Does Time To Surgery In Acute Traumatic Rotator Cuff Tear Affect The Outcome?



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Introduction

The incidence of acute traumatic rotator cuff tear (ARCT) has been increasing in the last two decades; Acute tears account for 8% of patients who present with symptomatic rotator cuff tears(1). It causes immediate pain, loss of strength and functional impairment of the shoulder .Few

	Early group ≤ 6 months	Delayed group > 6 months
Number of patients	15	34
Age - Median (range)	55.8 (34-76)	61.7 (33-80)
Post op OSS (Mean)	40.93	40.53
Improvement in OSS Median (range)	22.53 (11-38)	20.97 (9-38)

studies have reported on the surgical timing of acute cuff tears and clinical outcomes(2,3).

Objective

To determine the effect of time to repair (early vs delayed) on the outcome after an acute traumatic rotator cuff tear.

Methods

- Retrospective analysis of prospectively collected data .
- presenting with patients acute traumatic rotator cuff tear to our shoulder clinic between 2017 and 2019. • Cuff tear was confirmed using USS/MRI • Primary outcome was improvement in oxford shoulder score. • Final follow up score was done at least one-year post-operative. • Patient divided into two groups early (<=6 months) and delayed (>6 months) operative groups.

OSS : Oxford shoulder score





injury to surgery (months)

Conclusion

- There is no consensus whether early or late repair of ARCT can affect the outcome
- There is no significant difference in the final functional outcome between early and delayed surgical repair of traumatic ARCT as per our study.



1. Bassett RW, Cofeld RH (1983) Acute tears of the rotator cuf: the

Figure 1 : Coronal PD FS MRI scan right shoulder shows Full thickness tear Rotator cuff tendons.

Results

The study had 49 patients in total.

- timing of surgical repair. Clin Orthop Relat Res 175:18–24
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- 3. Björnsson HC, Norlin R, Johansson K, Adolfsson LE (2011) The infuence of age, delay of repair, and tendon involvement in acute rotator cuf tears: structural and clinical outcomes after repair of 42 shoulders. Acta Orthop 82:187–192

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