October 15, 2020

Answer to the Commentary “Is the Latarjet Procedure Good for All Patients Who Have Recurrent Shoulder Dislocation?” by Bertram Zarins, MD on my article “Risk Factors for Recurrent Anterior Glenohumeral Instability and Clinical Failure Following Primary Latarjet Procedures. An Analysis of 344 Patients”

Giovanni Di Giacomo

Dear Bertram,

Thank you for your commentary to our recent article, which brought up several key points on the dilemma of treatment choice in shoulder instability.

I particularly focused on two topics of discussion which I do believe make a difference for the successful outcome of this pathology

1. Patient selection
2. Technical pearls

As for the first point, I am most certain that, as of now, surgeons worldwide have the theoretical and technical knowledge regarding soft tissue and bony pathology that allow for good patient selection, although they can always be improved.

The second issue is of paramount importance, as each surgeon is different in terms of familiarity with one surgical technique rather than another, which themselves are dependent upon several other factors (i.e. surgical training, number of procedures performed, personal preference and “school of thought” etc. etc.). Young surgeons need special guidance, provided through literature and focused meetings, which will surely help reduce the incidence intra- and peri-operative complications.

In my experience, complications following Latarjet procedure (i.e. bleeding, neuroapraxias, tendon damage etc.) are extremely rare, provided that some key points are respected and looked after with pristine care: choosing the right level of coracoid osteotomy to avoid suprascapular nerve injury, applying the right amount of strain on the coracoid bone graft after the osteotomy to avoid musculocutaneous nerve injury

and damage to the neurovascular plexus, and last, but certainly not least, performing the subscapularis tendon split at the right level, along with proper positioning of the scapular neck retractor, in order to avoid axillary nerve injury.

With all this in mind, the procedure can be carried out safely and with excellent outcomes in the vast majority of patients, and can be a valuable tool in the hand of the treating orthopaedic surgeon, regardless of the level of experience.

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Conflict of Interest: None Declared