

VII CBCOC

Búzios 2008 - Atualização e integração em cenário paradisíaco

Inúmeras atrações e o cenário paradisíaco do litoral fluminense são apenas alguns dos aspectos que estão gerando uma grande expectativa em torno da realização da sétima edição do Congresso Brasileiro de Cirurgia do Ombro e do Cotovelo de 5 a 7 de junho próximo.

O pleno sucesso alcançado pelo ICSS 2007, que mostrou ao mundo o quanto os cirurgiões brasileiros do ombro e do cotovelo praticam a especialidade com competência e elevado padrão científico, também é um fator que contribui na promoção e na divulgação do VII CBCOC.

A comissão científica e de temas livres está preparando uma programação abrangente que atenderá as necessidades de todos os participantes. Já estão confirmadas as presenças de convidados estrangeiros, com destaque para os cirurgiões Pascal Boileau (França), Shawn O'Driscoll (Estados Unidos) e Eiji Itoi (Japão).

O centro de convenções do Hotel Atlântico Búzios Convention & Resort foi escolhido para sediar o evento devido a sua infra-estrutura. Ele permite o desenvolvimento de múltiplas atividades, além de estar estrategicamente localizado na Praia da Armação e a poucos minutos do centro gastronômico de Búzios.



As belezas naturais de Búzios. No destaque, os convidados internacionais (Boileau, O'Driscoll e Itoi) e o Atlântico Búzios.

Nesse sentido, o modelo da grade científica deixará as tardes livres para que os congressistas aproveitem, com amigos e familiares, todas as atrações turísticas e de lazer.

O presidente do Congresso, Michael Simoni, em nome de toda a comissão organizadora, convida todos os cirurgiões do ombro e cotovelo do Brasil, além de ortopedistas gerais,

bem como seus familiares, para participarem deste que será o mais importante evento promovido pela Sociedade Brasileira de Cirurgia de Ombro e Cotovelo em 2008.

Temas Livres - A data limite para o envio de trabalhos é 15 de março de 2008. Inscrições e outras informações estão disponíveis no site www.cbccoc2008.com.br.

05/06 - QUINTA-FEIRA	06/06 - SEXTA-FEIRA	07/06 - SÁBADO
15:00 - 16:00 Conferências Internacionais	08:00 - 11:30 Temas Livres	08:30 - 10:30 Temas Livres
16:30 - 18:30 Temas Livres	11:30 - 11:45 Conferências Internacionais	11:00 - 12:00 MRM - COTOVELO
18:30 - 19:00 Abertura Oficial	17:00 - 18:00 MRM - OMBRO	12:00 - 13:00 Temas Livres
19:00 - 19:30 Donato D'Angelo Lecture	18:00 - 19:00 Assembléia Geral da SBCOC	13:00 - 13:45 Conferências Internacionais
19:30 Coquetel de Abertura	20:00 Jantar de confraternização	13:45 Encerramento

Presidente do VII CBCOC: Michael Simoni. **Presidente da Comissão Científica:** Pedro Doneux.

Comissão de Temas Livres: Geraldo Motta (Presidente), Alberto Miyasaki, Alexandre Henrique, Américo Zoppi, Benno Eijnsman, Bruno Lobo, Carlos Henrique Ramos, Eduardo Benegas, Fábio Dal Molin, Glaucio Manso, Ildeu Afonso, Jair

Simmer, Joel Murachovsky, José Márcio de Freitas, Luiz Alfredo, Marcelo Fregoneze, Márcio Cohen, Nicola Archetti, Paulo Paranhos, Paulo Piluski, Roberto Ikemoto, Rômulo Brasil, Sandro Reginaldo e Sérgio Araújo.

Comissão Local: Eduardo Hosken Pombo, Javier Paz Gomez, Marcelo Soares de Vita e Márcio Cohen.



Porto Alegre
13-15/Novembro
cboc2008.com.br
sbot.org.br

Ano VI - Número 16 - Março 2008

Jornal do Ombro e Cotovelo

Informativo da Sociedade Brasileira de Cirurgia do Ombro e Cotovelo - SBCOC

Incomparável!

O sucesso do 10º ICSS foi incomparável, e Sauípe o cenário perfeito.

