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## Open Versus Arthroscopic Latarjet for Recurrent Anterior Shoulder Instability: A Systematic Review & Meta-Analysis

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### Introduction and Background

Recurrent anterior shoulder instability is a common and debilitating condition, particularly among young, active individuals. The Latarjet procedure—whether performed via an open or arthroscopic approach—remains a key surgical option, especially in the presence of significant glenoid bone loss or high-risk athletic activity. While the open Latarjet has long been considered the gold standard, the arthroscopic technique has gained popularity due to its minimally invasive nature. However, comparative data regarding clinical outcomes, complication profiles, graft positioning, and functional recovery remain limited. This systematic review aims to compare open and arthroscopic Latarjet procedures in terms of recurrence, complications, graft-related outcomes, and return-to-sport/activity.

### Material and Method

A comprehensive literature search was carried out in MEDLINE, EMBASE, and the Cochrane Library in accordance with PRISMA standards. Studies directly comparing open and arthroscopic Latarjet procedures for recurrent anterior shoulder instability were selected. Data collected encompassed rates of recurrent instability, complications, graft placement accuracy, functional outcome measures, and return-to-sport or return-to-activity results. All statistical evaluations were performed using Review Manager (v5.3), with a threshold for significance defined as  $P < 0.05$ .

### Results

Twelve studies involving a total of 1,279 patients were included. Both open and arthroscopic Latarjet procedures demonstrated comparable rates of recurrent instability, revision surgery, and overall complications. However, the open Latarjet was associated with a lower rate of persistent postoperative apprehension. Return-to-sport and return-to-activity outcomes showed no significant differences between the two approaches, with high rates of return observed across both groups.

### Conclusions

Both open and arthroscopic Latarjet procedures provide significant improvements in stability, function, and patient-reported outcomes, with low and comparable recurrence and complication rates. Return-to-activity and return-to-sport outcomes are similarly favorable between techniques. Although technically more demanding, the arthroscopic Latarjet is a safe and effective alternative to the open approach, offering equivalent clinical results when performed by experienced surgeons.

