1 ARTHROSCOPIC ACROMIOPLASTY (AA) RESULTS: POST-SURGICAL FUNCTIONAL RECOVERY SEQUENCE (PSFRS)
I. Ivanier, M. Batista, D. Beltramelli, L. López, and J. Tarabini; Shoulder Group, Montevideo, Uruguay

Introduction: The purpose is to assess the results of 30 AA and analyze the PSFRS of non-complicated cases. Material and Method: 16 female and 14 male, age average 53. Only patients with impingement syndrome type 2 (25 patients) and partial rotator cuff tears <50% (5 patients). Follow up: an average of 18 months (12-48). Pre-op assessment: UCLA 15.5. None of the patients had work compensation. Results: UCLA post-op 32.5. 18 patients (60%) excellent results (34-35), 9 (30%) good results (29-33), 3 (10%) poor results (<29). The poor results were: 1 adhesive capsulitis, 2 improper subacromial decompression (residual prominent acromion). Complications: 2 cases with post-op stiffness. PSFRS in non-complicated cases in 25 patients: disappearance of day pain: 11/25 (45%), 15 days (2-90); disappearance of night pain: 13/25 (52%), 15 days (2-120). Ability to bath, eat, dress: 13/25 (52%), 7 days (1-60). Ability to drive: 13/25 (52%), 15 days (1-90). Return to work: 14/25 (57%), 15 days (7-60). Complete independence: 13/25 (52%), 45 days (15-120). Conclusions: The AA has a 90% of satisfactory results and early return to daily activities. All patients with no complications returned to work and daily activities in less than 3 months. Bad results happened because of diagnosis error or technical error. No differences were found between the patients with partial tear and the rest.

2 ROTATOR CUFF TEARS ARTHROSCOPIC ACROMIOPLASTY (AA) AND MINI OPEN REPAIR (MOR)
I. Ivanier, D. Beltramelli, M. Batista, J. Tarabini, and L. López; Shoulder Group, Montevideo, Uruguay

Introduction: The purpose of this study is to evaluate the results of 39 cases (37 patients treated with AA and MOR). Material and Method: Between 1995 and 1999 all cases were operated on. Age average: 61. Dominant shoulder, 29 cases (74%). All patients had type 3 impingement syndrome. Tear size was small and medium (50%) on the left, and 3 (50%) on the right. The mean follow-up was 20 months average (12-48). Pre-op assessment: UCLA scale: 14.5; SST: 4.8 (1-6); VAS: 7.2 (6-10). Results: UCLA: 31.7 average, excellent 20 (51%), good 14 (36%) and unsatisfactory 5 (13%); SST: 10.8 (8-12); VAS: 1.1. Unsatisfactory results: 5 cases. All had a RCT larger than 3 cm. Complications: post-surgical stiffness, 5 cases. No surgical release needed. All improved with rehab program. Conclusions: AA and MOR has a successful outcome. Unsatisfactory cases were related to RCT larger than 3 cm.

3 INSERTION OF THE CORACO-ACROMIAL LIGAMENT IN THE ACRION: HISTOLOGIC STUDY OF THE DEGENERATIVE ENDOCHONDRAL OSSIFICATION
O. Lech, MD, J. Barbosa, MD, A. Gailit, Jr, MD, and A. Marcolan, MD; Instituto de Ortopedia e Traumatologia de Passo Fundo, RS, Brazil

The authors evaluate the incidence of degenerative endochondral ossification at the insertion of the coraco-acromial ligament (CAL) in the acromion in 25 anatomical specimens consecutively obtained from patients submitted to open surgical repair of full-thickness cuff tears performed from August to November of 1997. 13 (52%) were male and 12 (48%) female. The mean age was 58.8 years. The right side was predominant with 20 (80%) shoulders. According to the radiologic evaluation, there were 2 (8%) type I acromions, 17 (68%) type II, and 6 (24%) type III. All specimens had some amount of endochondral ossification at the acromial insertion of the CAL. They were classified into 3 patterns: Type A: non-organized osteoid matrix near the bone; Type B: well-organized osteoid matrix near the bone; Type C: matrix and ossification appear together. There is no correlation between the amount of ossification and the acromion curvature; type I had 1.83 mm, type II had 2.14 mm, and type III had 1.70 mm in average. In conclusion, the sub-acromial osteophyte formation has no correlation either with age, or with the acromial angulation, but there is a direct relation with the rotator cuff lesions.

