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Arthroscopic-assisted coracoclavicular stabilization with anatomic acromioclavicular ligament complex repair: Acute acromioclavicular joint dislocation

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Introduction and Background

An acromioclavicular joint injury occurs when there is a traumatic disruption of the coracoclavicular (CC) ligaments and/or the acromioclavicular (AC) ligaments. In high-grade cases, surgery is typically recommended, which may involve coracoclavicular stabilization and repair of the acromioclavicular ligament. Recent studies suggest that enhancing the horizontal stability of the AC joint through AC ligament repair, following CC fixation, can effectively restore stability in both vertical and horizontal planes. Various implant options are available for coracoclavicular stabilization, and suspensory CC fixation techniques using suture button devices have demonstrated good outcomes in providing vertical stability. There is a wide range of surgical options for repairing the acromioclavicular ligament complex (ACLC) in cases of AC joint injuries; however, no definitive gold standard has been established.

This article provides comprehensive details on arthroscopic-assisted CC stabilization and introduces a reproducible and reliable method for ACLC repair, aiming to achieve bidirectional (vertical and horizontal) and rotational stability.

Material and Method

We present Arthroscopic-assisted coracoclavicular stabilization with anatomic acromioclavicular ligament complex repair using double loops of coracoclavicular ligament and a two trans-osseous with pants over vest sutures technique using high-strength suture for ACLC.

Results

The technique involves bringing the distal end of the clavicle anteriorly and inferiorly to the acromion, thereby achieving anatomic reconstruction of the coracoclavicular and acromioclavicular ligaments, which provides a secure and stable construct.

Conclusions

Our modified technique provides several advantages, including improved tendon-to-bone contact, increased stability, and a reduced risk of failure. This approach not only minimizes the chance of complications but also restores anatomic integrity and ensures stable fixation. As a result, it is a valuable option for effectively managing acromioclavicular joint dislocations.

Figure & Table 1.

Figure & Table 2.