"First class meeting by first class people"

Buz Burkhead (Dallas, EUA), presidente do ASES

"It was an unqualified success from all aspects"

Steve Copeland (Reading, Inglaterra), presidente do IBSES

"Congratulations for developing the icses so well"

Robert Cofield (Rochester, Mayo Clinic, EUA)



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1 - Pascal Boileau (França), Gilles Walch (França), Minoru Yoneda (Japão) e Jaap Willems (Holanda) brindam o 10º ICSES. 2 - Louis Bigliani, em nome do International Board of Shoulder and Elbow Surgeons, homenageia Sérgio Checchia, Osvaldo Lech e Adalberto Visco pela organização do evento. 3 - Ritmo musical baiano levou 2.000 pessoas ao delírio na Festa de Branco.

Impresso Especial

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CORREIOS



SOCIEDADE BRASILEIRA
DE CIRURGIA DO
OMBRO E COTOVELO
BRASILIAN SOCIETY OF SHOULDER
AND ELBOW SURGERY

EDITORIAL

Trabalho e dedicação para satisfazer os associados

Caros amigos. Em primeiro lugar, gostaria de agradecer muito a confiança que depositaram em mim para conduzir a nossa sociedade nesse ano de 2008. É com muita honra e alegria que recebi de vocês essa missão.

Acredito que ocupar o cargo de presidente de uma sociedade é, principalmente, fazer com que anseios, desejos e decisões dos associados sejam respeitados e cumpridos, e isto vou procurar fazer. Durante esse ano, nada mais farei que dar continuidade aos projetos que as diretorias anteriores vêm desenvolvendo.

Nosso jornal se manterá ativo, e será um dos nossos instrumentos para divulgarmos a SBCOC a todos os associados da SBOT, e, principalmente, um canal de comunicação e divulgação em nosso meio. Temos a agradecer ao nosso colega e ex-presidente, Osvandré Lech, por ter aceitado permanecer como editor, e colocar a sua competência a serviço do nosso informativo. Mas pedimos que todos mandem matérias, sugestões para o Osvandré, assim o jornal manter-se-á enriquecido sempre.

Em breve, colocaremos no ar o novo site da SBCOC. Inicialmente servirá, assim como o jornal, para divulgarmos a SBCOC e como canal de comunicação ágil em tempo real entre todos os associados. Mas pretendemos, aos poucos, desenvolver o site para que, também, se transforme no veículo de atualização, com assinaturas de revistas da área de ombro e cotovelo, canais de discussão de casos clínicos, área reservada para podermos publicar nossas pesquisas e trabalhos. Agradecemos muito a dedicação do Eduardo Carrera que, está responsável em desenvolvê-lo.



Adalberto Visco

Outro projeto que iremos desenvolver é o Curso de Atualização em Cirurgia do Ombro e Cotovelo que irá rodar o Brasil, inicialmente nas regiões da SBOT, e contará com quatro módulos: Instabilidade, Manguito Rotador, Fraturas/Luxações e Próteses. Além das aulas, haverá tempo para perguntas e discussão de casos clínicos apresentados pelos colegas da região. O curso será ministrado por membros da diretoria e por convidados entre os membros notáveis da SBCOC, e está sendo coordenado por Arnaldo Ferreira Neto e Nelson Ravaglia; a eles o nosso muito obrigado pelo trabalho exaustivo, em tão curto espaço de tempo, já que em março deveremos ofertá-lo às Regiões da SBOT.

O ano passado foi marcado pela realização do ICSES que foi sucesso em todos os níveis, e muito deste graças aos membros da SBCOC, que prestigiaram e abrilhantaram em todos os setores do evento. O número de brasileiros inscritos foi maior por si só que o número de inscritos em qualquer dos congressos anteriores. MUITO OBRIGADO A TODOS! Em decorrência do sucesso financeiro do ICSES e de lucro significativo para a SBCOC em torno de R\$ 146.000,00, a diretoria 2008 resolveu isentar os associados da anuidade de 2008.

Por fim, conclamo a todos que compareçam a nosso evento maior, o Congresso da SBCOC, em Búzios. Envie temas livres, pois esta é a forma mais democrática para que todos associados tenham voz no congresso.

