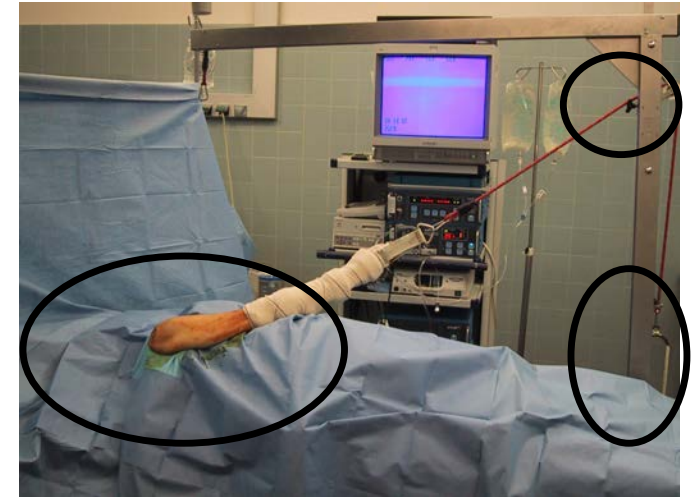
- ~~CANNULES~~
- Fraise motorisée ou Bone Cutter
- FLOW SYSTEM
 - PAS basse

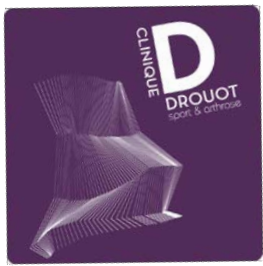




Installation

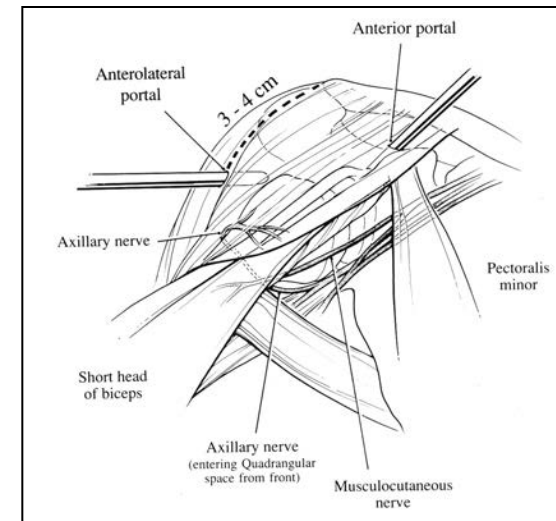
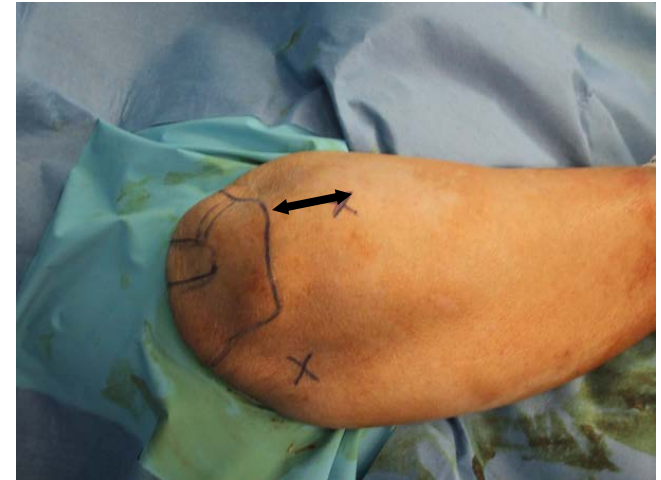
- Decubitus latéral ou Beach Chair
- Mettre la glène à l'horizontal
- ABDUCTION 20°
- Si DL TRACTION < 3 kg



