



“Together,
We Can Go Further”

KSES 2026

The 33rd Annual
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Elbow Society

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BEXCO, Busan, Korea

- Abstract No. : F-0066
- Category : Shoulder
- Detail Category : Instability

Arthroscopic HAGL repair using an antegrade transosseous all-suture anchor by ACL insertion guide.

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Introduction and Background

Avulsion of the inferior glenohumeral ligament from the humeral neck (HAGL) is a crucial pathology that cannot be overlooked, due to its difficult detection on MRI and its association with a poor outcome when conservative management is chosen. For surgical stabilization, many techniques have been described, but it remains a challenging, technically demanding procedure, especially in visualizing the tear site and the trajectory of suture anchor application due to surrounding neurovascular structures.

Material and Method

In this research, we aimed to propose a novel technique to improve secure anchor suture insertion using the antegrade approach to avoid the "killer angle" and ensure perpendicularity to the humeral neck.

Results

First, the patient was placed in the semilateral decubitus position with an arm traction device. The procedure began with an arthroscopic examination, first performed with a 30-degree arthroscope, followed by a 70-degree arthroscope for the HAGL repair. We used the tibial-site ACL insertion guide to create an antegrade transosseous tunnel originating at the greater tuberosity. After that, the all-suture anchor was shuttled into the drilled socket. Suture placed at the IGHL by the suture-passer device from the anterior portal. After knot tying from the posteroinferior portal, the IGHL could be reattached at the humeral neck without anchor pullout.

Conclusions

This surgical technique could be one of the options that avoids the difficulty of anchor insertion while preserving the axillary nerve. The additional standard device could provide a safe, reproducible surgical application.



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Figure & Table 1.

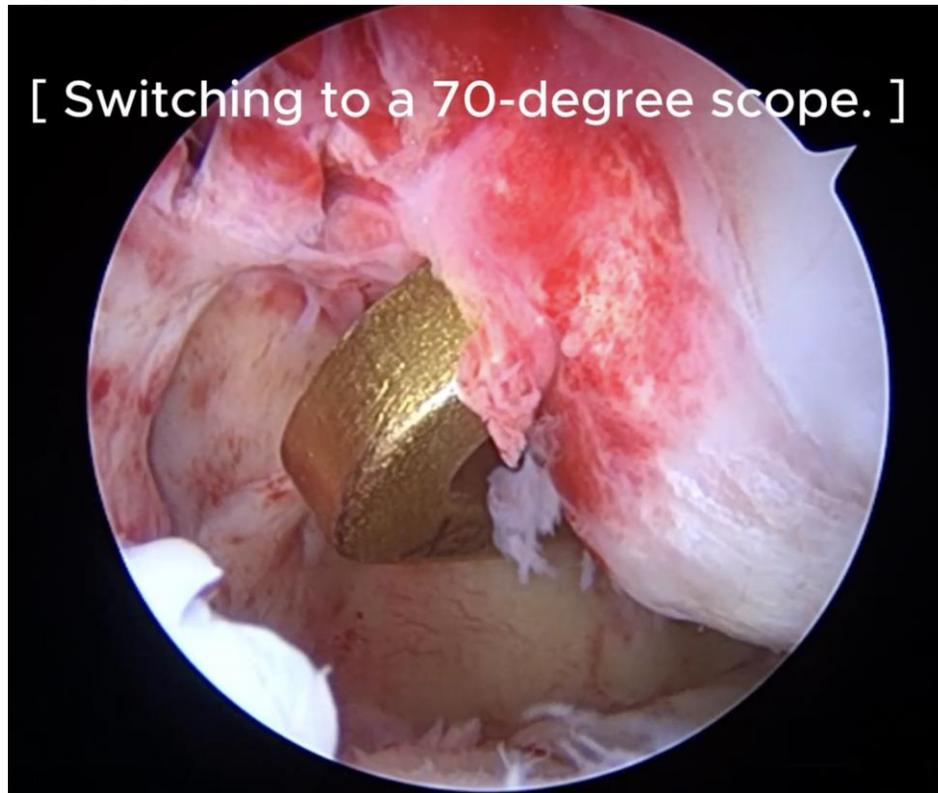


Figure & Table 2.