4 SUBCAPULAR RUPTURE—DIAGNOSIS AND TREATMENT
O. Lech, MD, A. Nadai, MD, and A. Saverio, MD; Instituto de Ortopedia e Traumatologia de Passo Fundo, RS, Brazil

Isolated rupture of the subscapularis muscle of 6 shoulders occurred in 6 patients. They were submitted to surgical repair between February 1997 and February 2000. The diagnosis was based on clinical evaluation (GERBER'S test, abdominal press test, and abdominal pull-off test), MRI, and surgical findings. 5 patients (83%) were male and 1 (16%) female. The mean age was 54 years (between 56 and 79 years). Both sides were equally affected: 3 (50%) on the left, and 3 (50%) on the right. The mean follow-up was 24 months (12-40). 3 [50%] patients showed medial dislocation of the long head of the biceps; all of them were tenodesed to the bicapital groove. According to the UCLA rating system, all patients had excellent and good results. There was no significant deficit in the external rotation strength. Our results showed that correct diagnosis and early treatment may lead patients with rupture of the subscapularis tendon to regain a painless shoulder with normal function.

5 RESULTS OF A SUPERVISED REHABILITATION PROGRAM IN STAGE II AND III IMPINGEMENT SYNDROME IN PATIENTS WHO HAVE RECEIVED SURGICAL INDICATION AFTER NON-SUPERVISED CONSERVATIVE TREATMENT
D. Moya, MD, and E. Christophersen, MD; Buenos Aires, Argentina
Analyzed were the results of a supervised rehabilitation program in 41 shoulders with stage II and III impingement syndrome in patients who had received surgical indication after a failed non-supervised conservative treatment. After an average follow-up of 29 months, just 27% of the cases were finally operated. The results of the non-operated group (73%) were based on the UCLA score, and 93% of good and excellent results were obtained. These results suggest that at least the surgical decision was made before an adequate rehabilitation program in a high proportion of cases.

6 SUPRA-ACROMIAL APPROACH
Eduardo Zancolli, MD; Sanatorio Trinidad, Buenos Aires, Argentina

Supra-acromial approach (1996) used in 114 cases for acromioplasty, A-C pathology and rotator cuff reconstructions. Averts "deltoid pain" anterior "guideline" drawn (anterior margins of acromion and distal clavicle), 2 cm posterior to guideline, parallel 4.5 cm skin incision. Deltato-trapezial fascia incised to bone (same skin landmarks). Anterior flap dissected subperiosteally (includes supero-anterior A-C capsule). Advantages: post-op pain similar to arthroscopy, reinsertion of C-A ligament, easy cuff reconstruction [23% massive retracted], treatment A-C pathology [84%]. 5.2% minor complications and 1 RSD.

7 THE OPERATIVE TREATMENT OF MASSIVE ROTATOR CUFF TEAR
Sergio Montenegro, MD; Santiago, Chile

The definition and treatment of massive tear is controversial. The objective was the results review of patients underwent arthroscopic surgery, in tears of and bigger than five centimeters: [1] acromioplasty + debridement alone; [2] acromioplasty + mini open deltoid repair; [3] acromioplasty + purely arthroscopic repair. Results: [1] According the UCLA Score 15 patients with debridement alone at six months follow-up registered excellent good 68% with pain relief but keeping weakness. Moreover, it was worsening pain at 18 months long follow-up. [2] The mini deltoid repair in 15 patients, at six months follow-up registered excellent good 75% with significant pain improving and strength recovering. The 18-months-long follow-up did not beginning results changes register. [3] The purely arthroscopic repair was performed in 20 patients, increasing to excellent good 85% with remar ked strength recovering, and without worsening at the long follow-up. Moreover, post-op shoulder sonography revealed mostly scarred repair. Conclusions: The current arthroscopic techniques increased the tear repairability, with less morbidity, equaling the open results but with significative shortening of the recovering time.

8 SUBACROMIAL IMPINGEMENT: ARTHROSCOPIC CORACOPLASTY
Sergio Montenegro, MD; Santiago, Chile

Objective: To report the arthroscopic coracoplasty results.
Method: Patients with refractory anterior shoulder pain underwent to shoulder scan, according to Gerber and measuring the coracohumeral distance. Ten patients with decreased distance that were treated with arthroscopic coracoplasty alone and at least 6 months follow-up are included. The endoscopic procedure release subscapular tendon and removes the coracoid tip. Results: 10 patients found peri-subscapular synovitis and the subscapular was impinged by the coracoid process. There were 80% excellent, 10% good and 10% fair according UCLA score, reaching the best points at 1 month post-op, without therapy support. Conclusions: The arthroscopic coracoplasty is an easy, reproducible and reliable procedure that vastly solves the "subacromial impingement." Surgeon before acromioplasty would request a scanner, and check every subscapular synovitis, looking forward a big coracoid process in the anterior shoulder pain.