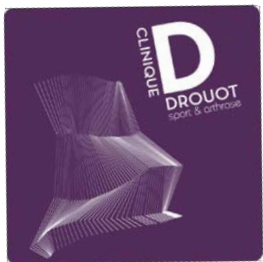


Espace sous acromial

- Voie scopique postérieure
- Voie instrumentale latéral
- Adhésiolyse +++

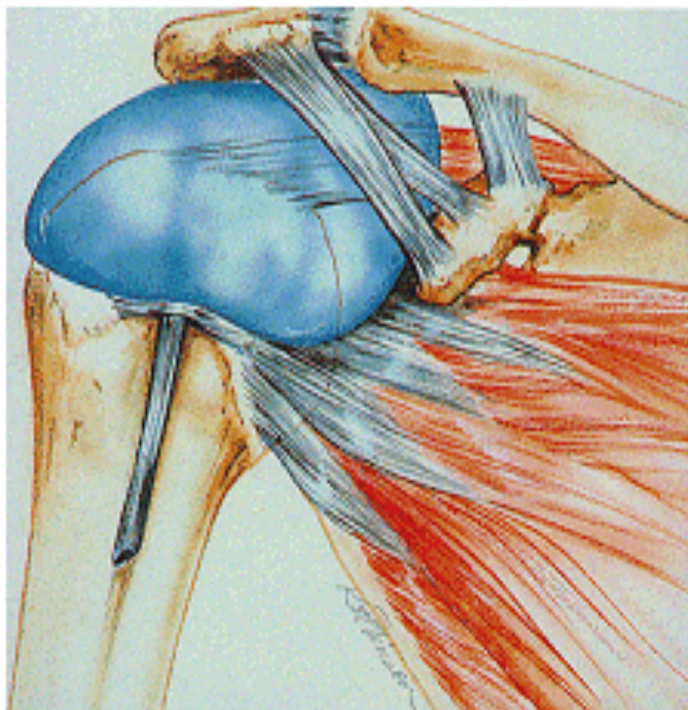


Se créer un espace de travail



Espace sous acromial

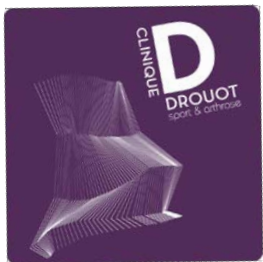
- Attention à la coiffe
- Aller chercher l'acromion jusqu'à sentir le LAC avec la chemise + Mandrin
- Mettre l'optique





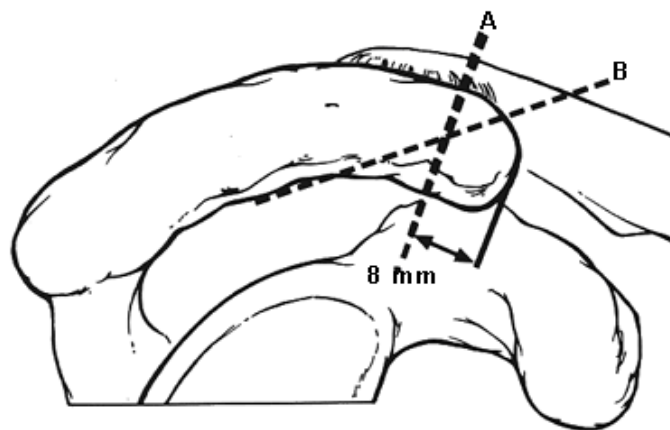
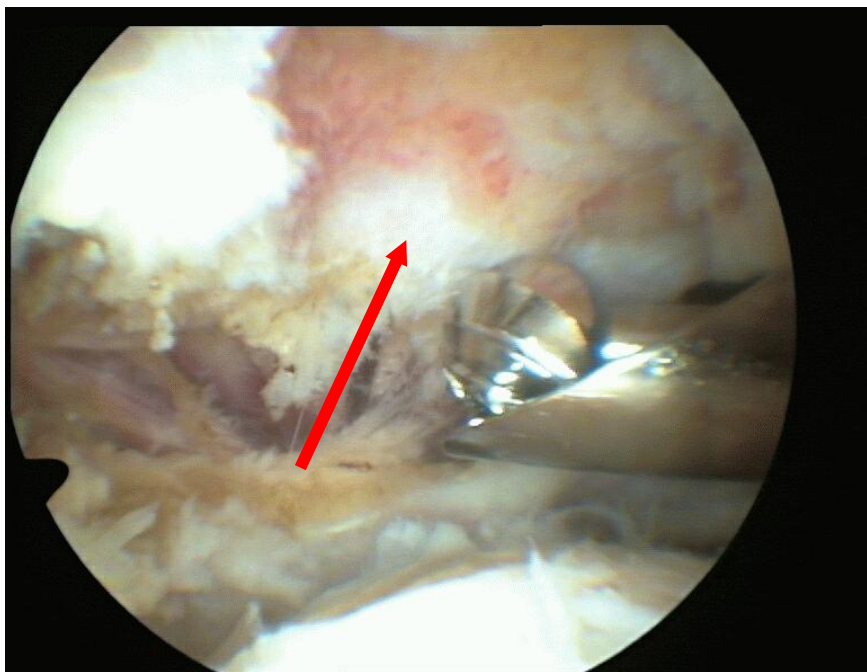
Exploration

