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# Comparison of clinical and radiological outcomes according to concomitant acromioclavicular fixation with coracoclavicular fixation in acute acromioclavicular joint injury

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## Introduction and Background

The necessity of concomitant acromioclavicular (AC) fixation in acute acromioclavicular (AC) joint injury remains controversial, with limited and conflicting evidence. This study aimed to compare clinical and radiologic outcomes according to the use of concomitant AC fixation combined with coracoclavicular (CC) fixation.

## Material and Method

We retrospectively reviewed patients who underwent surgical treatment for acute AC joint injury between October 2019 and September 2024. Patients who underwent coracoclavicular fixation using a hook plate and/or suture anchor and concomitant acromioclavicular fixation with a Kirschner wire were included. Radiologic failure was defined as a >50% loss of reduction compared to the contralateral side on final follow-up radiographs. Patients were classified into a failure group (group F) and a success group (group S). Demographic factors (work level), radiologic parameters (superior displacement), and fixation methods were evaluated as potential risk factors. Clinical outcomes including visual analogue scale (VAS), UCLA, and Constant scores were assessed at final follow-up.

## Results

A total of 78 patients were analyzed (group F, 17; group S, 61) with a mean follow-up of 18.9 ± 4.4 months. Heavy manual labor was more frequent in group F (23.5% vs. 1.6%, p=0.011). Preoperative superior displacement was significantly greater in group F (156.5% ± 56.0 vs. 91.4% ± 45.9, p<0.001). Concomitant acromioclavicular fixation was more common in group S than in group F (86.9% vs. 64.7%, p=0.035). Multivariable logistic regression identified coracoclavicular fixation without acromioclavicular fixation (OR, 58.454; p=0.030) and preoperative superior displacement (OR, 1.030; p=0.047) as independent risk factors for failure. No significant differences were found in VAS, UCLA, or Constant scores.

## Conclusions

In acute AC joint injury, concomitant AC fixation combined with CC fixation significantly reduced radiologic failure. Greater preoperative superior displacement increased the risk of failure. However, short-term clinical outcomes were comparable regardless of radiologic failure.