9 OPEN SHOULDER SURGERY FOR IMPINGEMENT AND RCT
Hugo Senes, MD; Buenos Aires, Argentina

Open surgery was performed in 35 shoulders from February 1993 to June 1998. Preoperative diagnosis included subacromial impingement or massive rotator cuff tears with associated Bankart or slap lesions. Diagnostic arthroscopy was done in 10 cases to confirm presumed associated lesions. There were 18 males and 17 females (age range 28 to 78, average: 42.7 years) with 26 right and 9 left shoulders [30 dominant]. Results (UCLA scale) at an average follow-up of 41 months (range 24 to 50 months) were: excellent 20 (57.14%), good: 12 (34.30%), fair: 2 (5.71%), and poor 1 (2.85%).

10 SUBACROMIAL DECOMPRESSION WITH MINI OPEN APPROACH FOR TREATMENT OF COMPLETE ROTATOR CUFF TEARS
A.A. Ferreira Neto, A.S. Iutaka, A. Zoppo Filho, E. Benegas, J.H. Negri, and B. Schar; Shoulder and Elbow Group, School of Medicine, University of Sao Paulo, Brazil

Twelve patients with complete rotator cuff injuries were treated with arthroscopic subacromial decompression and mini-open approach from October 1996 to October 1999. All injuries were restricted to supraspinatus tendon. Diagnosis was made by MR or US. Follow-up was 21.7 [5-41] months; 5 patients were male, 7 were female, and mean age was 61.4 [50-74] years. Results were excellent and good in 8 patients and regular in 4, using the UCLA score. Two patients with regular results had pre-operative frozen shoulder and one had frozen shoulder as a complication. This approach allows good results in the treatment of rotator cuff injuries.

11 ANTERIOR DISLOCATION OF THE SHOULDER IN CONVULSIVE PATIENTS
S.L. Checchia, P.S. Doneux, A.N. Miyazaki, A.F.M. Leite, J.F. Simmer, and M.V.C. Menezes; Department of Orthopedics, Santa Casa Hospitals, School of Medicine, Brazil

The authors present a revision of 19 shoulders (18 patients) with recurrent anterior dislocation of the shoulder associated with seizures. They were surgically treated from 1988-1999, with average follow-up of 47.5 months (12-120 months). The etiology of the seizures was epileptic in 15 patients (5 associated to alcoholism), neurocysticercosis, use of drugs and hypoglycemia secondary to diabetes mellitus were responsible for 1 case each. The surgical technique varied according to lesions found during the procedure.

Results: The evaluation of the final results was made through the UCLA score system, being observed satisfactory results in 79% [13 shoulders], in spite of the rate of 42% of recurrence (8 shoulders) has been verified in an intermediary evolution.

12 REOPERATION IN FAILED SURGICAL TREATMENT FOR RECURRENT ANTERIOR DISLOCATION OF THE SHOULDER
S.L. Checchia, P.S. Doneux, A.N. Miyazaki, L.A. Silva, and P. Fukazawa; Department of Orthopedics, Santa Casa Hospitals, School of Medicine, Brazil

From January 1989 to January 1999, 25 shoulders [25 patients] were surgically treated, after failed open repair for recurrent anterior dislocation. Twenty patients were reviewed, with minimum follow-up of 12 months (mean 60). Nine of them presented recurrent dislocation and 4 were had a third surgical procedure: 2 obtained good results and 2, 1 convulsive patient and 1 with emotional problems, resulted poorly. Of the 5 remaining patients, 3 obtained good results with few episodes of dislocations, caused by severe trauma or a voluntary dislocation. Of the 2 with bad results, one had seizures and the other’s posterior instability remained.

