

Infraspinatus Tenotomy Improves Glenoid Visualization with the Modified Judet Approach

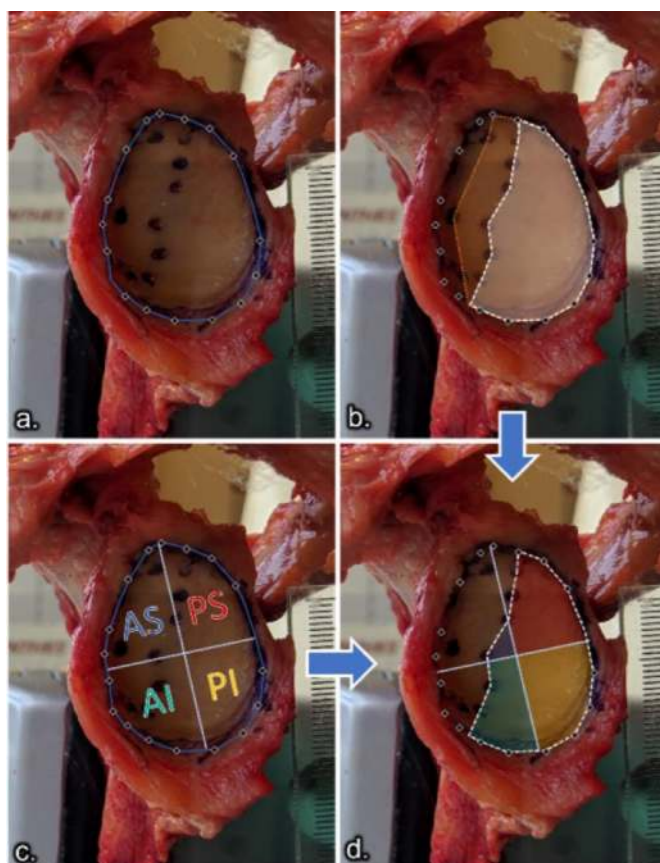
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INTRO:

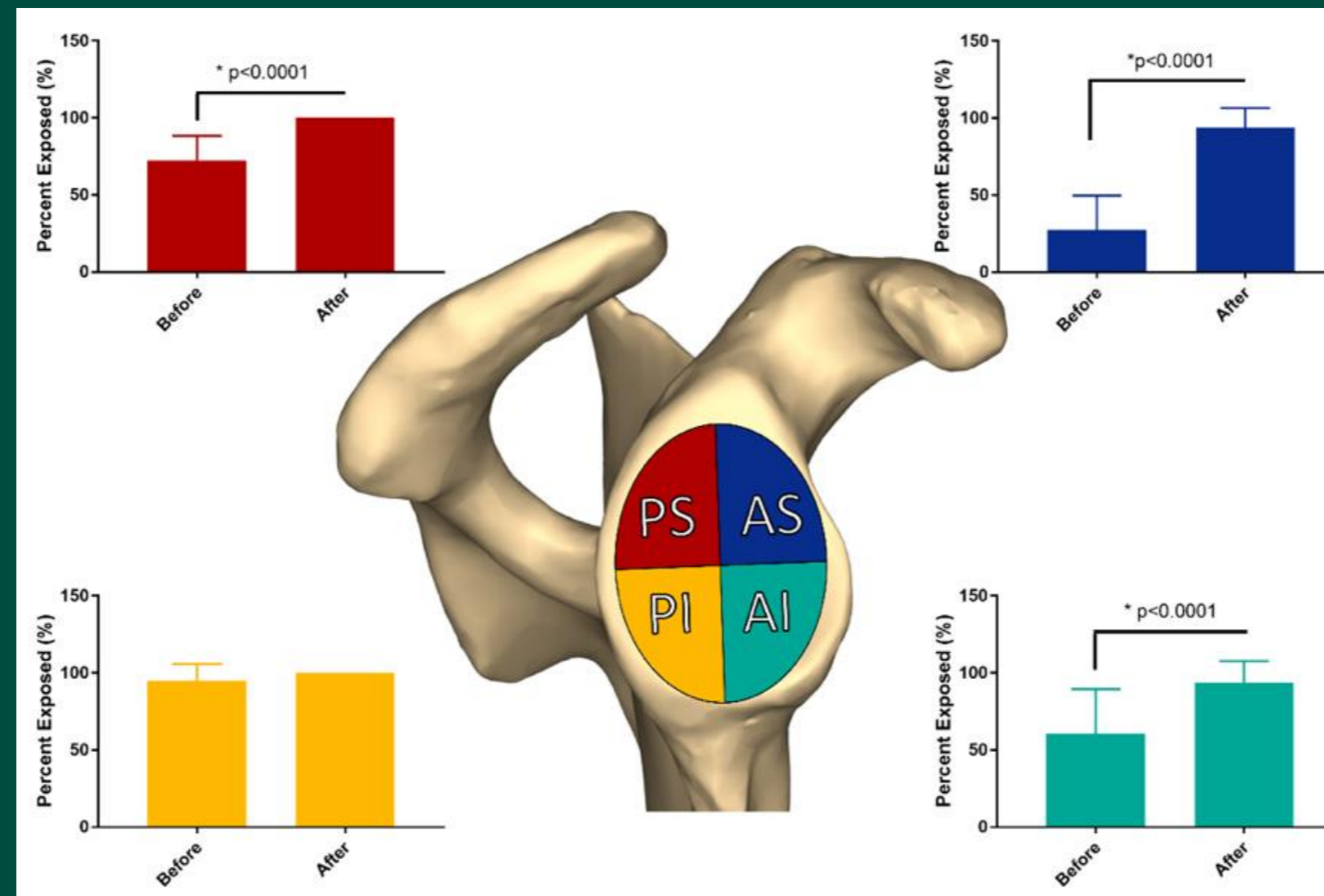
- Operative treatment of glenoid and scapular fractures is challenging due to the limited visualization of the glenoid articular surface.
- The addition of an infraspinatus tenotomy to the Modified Judet Approach (MJA) has been suggested to improve glenoid visualization
- Currently, there is no data to quantify this improvement

METHODS

- A MJA was performed on 14 cadavers.
- Drill holes were made in the glenoid to demarcate the area visualized before and after an infraspinatus tenotomy.
- Shoulder girdles were disarticulated and the glenoid was divided into 4 quadrants.
- The square area visualized before and after the tenotomy were calculated using image analysis software (MATLAB).

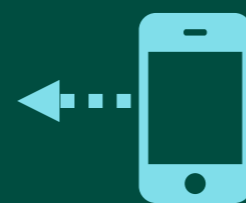


Anterior visualization of the glenoid is limited with a MJA. The addition of an infraspinatus tenotomy improves anterior visualization by 67%.



RESULTS:

- The infraspinatus tenotomy significantly increased the total area of glenoid exposed by 33% (from 4.0 to 6.1cm²), p<0.0001.
- Three of the four glenoid quadrants (PS, AS, and AI) had a significant increase in glenoid visualization after the tenotomy, p<0.0001 (Figure 3).
- The quadrant with the most significant increase in percent exposed was the AS quadrant, which increased by 67% (from 27%, 0.41±0.35 cm² to 94%, 1.46±0.25cm²) after adding the tenotomy.



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