Que todos tenhamos um bom ano, e preservemos uma das mais bonitas vantagens da nossa sociedade: o espírito de amizade e fraternidade que há entre todos os seus membros.

DIRETORIA



SOCIEDADE BRASILEIRA DE CIRURGIA
DO OMBRO E COTOVELO

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Jornal do
Ombro e
Cotovelo

EXPEDIENTE - Órgão Informativo da Sociedade Brasileira de Cirurgia do Ombro e Cotovelo. Editor: Osvandré Lech. Jornalista responsável: Paulo Cesar Rigon (Reg. MTB/RS 6071). Produção: Rigon Comunicação e Propaganda Ltda. Rua Tiradentes, 295 - Passo Fundo/RS - Tel. (54) 2103.3330 - Tiragem: 8.500 unidades - Impressão: Gráfica e Editora Berthier Ltda. Tel. (54) 3313.3255 - Os artigos assinados não representam, necessariamente, a posição da diretoria da entidade.

removal. To continue our biomechanics research on the acromion and subacromial contact and the foot print, Dr. Christopher Ahmad in our laboratory has done some interesting work with tendon-to-bone interface motion in assessment of rotator cuff tears and normal tendons.

He compared the intact rotator cuff to transosseous repairs to suture anchor repairs using a single row and found that there was increased motion with the suture anchor single-row repairs. In addition, he also studied tendon-to-bone interface pressure and found that the transosseous repair had increased tendon compression when compared to the point fixation from the single-row technique. In the 1990s my interest turned to the coracoacromial ligament. Having studied the spur formation, we felt that this ligament probably was the initial structure involved with spur formation and subacromial impingement.

We noticed that it inserted on the anterior surface all the way to the lateral part of the acromion and it was a rigid band. Furthermore, we observed that the ligament has two distant bands, an anterolateral band as well as the posteromedial band. Also the ligament inserted 1.8 mm on average on the anterior part of the acromion from medial to lateral. Work done at the University of Michigan by Dr. Soslowsky, who trained with us in Dr. Mow's laboratory, showed that the geometric properties of this ligament were changed with rotator cuff tears.

The lateral band was shorter and had a larger cross section. Also, the structural properties changed with rotator cuff tears as there was a decrease elastic modulus. Interesting work has been done recently at our institution in conjunction with Dr. Theodore Blaine and Dr. Francis Lee in our laboratory. We have shown in specimens taken from the OR that fibrocartilage is found in coracoacromial ligaments with spurs, so therefore there is a change in the ligament that is actively occurring, and this is with spur formation. The ligament is changing with time. I think this correlates well with the work of Hans Unthoff. Certainly, the coracoacromial ligament is not a static structure but is dynamic and changes with time.

Renoux has shown that the coracoacromial ligament extends into the subacromial bursa as a faix, and this has interested us a great deal at Columbia. Once again, in conjunction with Dr. Theodore Blaine, we started to investigate the inflammatory mediators of the subacromial bursa. These include cytokines, prostaglandins, metalloproteinases, and growth factors. Through the years, we have received several grants to study this area. One of the initial studies that we did was to take specimens from patients with rotator cuff tears as well as some controlled patients that had instability surgery.

What we were able to show was a significant increase in inflammatory mediators in patients with rotator cuff tears.

This included the metalloproteinases as well as the cytokines and prostaglandins. Furthermore, we were able to identify Stromal Cell Derived factor as an inflammatory mediator in subacromial bursitis. This was done in conjunction with Dr. Yang Soo Kim in 2005. The technique that was used was the Cytokine Receptor Gene Array. Furthermore, in conjunction with Dr. Kim and Dr. Blaine, we were able to show that there was a significant reduction in this inflammatory mediator Stromal Cell Derived Factor after 4 days of treatment of the bursal cells with Cox-2 inhibitors and dexamethasone. Therefore, there is some rationale then for the treatment of bursitis and inflammation with these medications. Finally, what we were able to do in our laboratory was to create a situation where with mechanical strain we induced activation in cytokines in the subacromial bursa and created inflammation.