13 SECOND LOOK OF CAPSULOLUMBAR ARTHROSCOPIC SUTURE
Sergio Montenegro, MD, and R. Nuñez, MD; Clinica Davila, Santiago, Chile

Objective: This research investigates whether capsulolumbar arthroscopic suture of the Bankart lesion works in the Postoperative period, first healing the pathology and second checking the quality of the scar tissue.
Method: The authors performed 83 arthroscopic Bankart Repair with the Rose’s and Caspari’s technique, between
December 1991 and January 1998, for recurrent, anterior shoulder instability. Fifteen of these were viewed for second time, because this group of patients demanded a high security in their results, before resuming their athletics and daily living activities. The second look was scheduled between the third and fourth month after surgery, in 15 patients under general anesthesia with scoping by anterior and posterior portals. Results: The 15 patients had shoulder stability. The 15 patients had their Bankarts scarred (100%) under the scope, and probe’s palpation revealed a ribbed tissue firmly attached to the glenoid edge in 12 (80%). The Hill Sach lesion remained similar as viewed the first time. Conclusions: The transmoglionic Bankart repair allows reattachment of the capsulolabral pathology with healing in the follow-up of this lesion.

14 ARTHROSCOPIC TREATMENT OF MULTIDIRECTIONAL INSTABILITY
S. Montenegro, MD; Santiago, Chile
The successful agree shoulder multidirectional instability treatment is conservative or the T capsular plasty of Neer. Good surgical results at long follow-up have been reported. The arthroscopic assessment is a challenge and was the goal of our paper. Method: 11 patients with refractory multidirectional shoulder instability to the strengthen underwent surgery, average age 20 years old. The diagnosis was minded after the anesthesia exam and the scope. It was performed a “capsular plication” with or no “radiofrequency shrinkage.” Results: UCLA score at the average 1 year follow-up was 90% excellent—good, without lessening of the external rotation and 1 recurrence, 10%. Conclusions: The current arthroscopic techniques allow to decrease the capsular volume, repeating the good open results in this pathology.

15 CORRELATION BETWEEN MRI AND SURGICAL FINDING IN THE DIAGNOSIS OF THE ANTERIOR DISLOCATION OF THE SHOULDER
G.D. Maignon, Buenos Aires, Argentina
The goal of this paper is to determine the efficiency of MRI in the diagnosis of the injuries of the labrum in-patients operated on recurrent anterior dislocation of the shoulder retrospectively evaluated, who underwent surgery (capsular shift) and Bankart lesion repair when it was present. MRI sensibility in the diagnosis of these lesions was 95.6%, specificity 71% and efficiency 90%. We conclude that MRI is a useful and reliable method of diagnosis for planning surgery.

16 ACROMIO-Clavicular Joint Arthropathy: Is This A Late Complication of Putti-Platt Procedure?
Gaston Maignon; Buenos Aires, Argentina
Fourteen patients, all active sportmen, were operated on recurrent anterior dislocation of the shoulder by a Putti-Platt procedure. The clinical and radiological studies at a medium follow-up of 14.4 years revealed that this surgical technique seems to be a reliable method as we could not find any recurrence or subluxation, but 64% of the operated shoulders had limitation of the external rotation. We also found concomitant degeneration of the A-C joint; this was pathology due to the procedure, or just to the natural evolution of the joint?

17 BANKART SURGERY IN ANTERIOR SHOULDER INSTABILITY
Felipe Toro,* Cristián Fontboté,* Rodolfo López,** and Javier Román,* Departamento de Ortopedia y Traumatología Hospital Clínico P. Universidad Católica de Chile, Santiago, Chile; **Hospital Mutual de Seguridad, Temuco, Chile
Posterior dislocation accounts for 4% of shoulder dislocation. Physical examination doesn’t show the characteristic deformity of anterior dislocation. Literature describes up to 60% of initial misdiagnosis. Correct x-ray study is necessary for corroborate the diagnosis. Late diagnosis is associated with bad functional result. 13 cases are presented, 40% of them represent a missed initial diagnosis, with bad functional result, needing complex surgical procedures. Clinical suspicion, correct x-ray study and early treatment are critical factors for good functional results.

18 POSTERIOR SHOULDER DISLOCATION: A DIAGNOSIS ISSUE?
Felipe Toro,* Cristián Fontboté,* Rodolfo López,** and Javier Román,* Departamento de Ortopedia y Traumatología Hospital Clínico P. Universidad Católica de Chile, Santiago, Chile; **Hospital Mutual de Seguridad, Temuco, Chile
Posterior dislocation accounts for 4% of shoulder dislocation. Physical examination doesn’t show the characteristic deformity of anterior dislocation. Literature describes up to 60% of initial misdiagnosis. Correct x-ray study is necessary for corroborate the diagnosis. Late diagnosis is associated with bad functional result. 13 cases are presented, 40% of them represent a missed initial diagnosis, with bad functional result, needing complex surgical procedures. Clinical suspicion, correct x-ray study and early treatment are critical factors for good functional results.

