

Conclusion: Rotational infraspinatus muscle transfer surgery is considered effective in repairing irreparable massive rotator cuff tears; this effectiveness lasts >10 years.

11 FACTORS AFFECTING OUTCOMES OF CONSERVATIVE MANAGEMENT FOR PSEUDOPARALYSIS OF THE SHOULDER

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This study aimed to analyze factors affecting the outcome of conservative management of pseudoparalysis of the shoulder. This study included 27 patients with pseudoparalysis of the shoulder, including 18 women and 9 men, with a mean age of 80.1 years. The type of cuff tear was massive tear in all the patients. All patients were treated conservatively for a mean duration of 3.9 months. Satisfactory results were achieved in 19 patients. Eight patients with unsatisfactory results eventually required surgery. The factors that caused nonresponse to treatment in 8 patients were compared with the contributing factors to treatment response in 19 patients. The factors were as follows: patient characteristics, degree of osteoarthritis change, and associated tear of the subscapularis tendon. All data were statistically analyzed. The identified factors that had a significant difference between the 2 groups were as follows: degree of osteoarthritis change and associated tear of the subscapularis tendon. Tear of the subscapularis tendon and changes in osteoarthritis were suggested to be factors that affected the outcomes of conservative management. In the patients with osteoarthritis, satisfactory pain relief was difficult to attain. In patients with tears of the subscapularis tendon, decreased centripetal force due to collapse of the force couple was considered the cause of the poor outcomes. Surgical treatment should be considered positively for patients with factors that cause poor outcomes of conservative management of pseudoparalysis of the shoulder.

12 PREVALENCE AND RELATED FACTORS OF LESIONS OF THE LONG HEAD OF THE BICEPS TENDON IN ELDERLY PATIENTS

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Background: The epidemiology of lesions of the long head of the biceps tendon (LHBT) is unknown. Materials and

Methods: A medical checkup was conducted for elderly local residents. This study included 334 elderly (668 shoulders; 68 men

and 266 women) with a mean age of 75.3 years. We examined the background factors and physical and ultrasonographic examination results of both shoulders. The subjects were divided into 2 groups according to the presence or absence of LHBT lesions. We determined the prevalence of LHBT lesions and conducted statistical analysis to compare any differences between the 2 groups.

Results: LHBT lesions were present in 15.7% shoulders (105/668 shoulders). The prevalence of lesions in each decade of life was 4.1% in the 60s, 14.6% in the 70s, and 25.0% in the 80s. Of the 105 shoulders with LHBT lesions, 38 (36.2%) shoulders had current pain. Of the patients with and without current pain, 23.3% and 13.3% had LHBT lesions, respectively. LHBT lesions significantly correlated with age, current pain, rotator cuff tears, pulley lesions, and fluid in the bicipital groove ($p < .01$).

Conclusions: Of the 668 shoulders, 15.7% had LHBT lesions, and the prevalence of LHBT lesions increased with age. Current pain was present in 36.2% LHBT lesions. The factors related to the development of LHBT lesions included age, current pain, rotator cuff tears, pulley lesions, and fluid in the bicipital groove.

13 TEN-YEAR OUTCOMES OF HEMIARTHROPLASTY AND ROTATOR CUFF RECONSTRUCTION IN PATIENTS AGED ≥ 70 YEARS WITH CUFF TEAR ARTHROPATHY

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Aim: This study aimed to evaluate the outcomes of small head hemiarthroplasty and rotator cuff reconstruction over >10 years in patients aged ≥ 70 years with cuff tear arthropathy.

Methods: Thirty-three shoulders with CTA in patients aged ≥ 70 years were treated with small head hemiarthroplasty with cuff reconstruction between January 2006 and April 2010. Twelve patients were available for >10 years of follow-up (mean, 10.2 years), including 2 men and 10 women with a mean age of 75 years (range, 71–82 years). For cuff reconstruction, latissimus dorsi and teres major muscle transfers were performed in 3 patients, partial transfer of the subscapularis tendon was performed in 2 patients, and a pectoralis major muscle transfer was performed in 1 patient.

Results: No secondary or revision surgeries were required. The mean JOA score was 76.1 points (range, 55–94 points), and the mean pain score was 25 points (range, 10–30 points) at the final follow-up. The active forward elevation was 122.1° (range, 60°–165°), and the external rotation was 21.3° (range, 0°–40°). Although no implant loosening occurred, 9 (75%) patients had a glenoid wear, 3 (25%) patients had lucet lines, 7 (58%) patients had bone absorption, and 7 (58%) patients had upper translation of the humeral head.

Conclusions: Hemiarthroplasty with cuff reconstruction in patients aged ≥ 70 years with cuff tear arthropathy provided satisfactory outcomes at >10 years postoperatively. The results suggest that it is a useful and stable treatment even for elderly patients.