So this then leads us to a model that we have derived with the bursal cell which we have been studying in our laboratory. In this study, we feel that we can stimulate the bursal cells to become inflamed and then measure the amounts of inflammatory mediators that occur and then find ways to be able to inhibit these inflammatory mediators. Certainly this is a most exciting area of study in the future using molecular biology and biochemistry to study the subacromial space. It appears that we have come full circle with the study of the subacromial space as initial researchers were convinced inflammation was a significant factor and now we have demonstrated in a laboratory that it certainly is.

I would just like to close with the thought that research in the shoulder is an ongoing discipline where with mechanical strain we can draw correlations from the past.

The picture you see in front of you is from Leonardo DiVinci in his drawings of the muscles of the neck and shoulder. It is a gentleman that is having difficulty raising his arm, and you can see from the pictures that he has significant atrophy of his supraspinatus and infraspinatus muscles and a relative hypertrophy of his deltoid muscle. He is an older individual. So then we fast forward 480 years later, and we look at a drawing and a picture from Dr. Neer's textbook shoulder reconstruction in 1990. Here we see a gentleman with a rotator cuff tear having difficulty raising his arm much like Leonardo DiVinci's gentleman with the same type of atrophy of the supraspinatus and infraspinatus and relative hypertrophy of the deltoid muscle.

So I think that we can all be good observers of shoulder pathology and try in the future to be able to come up with conclusions that can help us learn more about the shoulder and solve problems. In conclusion then, the key to understanding the subacromial space is embracing rather than excluding different etiologies that lead to pathology. We have to put them into the proper perspective and take advantage of the new technologies available to us. This will only add to our knowledge in the future.

"...we were able to show that there was a significant reduction in this inflammatory mediator Stromal Cell Derived Factor after 4 days of treatment of the bursal cells with Cox-2 inhibitors and dexamethasone."

Sucesso absoluto! Todas as expectativas foram superadas

O maior dos dez congressos mundiais ocorreu no Brasil. Com 1.105 participantes de 32 países e 5 continentes, 377 acompanhantes, 163 inscritos no 2º Congresso Mundial de Reabilitação de Ombro e Cotovelo, a Costa do Saupe viveu dias históricos.

Uma impecável programação científica baseada em temas livres, simpósios, cursos e a celebrada "Codman Lecture", proferida por Louis Bigliani, da Columbia University, Nova Iorque, EUA, e reproduzida na íntegra nas próximas 3 páginas. Os coordenadores de sala foram dinâmicos e decisivos para o

bom andamento dos trabalhos, e receberam o respeito e a admiração especialmente de colegas "do primeiro mundo", ao sabermos que o grupo era formado por médicos que haviam pago inscrição e que não estavam assistindo ao congresso para melhor servir.

A programação científica contou com passeios para as acompanhantes e grandes atrações noturnas. A comissão científica, pela primeira vez internacional, selecionou 248 temas dentre os 650 submetidos. Visco, Checchia e Lech viram concretizado seus sonhos e planos de 6 anos.



1 - Reunião Presencial do International Board of Shoulder and Elbow Surgeons, coordenada por Steve Copeland (inglês), na cabecoteira da mesa. Eiji Itoi (Japão), Osvaldo Costa (Brasil), Checchia (Brasil), Bob Cofford (EUA), Louis Bigliani (EUA), Abe Lemschrodt (África do Sul), David Sonnabend (Austrália), Gilles Walsh (França), Angus Wallace (Inglaterra). 2 - Cultura brasileira foi apreciada pelo ritmo, dança, fogueira, tudo o que os "gringos" queriam ver! 3 - Taisuro Tomioka, presidente da Japanese Shoulder Society, a primeira a ser instituída no mundo em 1979, entrega a Eduardo Carrera o prêmio de Melhor Pôster do Congresso. A escolha foi realizada pela Comissão Científica, composta por 30 membros dos 5 continentes. 4 - Mônica Checchia, Marilise Lech, e Uila Visco organizaram as atividades sociais e receberam 377 acompanhantes. 5 - Competência e descontração de Steve e Jennifer Copeland emolga a todos. 6 - Louis Bigliani e Adalberto Visco celebrando o insuperável e magnífico trabalho da Comissão das Salas: Osvaldo Costa, Nelson Ravaglia de Oliveira, Alberto Miyasaka, Luiz Felipe Fernandes, Maurício Garcia (Flórida), Luiz Alfredo Gómez, Paulo Paranhos e Sandro Reginaldo. 7 - Buz Bunkhead foi notável no Gala Dinner cantando rock'n'roll e country music. 8 - Pedro Donex, presidente da SBCC, entrega a Angus Wallace, co-chair do 11º ICSES em Edimburgo, Escócia, em 2010, a "Gifford Talisman", uma tradição deste evento mundial.