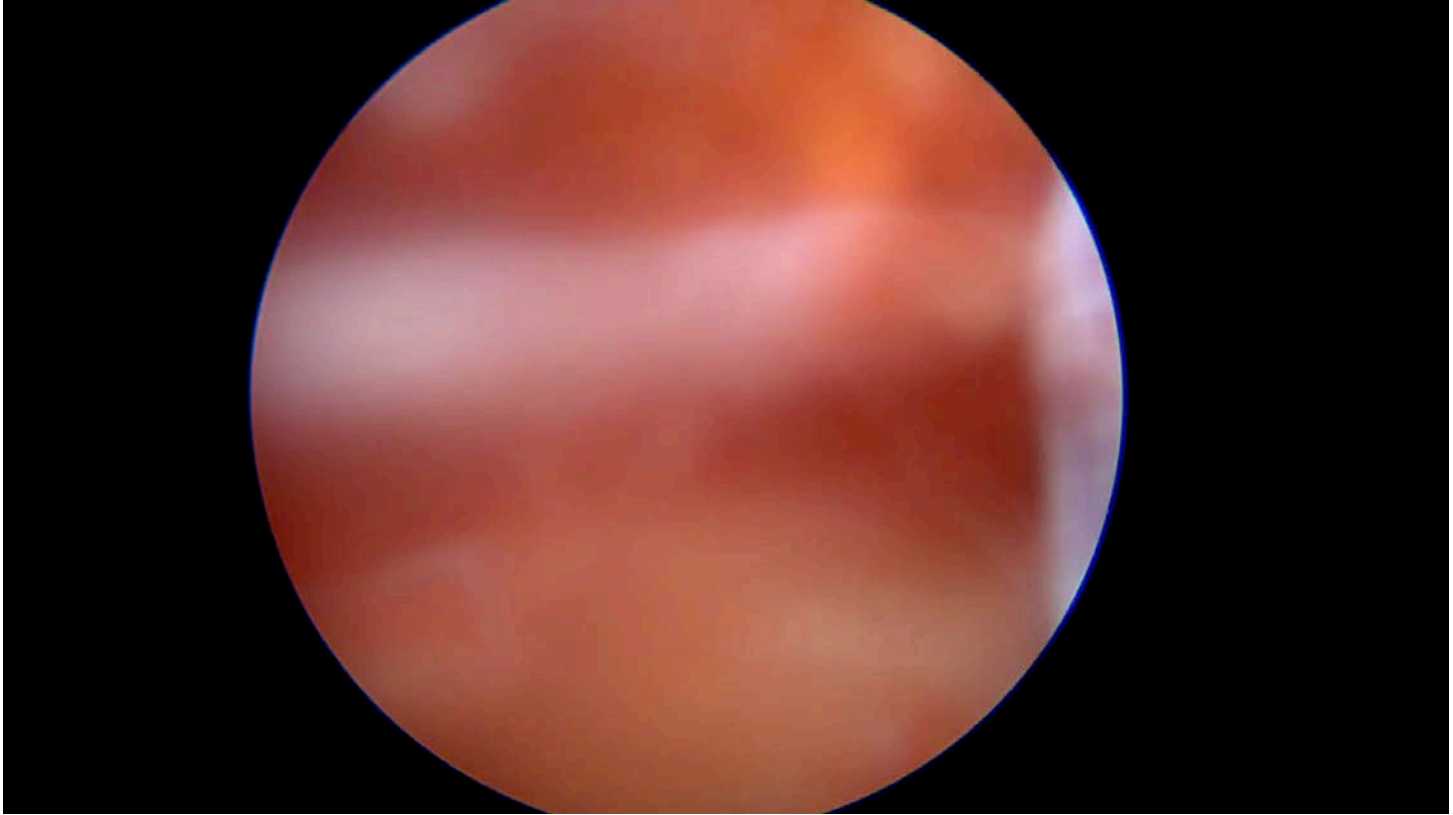
- Etat de la bourse ?
- Bursectomie
- Signe en miroir sur la face superficielle de la coiffe
- Désinsérer le LAC
- NPO hémostase
- Et enfin commencer

