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KSES 2026

The 33rd Annual
International Congress of the
Korean Shoulder and
Elbow Society

March
27(Fri) ~ 28(Sat), 2026
BEXCO, Busan, Korea

- Abstract No. : F-0206
- Category : Elbow
- Detail Category : general

Arthroscopic Medial Bi-portal Extra-articular Debridement for Recalcitrant Medial Epicondylitis

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Introduction and Background

The purpose of this study was to evaluate the efficacy of arthroscopic medial bi-portal extra-articular debridement in the treatment of recalcitrant medial epicondylitis.

Material and Method

This retrospective study included 16 elbows of 16 patients (6 men and 10 women) who underwent arthroscopic surgery due to intractable medial epicondylitis. The visual analog scale, Disabilities of the Arm, Shoulder and Hand score, Mayo score, and Short Form 36 Health Survey score of the patients before and after the surgery were evaluated.

Results

The average age at the time of operation was 49 years (range, 33-67 years). The average duration of preoperative symptoms was approximately 19 months (range, 9-36 months). The average follow-up time was 17 months (range, 9-29 months), the elbow pain VAS scores decreased from 6.7 ± 1.1 preoperatively to 0.9 ± 0.6 in the last follow-up. The DASH score fell down from 64.6 ± 13.0 preoperatively to 19.5 ± 6.2 postoperatively follow-up. The Mayo score increased from 68.3 ± 7.0 preoperatively to 89.9 ± 6.2 postoperatively. The physical functioning, physical role functioning, bodily pain, vitality, and social role functioning in SF36 increased from 57.7 ± 12.2 , 54.1 ± 11.3 , 42.0 ± 10.9 , 81.7 ± 10.0 , 69.5 ± 6.2 preoperatively to 86.6 ± 6.0 , 88.8 ± 3.9 , 82.3 ± 6.9 , 90.0 ± 7.5 , 85.2 ± 7.9 postoperatively, respectively. Compared to preoperative, all postoperative final follow-up scores showed significant improvement ($P<0.05$). No complications were reported during treatment and follow-up.

Conclusions

Arthroscopic medial bi-portal extra-articular debridement of intractable ME is a safe and effective technology, which has the advantages of less trauma, low risk of infection, precise detection of intra-articular lesions, low postoperative pain, fast recovery time, and low complications.