10th International Congress of Shoulder and Elbow Surgery

It is a great honor for me to be able to give the Codman Lecture at the 10th International Congress of Shoulder and Elbow Surgery. International shoulder and elbow surgery has always been very important to me, so I feel very privileged and fortunate. It is amazing to see the interest and growth of shoulder and elbow surgery in South America. In the last 15 years, there has been a great period of accomplishment. It is especially important to me to be here to give this lecture because of all my friends and colleagues in South America. Thank you for your years of friendship, and there are certainly too many for me to mention individually. I want to compliment the Brazilian Shoulder and Elbow Society and their organizing committee for running a truly outstanding meeting. Special thanks to Sergio Checchia and Osvaldo Lech, chairmen of the Congress for all the hard work and planning that has gone on to make this a perfect meeting.

I chose the subacromial space for my topic today for three reasons. First, it is the anatomical structure in the shoulder that makes this joint unique among other joints. Secondly, through the years it has demonstrated an evolution of scientific research. Third, it allows me the chance to highlight the contributions of the Columbia Shoulder Service through the years. Without considering the glenohumeral joint, there are many anatomical structures that are involved in the pathology of the subacromial space including the acromion, coracoacromial ligament, acromioclavicular joint, rotator cuff, subacromial bursa, biceps tendon, coracoid, and greater tuberosity.

All these structures contribute to the pathology of this space. Furthermore in reference to scientific research, there has been great evolution through the years. Initially, researchers studied anatomy and pathology. Then they devised surgical procedures to try to correct the pathology. Then, in the later part of the 20th century, a great deal of work was done in biomechanics and kinematics in this area, and finally most recently research has turned to biochemistry and molecular biology. We will discuss many of these developments in this talk. Through the years the Columbia Shoulder Service has had 4 generations of shoulder surgeons who have made significant contributions to the study of the subacromial space.

The first generation was represented by Harrison McLaughlin, the second generation by Charles S. Neer II, the third generation by Louis U. Bigliani, Evan Flatow, and Roger Pollock, and the fourth generation by William N. Levine, Theodore Blaine, Christopher Ahmad, and Catherine Compito.

Early observations in the subacromial space in the late 1800s and early 1900s by Adams, Lane, and Goldthwaite reflected differences in acromial shape and size. They felt that



LOUIS BIGLIANI

increased pressure from this difference in shape on the rotator cuff led to inflammatory degeneration of the structures in the subacromial space and therefore resulted in decreased function. These early researchers were convinced that inflammation was one of the primary pathologies. It is interesting because as we shall see, currently we are back to inflammation as a significant etiology in the subacromial space. In the early 1900s, Meyer, an anatomist from Stanford, thought that one of the primary etiologies for pathology in the subacromial space was attrition.

He felt that friction against the acromion by the greater tuberosity and rotator cuff led to pathologic changes in the cuff and biceps and eventually to inflammation and arthritis. Codman who coined the term critical zone in the subacromial space felt that the insertion of the supraspinatus tendon was always involved. He felt that there were multiple etiologies and differed from Meyer whose main emphasis was attrition. Codman felt that trauma, calcium, necrosis, and attrition could all be factors that led to pathology in the subacromial space. Lindblom in 1939 felt that there were intrinsic structural variations within the rotator cuff tendons that could lead to tears both superficially and in the deep part of the tendon.

He felt that tension varied in different positions and because of the strain put on the rotator cuff in different positions that this led to tears. The shorter deep parts of tendons were more susceptible to tears. Now, consider that nonhomogeneous strain can occur from external pressure on the rotator cuff in abduction and lead to tears on the articular surface. Given the fact that the articular surface layers have decreased mechanical strength and decreased blood supply as has been shown by several researchers, this can lead to a combined pathology.