19 SURGICAL TREATMENT OF 3 DIFFERENT TYPES OF POSTERIOR FRACTURE DISLOCATIONS (PFD)
I. Ivanier, J. Tarabini, D. Beltramelli, L. López, and M. Batista; Shoulder Group, Montevideo, Uruguay
Introduction: The authors present a series of 28 PFD, considered chronic or inreducible, treated surgically between 1990-1998. Material and Method: 18 male, 8 female, age average 47, minimal follow-up 24 months. Neer criteria used. All surgically treated, procedure depending on lesion type. 1: 15 cases: PFD with >20% articular fracture impression; 2: 9 cases PFD with fracture in the anatomical neck with any number of fragments (decapitated epiphysis); 3: 4 cases PFD with non-decapitated epiphysis. Results: Type 1: Mclauglin procedure: 12 cases (80%) satisfactory; 3 cases (20%) unsatisfactory, related to big osseous defect. Type 2: 2 procedures used: hemiartroplastis: 6 cases, 5 cases satisfactory (83%); 1 unsatisfactory (17%), related to technical mistake. ORIF: 3 cases, all evoloved to necrosis. 100% unsatisfactory. Type 3: 4 cases ORIF, 100% satisfactory. Conclusion: Surgical treatment is the treatment of choice if chosen the proper procedure for each type of PFD.

20 TREATMENT OF 2-PART FRACTURES OF THE HUMERAL NECK WITH AN ANGLED PLATE (PFS-80)
S.L. Checchia, P.S. Doneux, A.N. Miyazaki, and F. Molin; Department of Orthopedics, Santa Casa Hospitals, School of Medicine, Brazil
Introduction: In the 2-part fractures of the humeral neck the authors have recently developed an implant (PFS-80), which can be used for all age groups. In those cases where the bone is poor, one may use associated number 5 non-absorbable sutures. Material and Method: Twenty-two patients were operated receiving a bent AO-plate and 24 patients used a PFS-80 plate. Thirty-two patients were re-evaluated (15 bend AO-plate and 17 PFS-80 plate) with a mean follow-up of 2 years. The mean age was 54 years. Results: Healing occurred, on average, at 7 weeks. Using the UCLA score 87.5% of satisfactory and 12.5% of unsatisfactory results were achieved, with no statistically significant difference between methods (P < .05). The mean final ROM was 147 degrees of elevation, 35.5 degrees of ER and IR at T11. Conclusions: Satisfactory and reliable results were found using the PFS-80 plate, even in those elderly patients with osteoporosis.

21 OPEN REDUCTION AND INTERNAL FIXATION FOR TWO AND THREE-PART HUMERAL FRACTURES WITH MODIFIED ENDER RODS ASSOCIATED WITH SUTURE BANDS
A.A. Ferreira Neto, O.P. Camargo, A.A. Ferreira Filho, A. Zoppi Filho, E. Benegas, and J.H. Negri; Shoulder and Elbow Group, School of Medicine, University of Sao Paulo, Brazil
Twenty-six patients (27 shoulders, one bilateral) with two and three part proximal humerus fractures (PHF), Neer classification: 19 (70.4%) two-part surgical neck, four (14.8%) three-part lesser tuberosity and four (14.8%) 18 male, 8 female, tuberosities, were treated with intramedullary osteosynthesis with modified Ender nails to tension bands. The follow-up ranged from 4 to 56 months (mean 34.6). The age varied from 21 to 81 years (mean 50.1 years). Four-
22 FRACTURES OF THE SCPULA (REVISION OF 39 CASES)
Rafael Rodriguez, and Luis Lopez; Dept of Traumatology, University of Montevideo, Uruguay

Thirty-eight patients with 39 fractures of the scapula were prospectively evaluated during a 4-year period (1997-2000). The average patient follow-up duration was 16 (3-42) months. There were 14 women and 24 men (mean ages: women 61 years, men 38 years). Fractures of the glenoid cavity constituted 48% of all fractures. 75% of the men suffered concomitant injuries. 33 patients were treated conservatively and 5 surgically. Constant score was used in the evaluation of results. Fractures of the body and neck had the best results (95 and 83 points respectively), compared with fractures of the glenoid (71 points).

