

Functional Outcomes of the Latarjet Procedure in Recurrent Anterior Shoulder Dislocation with Glenoid Bone Loss: A Prospective Case Series

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INTRODUCTION

The Latarjet procedure is an established surgical technique for managing recurrent anterior shoulder dislocations, particularly in patients with significant glenoid bone loss or failed stabilization surgeries. The procedure involves transfer of the coracoid process to the anterior glenoid, increasing the glenoid surface area and providing a stabilizing sling effect to prevent further dislocations. Despite its advantages, the procedure carries risks such as infection, graft non-union, and arthrosis. This study evaluates functional outcomes, pain levels, and complication rates following the Latarjet procedure in patients with recurrent shoulder dislocation.

INCLUSION CRITERIA

- Age 18 - 40
- Atleast 3 dislocations
- Bony bankart's > 20% bone loss
- Instability severity index >6
- No previous surgeries

EXCLUSION CRITERIA

- < 3 Dislocations
- Glenoid bone loss < 20%
- Multidirectional or posterior instability
- Bilateral dislocations
- Co-morbid conditions
- Voluntary dislocations

Latarjet -Bristow procedure

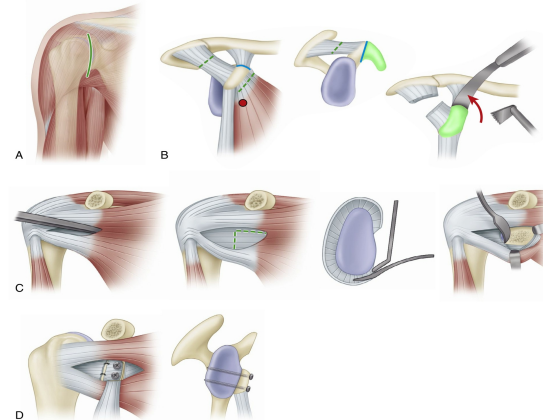
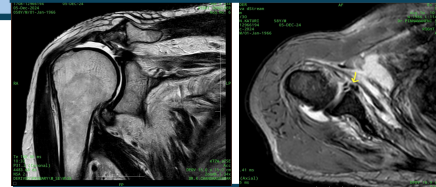


FIGURE 1: Latarjet-Bristow procedure (Walch and Boileau). A, Vertical incision under tip of coracoid process. B, Harvest of bone block corresponding to horizontal part of coracoid process, retaining conjoint coracobrachialis tendon and coracoacromial ligament. C, Division of subscapularis horizontally. Anterior inferior glenoid rim is decorticated. D, Bicortical fixation of bone block.

Pre operative MRI



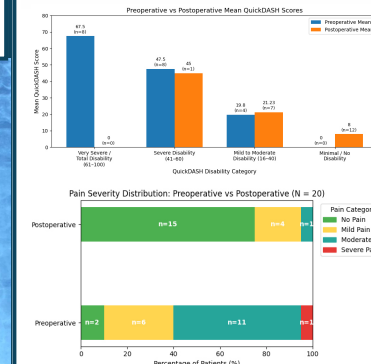
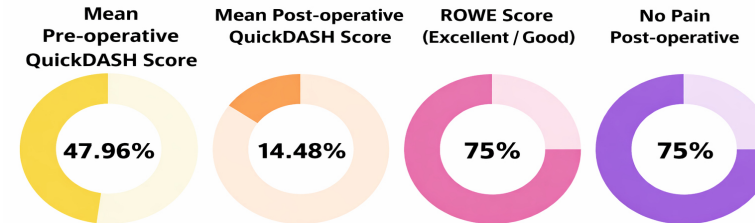
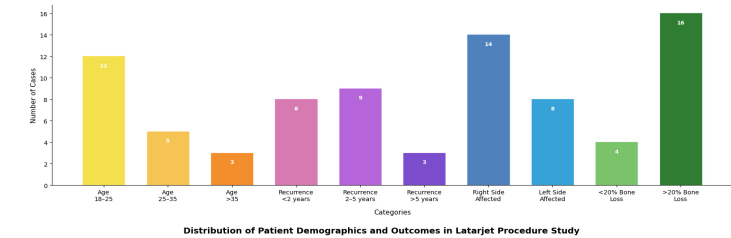
Intraoperative image



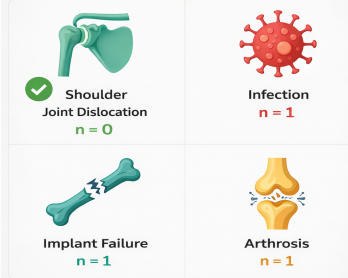
Postoperative x-ray



RESULTS



Postoperative Complications



Conclusion:- The Latarjet procedure provides effective treatment for recurrent anterior shoulder dislocation with glenoid bone loss, resulting in excellent functional outcomes, improved QuickDASH and ROWE scores, high shoulder stability, significant pain relief, and a low complication rate. However, larger studies with longer follow-up are needed to confirm long-term outcomes.

Limitations:- Small sample size, Short follow-up, Single centre.

METHODS

- Study Design: Prospective case series
- Study Period: November 2023 – October 2025
- Study Location: Dr PSIMS & RF
- Sample Size: 20 patients
- Procedure : Latarjet procedure done by experienced orthopaedic surgeons
- Outcome assesment : ROWE and quickDASH score, pain (VAS), stability, range of motion.