Therefore, my hypothesis is that both intrinsic and extrinsic factors can exist at the same time. Multiple etiologies (variables) exist in the subacromial space leading to different pathology. The amount of expression, that is the relative contribution of these factors determine the pathology that occurs. Therefore, we should keep an open mind as it is not one etiology but rather a combination of etiologies which can lead to pathology.

In the early part of the 20th century, surgeons were concerned with treatment of subacromial space, and this usually resulted in removing parts of the acromion. Unfortunately, too much of the acromion or the wrong part were removed with different approaches. This led to complete, radical and lateral acromionectomies which gave inconsistent results and led to a significant deformity. Bernard Diamond from New York City actually wrote a book and advocated complete acromionectomy. His book was called, "The Obstructing Acromion." One of

the first contributions to the subacromial space from Columbia was by Harrison McLaughlin who felt that a more reasonable operation was the lateral acromiectomy.

This was to remove a thin sliver of bone from the entire lateral part of the acromion. In addition, he laid down some principles of rotator cuff surgery which are still present today: Smooth acromial surfaces, tension free apposition of the cuff, and continuity of the cuff mechanism. Following Dr. McLaughlin, it was Dr. Charles S. Neer II who made significant contributions on the pathology of the subacromial space. This included the impingement syndrome, anterior acromioplasty, disadvantages of acromiectomy, and cuff tear arthropathy.

Neer felt that the functional arc is forward and that acromial changes, that is increased slope and spurs, occur on the entire anterior aspect of the undersurface. He devised a procedure which revolutionized the treatment of this problem, anterior acromioplasty. His theory was to remove the entire undersurface of the anterior one-third of the acromion and preserve as much deltoid arch as possible. Furthermore, Neer wrote a paper concerning the disadvantages of acromiectomy. He discouraged this procedure because it was deforming and led to poor results in over 30 patients. Neer also described the outlet impingement which involved acromial prominence, AC joint, and also devised an x-ray view. This x-ray view which was developed at Columbia with Dr. Neer is a lateral x-ray in the scapular plane with a 10° caudal tilt. Dr. Osvaldo Lech is seen here helping a patient get into proper position for this view.

Starting in the early 1980s, I became interested in the pathology of the subacromial space and studied acromial morphology. We dissected 224 cadaver shoulders over several years in the laboratory with an average age of 76 years with 21% of these patients having rotator cuff tears. We found that rotator cuff tears increased with age, therefore demonstrating that there is an intrinsic etiology to rotator cuff disease. This has been confirmed by many other cadaver studies. We also felt that variations in acromial shape may contribute to tearing of the rotator cuff. To come to these conclusions, we removed all of the acromions from the cadavers, x-rayed them, traced them out on paper and then correlated our results.

Initially, we looked at the angles of the different types of acromions but felt that this was too inaccurate and then devised 3 different types of acromions: type I, flat; type II, curved; and type III, hooked. In our study group, 17% were type I, 43% type II, 39% type III. However, seventy percent of the rotator cuff tears occurred in the type III acromion, demonstrating a statistically significant correlation that more rotator cuff tears occurred with increase in the acromial shape. This work was done with the help of David Morrison.

Following this in conjunction with Greg Nicholson, we

studied acromions from the Hamann-Todd Osteological Collection from the Cleveland Museum of Natural History. We studied 210 specimens, 420 acromions, and found that spur formation occurred with an increased frequency after 50 years of age. Before 50 years of age the occurrence was 6% and after 30%. It is interesting to note in these photos of the characteristic place where the spur formation occurred - the entire anterior aspect of the acromion. Furthermore, we also looked at the sizes of the acromions, and it is very interesting to see that acromial thickness in males is only 7.7 mm and 6.7 mm in females. This is far below what we had assumed is the thickness of the acromion. Then in conjunction with Evan Flatow and John Tucker, we studied the acromioclavicular interval as well as the distance between the acromion and the greater tuberosity, and we found that these distances significantly decreased as the arm was elevated.

