



# Massive Cuff Tear

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# Massive Cuff Tear

- Prevalence as high as 40% of all rotator cuff tears.
- Higher rate of recurrent tearing after surgery.
- Structural failure does not always equate to clinical failure.

# Massive cuff tear -classification

- DeOrio & Cofield: > 5cm a.p
- Gerber: min 2 complete tendons
- Global: all tendons

# Treatment options and clinical outcomes

# Massive cuff tDebridementment options

- Non operative
- Debridement arthroscopic, open, biceps tenotomy
- Partial repair
- Tendon transfers
- Reverse arthroplasty

# Nonoperative management

- Patients who have largely intact rotator cuff force couples with symptoms primarily related to function.
- Management typically involves:
  - Activity modification,
  - Corticosteroid injections,
  - Strengthening of the deltoid and periscapular Musculature.

# Debridement and tenotomy of the biceps tendon

- Indicated for elderly patients with irreparable tears who seek pain.
- Failed nonoperative management.
- Limited functional expectations.
- Patient should have a competent deltoid muscle and an intact coracoacromial arch.
- Neither pseudoparalysis nor severe cuff tear arthropathy.

# Debridement and tenotomy of the biceps tendon

- 83% 79%, 87% satisfaction rate been reported

*Rockwood CA Jr, Williams GR Jr, Burkhead WZ Jr. Debridement of degenerative, irreparable lesions of the rotator cuff. J Bone Joint Surg Am 1995;77:857-66.*

*Gartsman GM. Massive, irreparable tears of the rotator cuff. Results of operative debridement and subacromial decompression. J Bone Joint Surg Am 1997;79:715-21.*

*Walch G, Edwards TB, Boulahia A, Nov e-Josserand L, Neyton L, Szabo I. Arthroscopic tenotomy of the long head of the biceps in the treatment of rotator cuff tears: clinical and radiographic results of 307 cases. J Shoulder Elbow Surg 2005;14:238-46.*



# Rotator cuff repair

- Outcomes less predictable and associated with a higher re-tear rate at postoperative follow-up.
- Factors that contribute to the re-tear rates at follow-up:
  - Increased fatty infiltration of tissue,
  - Decreased acromiohumeral distance,
  - Smoking
  - Size of the rotator cuff tear.
  - Increased tension on the repair.

# Massive cuff tear- technical tricks for complete repair

- Pericapsular release,
- Interval side, dorsal, double slide
- Medialization
- Margin convergence
- Biceps patch
- Augmentation