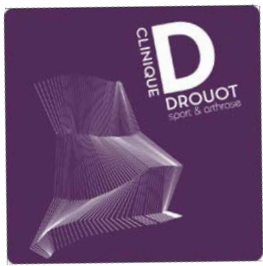


Acromioplastie a proprement parlé

- Neer & Ellman







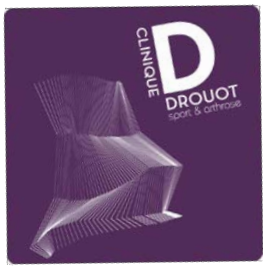
Et au final faut il la faire ?

<u>AUTHOR</u>	<u>JOURNAL</u>	<u>CRITERE INCLUSION</u>	<u>SUIVI</u>	<u>RANDOM</u>	<u>SCORES</u>	<u>RESULTAT</u>
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Arthroscopy. 2018 Mar;34(3):771-780. doi: 10.1016/j.arthro.2017.08.255.

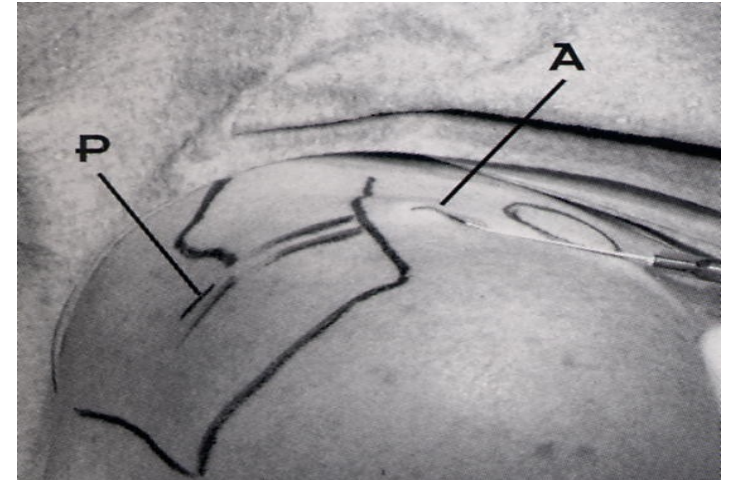
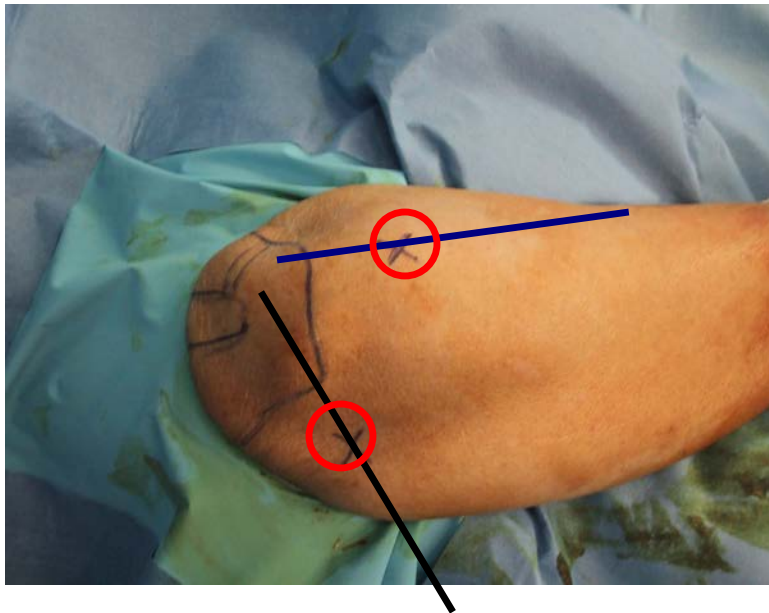
Arthroscopic Correction of the Critical Shoulder Angle Through Lateral Acromioplasty: A Safe Adjunct to Rotator Cuff Repair.

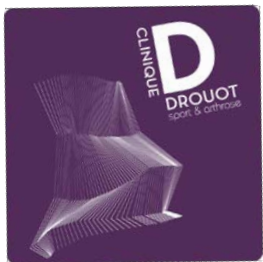
Gerber C¹, Catanzaro S², Betz M², Ernstbrunner L³.