23 CONSERVATIVE TREATMENT OF SUBCAPITAL FRACTURES OF THE HUMERUS: A PROSPECTIVE STUDY
Luis Lopez, Ricardo Mangarelli Leiva, Rafael Rodriguez, Claudia Gonzalez, and Nora Rossi; Clinica de Ortopedia y Traumatologia de Adultos, Montevideo, Uruguay

This paper reports a prospective study of 35 displaced subcapital fractures of the humerus treated with conservative treatment during 2000. The patients were treated with a collar and cuff sling during 4 weeks. Then physiotherapy began and continued for 8 weeks. The follow-up was 5 months. The overall age average was 66 years. The 35 fractures were graded by Neer classification. All of these were united in the last evaluation. Residual deformity occur in 17 cases. The 22 cases, which were treated 3 months at least, were evaluated according to the Constant Score, resulting in a satisfactory functional outcome.

24 CONSIDERATION ABOUT AVULSION FRACTURE OF LESSER TUBEROSITY
Luis Lopez, and Federico Oehler, Montevideo, Uruguay

The authors analyzed two cases about the isolated avulsion fracture of the lesser tuberosity of the humerus. In one of them was operated we found the biceps tendon dislocated and ligaments escapulo-humerales interposed between the fracture. We suggest then operated as soon as possible and the method of treatment proposed was efficient.

25 THE HELIX WIRE: A NEW DYNAMIC SYSTEM FOR INTRAMEDULLARY FIXATION OF PROXIMAL HUMERUS FRACTURES
R. Mangarelli, R. Rodriguez, J. Erhart, and R. Gatterer; Dept of Traumatology, University of Vienna, Austria

To determine the outcome of the subcapital humerus fractures after closed reduction and fixation with the new Helix, 24 patients were retrospectively evaluated between June 1998 and June 1999. The follow-up was 6 months. The fractures were graded by the AO/ASIF classification. 9 patients were evaluated according to the Constant and the Vienna shoulder score, resulting in a good functional outcome. In the radiological evaluation of the 24 cases, residual deformity occur in 10 cases in relation to the comminution of the surgical neck and technique error. Pseudoarthrosis was seen in one case. There were no migration of the implant.

26 ARTHROSCOPIC RESECTION OF THE ACROMIOCLAVICULAR JOINT
F.F. Dal Molin, MD, and C.F. Jungblut; Dept of Orthopedic and Traumatology, Santa Casa School Hospital, Porto Alegre, Brazil

Seven patients withatraumatic osteolysis of the distal clavicle or osteoarthritis of the AC joint who had failed results with conservative treatment underwent arthroscopic resection of the distal clavicle by subacromial approach. The average follow-up was 6.14 months, and the patients were treated between January and December 1999. The patients’ mean preoperative UCLA score was 20.28. At 1 month follow-up after surgery, a significant improvement was achieved, when the patient’s UCLA score was 33 (P < .05). After 4 days all patients returned to their normal daily activities and at 1 month of follow-up all patients had returned to their sports. Arthroscopic distal clavicle resection is effective in the treatment of atraumatic osteolysis of the distal clavicle and isolated AC joint arthritis with early return to daily activities and sports.

27 SCREW CORACO-CLAVICULAR FIXATION (SCCF) IN AC DISLOCATIONS
I. Ivanier, J. Tarabini, D. Bellamelli, L. Lopez, and M. Batista; Shoulder Group, Montevideo, Uruguay

Introduction: The purpose is to analyze 20 cases of AC dislocation types 3, 4, and 5. Rockwood classification, treated with coraco-clavicular screw, between 1994 and 1997. 15 of the cases were acute and 5 were chronic. Material and Method: 17 male and 3 female, age average 31. In the acute cases the technique used was open reductions and SCCF with malleolar screw AO. In the chronic cases: SCCF, distal clavicle resection and coraco-clavicular ligament reconstruction. The procedure ends with the withdrawal of the screw 3 months after the operation. Results: Only 18 cases assessed. UCLA scale was used, with an average follow-up of 5 years. 12 cases (7 acute and 5 chronic) excellent. 3 cases with good results and well-tolerated moderate loss reduction. 3 cases with poor and bad results because of complete loss reduction. 2 cases (10%) never returned to have the withdrawal of the screw. 83.7% satisfactory and 16.3% unsatisfactory. Conclusion: Although the satisfactory results are high, the right equipment (Bosworth screw) and a trained team are necessary. The need of a second surgical procedure makes this treatment difficult as sometimes patients do not return to complete treatment.