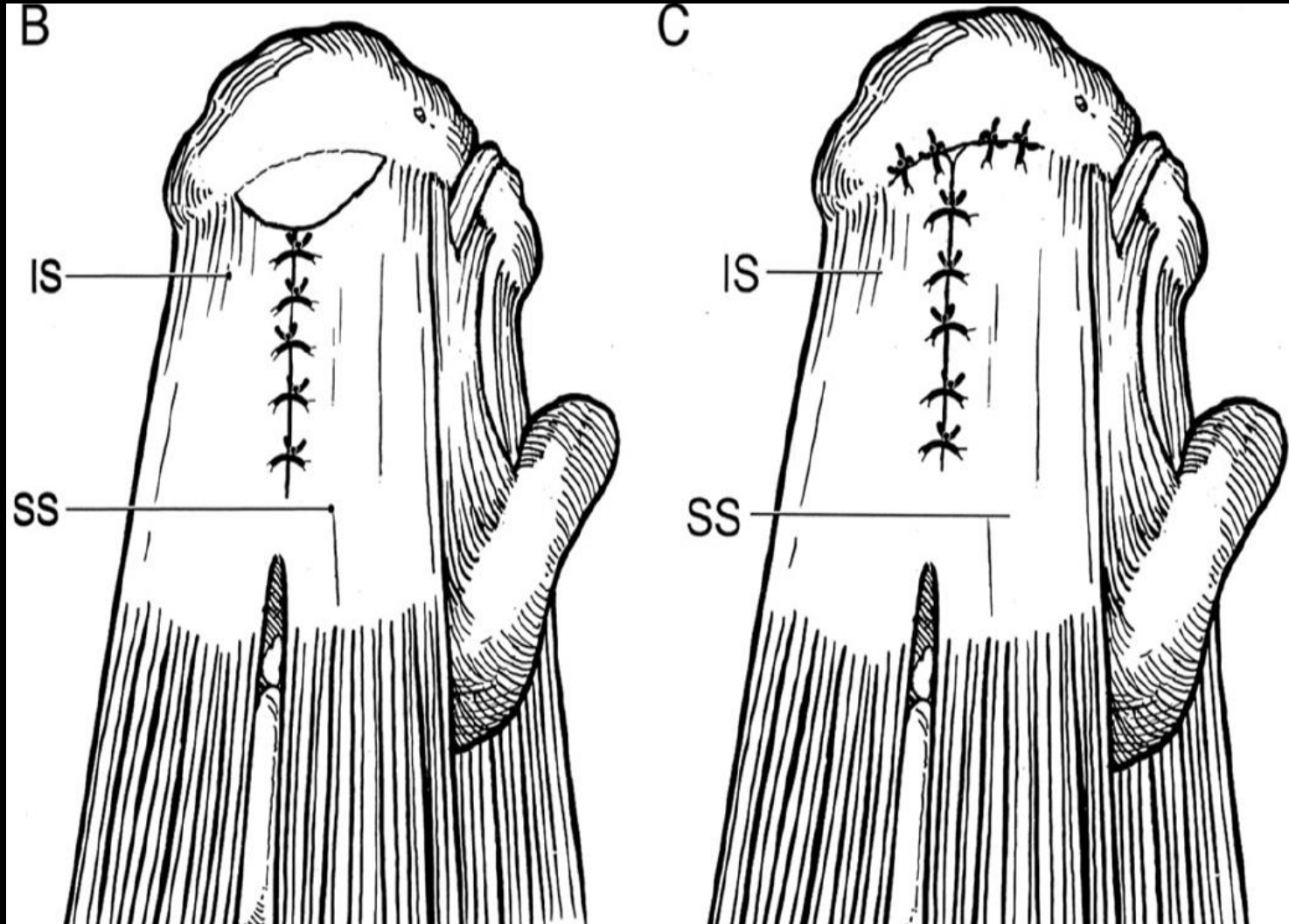
# Cuff Repair



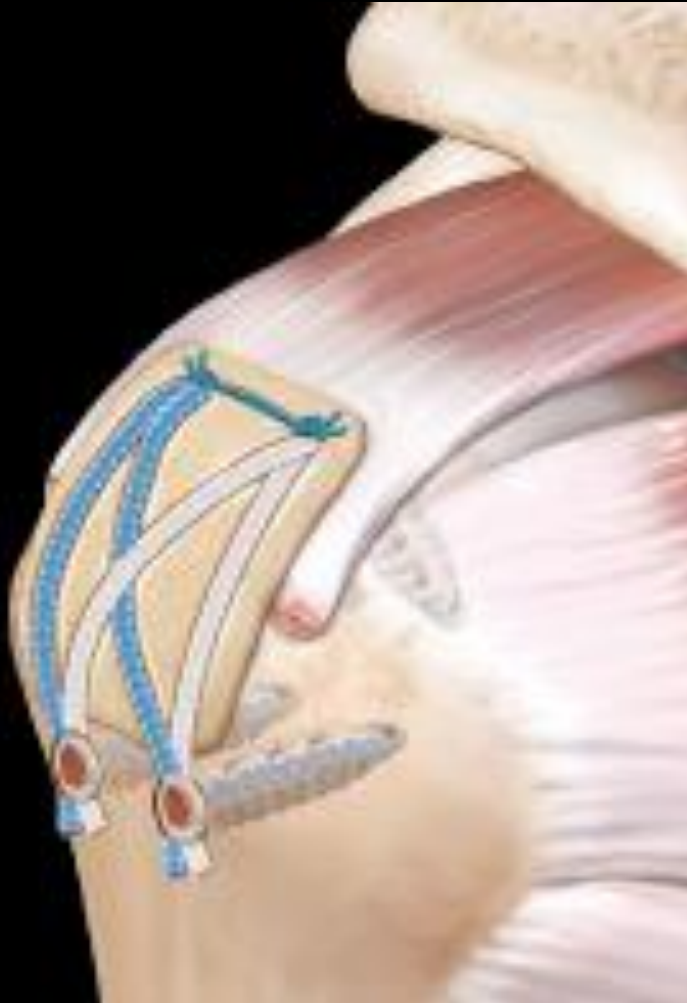
# Partial Repair

- Partial repair of massive rotator cuff tears is an acceptable treatment option for patients in whom a complete repair is not possible

# Marginal Convergence

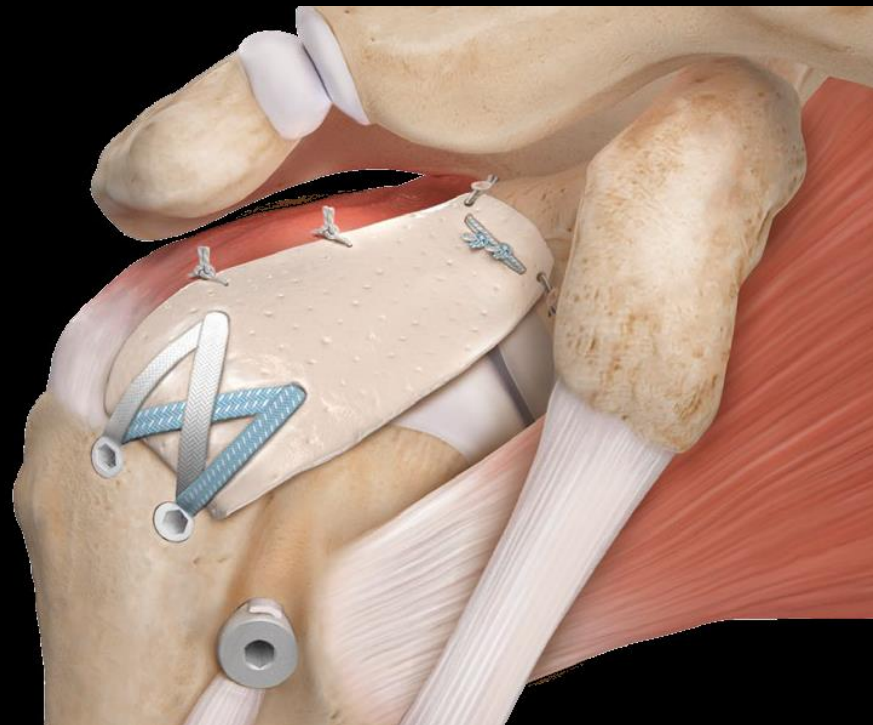


# Patch Augmentation



# Superior capsular reconstruction

- For a large to massive irreparable rotator cuff tear, defined as the inability of the torn rotator cuff tendon to reach the original footprint



# Tendon transfer

- Latissimus dorsi:
- Irreparable posterosuperior tear
- Pectoralis Major:
- Irreparable anterosuperior tear.
- Anterior instability due to subscapularis tear.



