

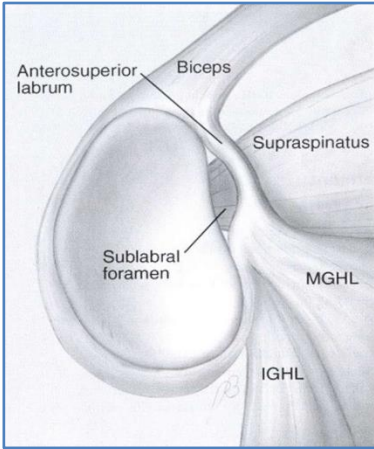


The Sublabral Foramen; an anatomic variation ; can it be clinically symptomatic and requires treatment?

Mohamed Abdelaal MD, Basim Fleea MD
Shoulder Service, Global Orthopaedic Clinic, Giza, Cairo, EGYPT

Aim

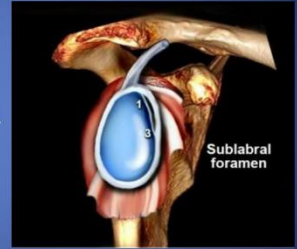
The sublabral foramen is an isolated variant of the anterior-superior capsulo-labral-complex considered to be a clinically asymptomatic.



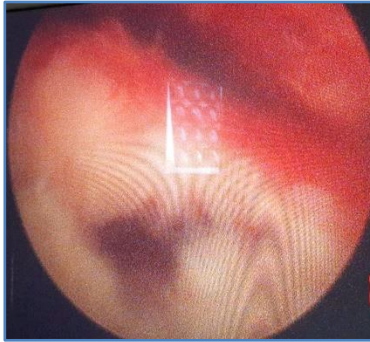
Sublabral Foramen

An unattached anterosuperior labrum at the 1-3 o'clock position.

Anterior to biceps tendon
It is seen in 11% of individuals.
Not to be confused with a sublabral recess or SLAP-tear, which are also located in this region.



An arthroscopic observation of unclear unique symptomatic shoulders showed common fraying and thickening of the border of a present Sublabral Foramen. Treatment was done by resection and shaving of the superior and inferior labral stump. In this study the clinical picture and the treatment results of this pathology will be presented.



Methods

8 Patients with unclear shoulder symptoms have the same clinical findings of negative impingement sign and test, negative instability signs but in common they have rotation pain of the shoulder between 45 and 90 degrees of elevation and a relieve of symptoms with intra-articular injection of local anesthetic. During arthroscopy there was pathological findings other than the SF with abnormal thickening and fraying of its edges. The edges were resected, and the labrum stumps were shaved. A follow up of the cases were done 12 to 42 Months.

Results

Five from the 8 patients were completely relieved and did sports as well as overhead activity without any problems. Two patients had still discomfort with overhead activity and one patient had subluxation symptoms and was operated with arthroscopic L-type cut inferior capsular shift for instability.

Conclusions

The sublabral foramen may be more common than previously thought (Ilahi). Furthermore, this variant of anterosuperior glenoid labrum anatomy appear to cause symptoms which can be relieved with arthroscopic treatment. It is still to be cleared if cases of a cord-like middle glenohumeral ligament or a Buford complex may in some cases cause the same symptoms.