28 OSTEOCHONDROMA OF CLAVICLE
L. Lopez, MD, D. Belbey, MD, and C. Garcia, MD; National Institute of Traumatology and Orthopedic, Univ of R.O.U., Montevideo, Uruguay

We report the 4th case described of clavicle osteochondroma. A 17-year-old female had 1-year evolution of painful left shoulder with a big tumor in acromioclavicular region with slow growth toward the supraspinous fossa. Coracoacromial distance was increased. CAT scan with 3-dimensional reconstruction was essential in diagnosis. In block resection was performed including 1/4 lateral part of clavicle fixed medial remanen using Weber-Dunn technique. 20 months later, patient has painless full ROM. Restoration ad integrum to active labor and sporting.

29 SIMPLE DISLOCATION OF THE ELBOW IN THE ADULT
S. Rodriguez de los Santos, MD, and H. Lemos, MD; Minas, Uruguay

A prospective study was performed in 14 adult patients with simple dislocation of the elbow. A follow-up of 16 months was developed. Two factors were evaluated: limitation of flexoeextension and residual pain. Group A (7 patients) was immobilized between 3 and 4 weeks (common treatment in our country) and Group B, 9 days average. In both groups a 90 degrees posterior plaster splint of the elbow was used. Group B had 35% of good and excellent results and Group A had only 29% of good results.

30 THE USE OF DYNAMIC FIXATION IN THE TREATMENT OF CHRONIC ELBOW DISLOCATION
G.L. Gallucci, Buenos Aires, Argentina

Chronic dislocation of the elbow joint is an infrequent pathology
31 RESULTS OF THORACOSCAPULAR FUSION FOR FASCIOCAPULAR DYSTROPHY
A. Zoppi, A.A. Ferreira Neto, E. Benegas, J.A. Negri, and A.S. Yutaka; Shoulder and Elbow Group, School of Medicine, University of São Paulo, Brazil

From 1986 to 1999, 16 shoulders of 10 patients were submitted to thoracoscapular fusion to improve shoulder's elevation and scapula alata. Nine males; 1 female; age range 17 to 29 years old (average: 24.6). And follow-up was 7.8 years. The scapula was fixed in 3 or 4 ribs with double Ethibond 5 and graft of cancellous bone was used. In 9 a Shermann’s plate fixed with Ethibond over the scapula to increase mechanical resistance. Bone fusion occurred in all. Flexion changed from 80 to 140 degrees. No postoperative complications were observed.

32 RADIAL HEAD RESECTION LONG TERM FOLLOW-UP
A. Zoppi, A.S. Terreri, P. Beletato, E. Benegas, A.A. Ferreira Neto, and J.H. Negri; Shoulder and Elbow Group, School of Medicine, University of São Paulo, Brazil

Twelve patients (7 male, 5 female; aged 26-64 years, average 42.8) were evaluated for resection of radial head. They were treated from 1989-1995 and reviewed ≥4 (average 7.1) years after surgery. All were type-III fracture, Mason classification. 2/12 patients had mild pain in moderate activities. Radial’s proximal migration wasn’t observed in wrist’s RX. Isokinetic evaluation (Cybex 6000) didn’t change torque of maximal flexion and extension, compared with normal elbow. We concluded that radial head is an important blockade of elbow extension. After resection, we observed elbow’s hyperextension.

33 SURGICAL TREATMENT OF SPRENGEL DEFORMITY
A. Zoppi, A.A. Ferreira Neto, E. Benegas, J.H. Negri, and B. Schor; Shoulder and Elbow Group, School of Medicine, University of São Paulo, Brazil

From 1989-1999, 13 patients (17 surgeries) were operated with Sprengel deformity: 4 resections in superior angle of scapula and 13 scapula’s fixation. 8 patients were male and 5 female. The resection were realized in children with aged ≥9 years. The objective was improve ROM. Lowering and fixation of scapula were realized in 9 children (4 bilateral) with average of 4.3 years. Both esthetical and functional results occurred. Omovertebral bone was found and resected 7 times. We observed 1 pneumothorax, which needed surgical drainage. 1 patient was submitted to surgical review after 2 years because new omovertebral bone was observed.