Resection du quart distale de clavicule

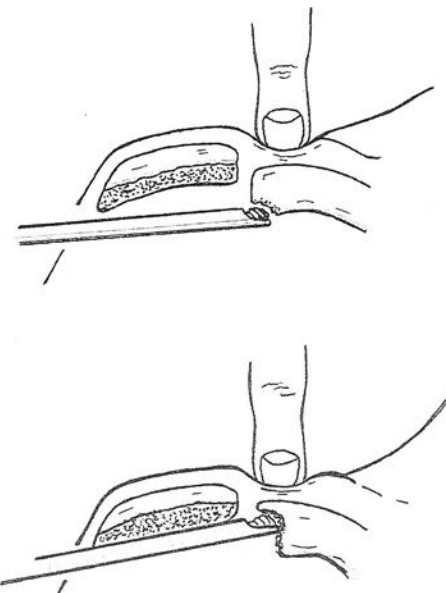
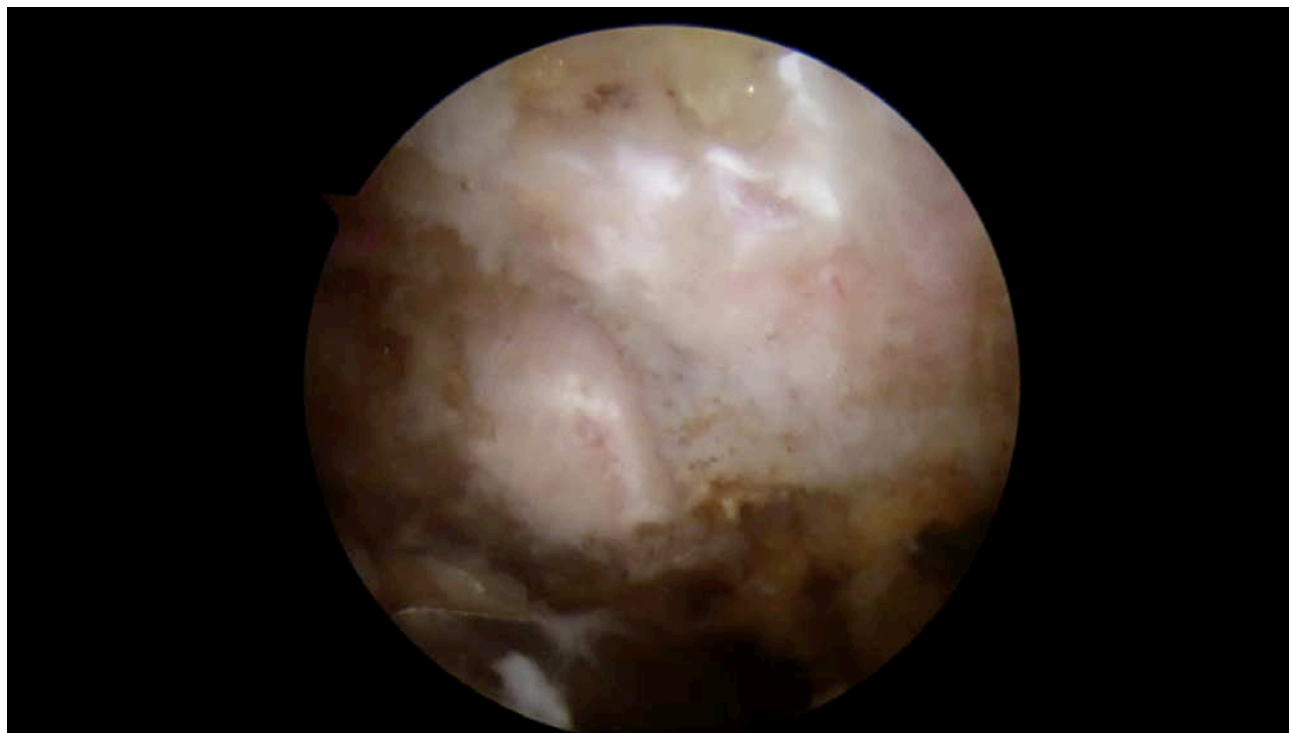
- VOIE ANTEROLATERAL
- VOIE DIRECT ANTERIOR
- LE SCOPE EN POSTERIEUR