As far as the acromioclavicular interval, it decreased to 5.7 mm at 90 degrees and then went down to 4.8 at 120 degrees. In reference to the acromion to greater tuberosity distance, this was the least at 90 degrees, 5.8 mm. This demonstrated that the height of the subacromial space varies with arm position. Furthermore there is soft tissue sandwiched in between these two bony structures. If we further consider spur formation, we show that this distance is significantly decreased with the spur formation and can lead to impingement.

To further study the subacromial space and surface area of the rotator cuff and the acromion, we turn to a technique called stereophotogrammetry. With this technique which uses computerized surface maps, we were able to create contact patterns and proximity relationships in the subacromial space. This was done in conjunction with Dr. Van C. Mow and Dr. Louis Soslowsky in our biomechanics laboratory. What we found was that increased contact occurred with type III acromions, especially at 90 degrees of elevation.

As you increase the curvature of the acromion you increase the amount of pressure and contact on the rotator cuff. This technique was also used to determine how much bone should be removed with an acromioplasty. In this slide I approximated that 7-10 mm should be removed. However, if we go back to earlier work that was done Cleveland, the average acromion thickness is only 7.7 mm in men and 6.7 in women. To study this situation, we used stereophotogrammetry again to look at the effect of acromioplasty on contact on the rotator cuff and the greater tuberosity. Contact patterns were greatly improved with bone removal between 2 and 4 mm.

Therefore, minimal bone should be removed from the undersurface of the acromion. It is not the quantity of bone removed, but how smooth the surface becomes. Today, the majority of acromioplasties are done arthroscopically with minimal bone

"Therefore, minimal bone should be removed from the undersurface of the acromion. It is not the quantity of bone removed, but how smooth the surface becomes."

Jornada do Ombro e Cotovelo abre as atividades de 2008

Aproxima-se o período de realização da II Jornada do Ombro e Cotovelo da Regional Sul da SBOC e do II Curso da Regional Sul da SBOC e do II Curso de Videorotoscopia e Artroplastia de Ombro - dias 04 e 05 de abril - no Jurerê Beach Village, em Florianópolis. A jornada e o curso são parte integrante da oitava edição do Congresso Catarinense de Ortopedia e Traumatologia.

Na oportunidade, renomados cirurgiões do ombro e cotovelo apresentarão os mais recentes avanços científicos. Segundo os organizadores, além da difusão de novos conhecimentos, os participantes poderão desfrutar das belezas naturais da "Ilha da Magia" bem como da hospitalidade dos catarinenses.

Informações completas sobre a realização do evento (e inscrições) podem ser obtidas pelo site: www.ccot2008.com.br.



Defenda de novos conhecimentos científicos e realize momentos de confraternização preparados para os participantes.

Convidados confirmados: Adalberto Visco, Alexandre Henrique, Américo Zoppi Filho, Arnaldo A. Ferreira Neto, Carlos H. Ramos, Eduardo Benegas, Eduardo F. Carrera, Geraldo Motta, Isabel Pozzi, João Ellera Gomes, Nelson Ravaglia de Oliveira, Osvaldo Lech, Paulo S. dos Santos, Roberto Ikemoto, Rômulo Brasil Filho e Sérgio L. Checchia.

Comissão Organizadora: Arnaldo A. Ferreira Neto, Carlos Henrique Ramos, Fábio Dal Molin, Hercílio Varella, Marcelo L. dos Reis e Rômulo Brasil Filho.

Conferências Internacionais

1 Sérgio Checchia apresentou a sua experiência profissional em "Treating Complications and Revision Surgery" no Instructional Course nº 128 (Shoulder Instability - an international perspective on treatment) do congresso da AAOS em São Francisco (EUA), juntamente com Evan L. Flatow (EUA), David Sonnabend (Austrália), Yong-Girl Rhee (Coreia) e Pascal Boileau (França).

2 "History of South American Shoulder/Elbow Surgery" foi o tema abordado por Osvaldo Lech em simpósio coordenado por Robert Cofield (EUA), no ASES Closed Meeting, em Dallas (EUA), que contou com a participação de Bernard Morrey (EUA), Peter Habermeyer (Alemanha), Eiji Itoi (Japão) e Jonathan Ticker (EUA). O simpósio homenageou os 25 anos da American Shoulder and Elbow Surgeons, fundada por Charles Neer em 1982.


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