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Comparison of the characteristics of retear cases after arthroscopic rotator cuff repair between shoulders with good or poor outcomes

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Introduction and Background

Most retear cases after arthroscopic rotator cuff repair had good clinical outcomes. However, we often need revision surgery for the patients with poor outcomes. It remains unclear what is negative factor.

The purpose of this study was to compare the characteristics of retear cases after arthroscopic rotator cuff repair between shoulders with good or poor outcomes.

Material and Method

We retrospectively investigated shoulders that underwent arthroscopic rotator cuff repair between 2015 and 2017. Retear cases with more than 1-year follow-up were included in this study and divided into two groups according to the UCLA score at the final follow-up: good group, 27 points or more; poor group, less than 27 points. Demographics, preoperative active ranges of motion and UCLA score, and imaging findings were compared between the groups.

Results

The subjects were 96 shoulders (70 men and 26 women) with a mean age of 66 years (SD 9). The mean follow-up was 31 months (SD 16). The good and poor groups included 64 and 32 shoulders, respectively. There were no significant differences in the demographics, preoperative ranges of motion and UCLA score, tear size, and preoperative Goutallier stages of the supra- and infraspinatus between the groups. Retear size on sagittal images was significantly larger in the poor group (27mm [SD 17]) than the good group (19mm [SD 14], P=0.04), while no difference was detected in the coronal tear size. The subscapularis had significantly bigger tear size (P=0.03) and higher pre- and postoperative Goutallier stages in the poor group (P=0.008 and 0.03). Subscapularis repair integrity was significantly poor in the poor group (P=0.02).

Conclusions

In retear shoulders, poor subscapularis integrity associated with severe fatty degeneration and larger sagittal retear size were related to poor clinical outcomes.