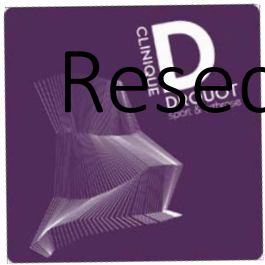




Resection du quart distale de clavicule

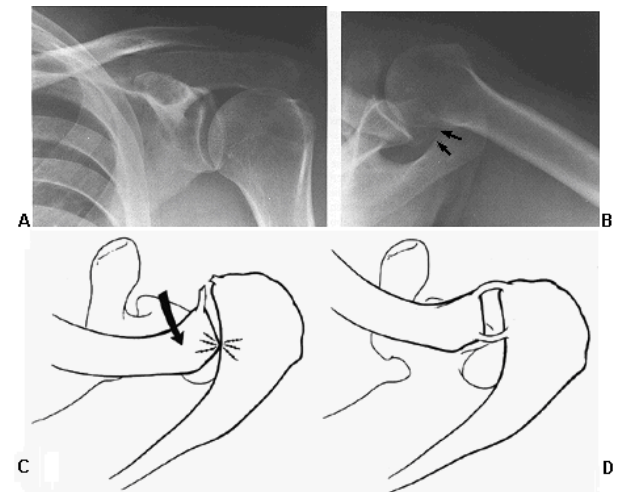
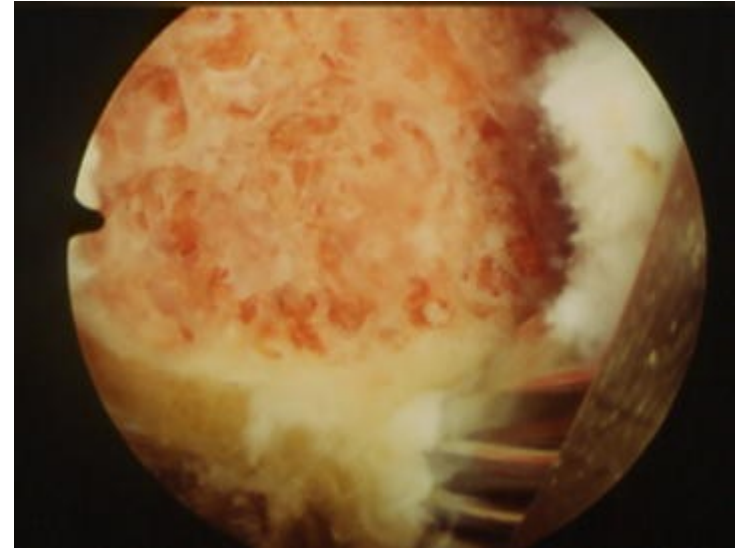
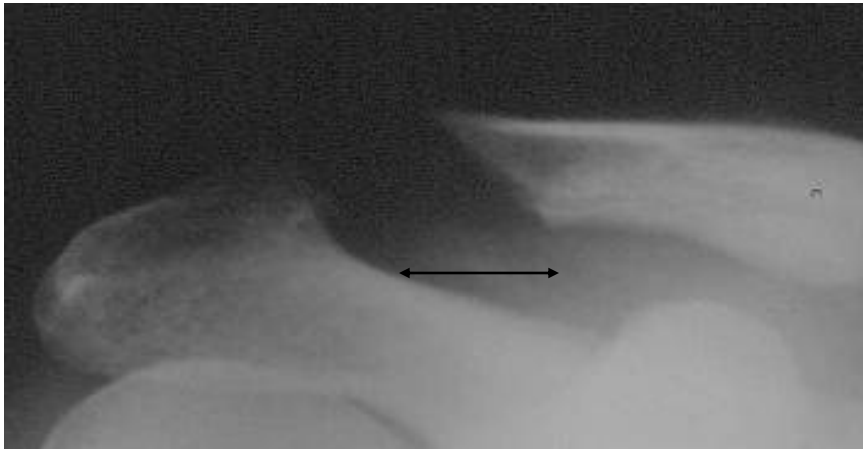
- Repérer la clavicule par pression sur celle ci
- Attention à la capsule supérieure





Resection du quart distale de clavavicule

- RESECTION < 12 mm
- En gros le diamètre de la fraise





Merci