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ORTHO CASE STUDY

Utilization of a Next Generation Decellularized Dermal Allograft to Augment the Repair of a Massive Supraspinatus and Infraspinatus Rotator Cuff Tear

Robert F. Hines, M.D.
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Board Certified, American Board of Orthopaedic Surgeons

Surgical Summary

Clinical Presentation:

- 68 year-old male, horse roper, fell off of a horse 2 months prior to evaluation. He landed on his right side, injuring his dominant shoulder. Prior to this injury, he had full strength and was able to throw a rope without difficulty. After the injury he has experienced night pain, weakness and loss of motion. Since his injury he was seen by another orthopedic surgeon, who ordered physical therapy.
- His exam revealed full range of motion, 4/5 weakness in the supraspinatus, infraspinatus manual muscle testing, positive lift off sign for subscapularis tearing and an old long head bicep tear.
- His MR arthrogram revealed a full thickness supraspinatus/infraspinatus tear, semi acute with no muscle atrophy.

Intraoperative Findings:

- Massive rotator cuff tear, subacute, supraspinatus and infraspinatus as well as subscapularis tear; chronic subacromial bursitis. (Figures 1, 2, and 3)

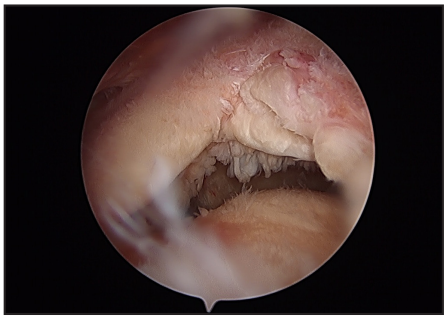

Figure 1

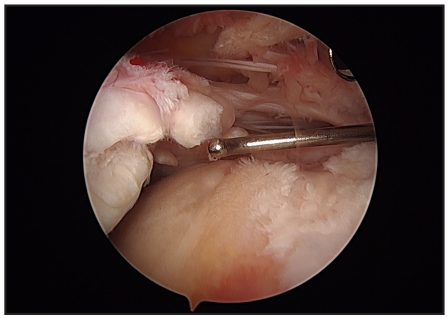

Figure 2

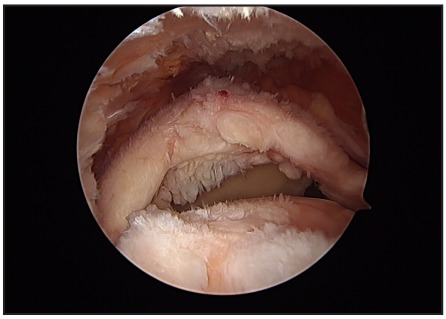

Figure 3

Surgeon Perspective:

"DermaPure® is a great surgical augmentation option with great molding over rotator cuff, early adherence, minimal bulk and great tensile strength."

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Surgical Procedure:

- Right shoulder arthroscopy with subacromial decompression, distal clavicle excision, deltoid splitting incision and double row repair of subscapularis using 4.5 Healix BR™ anchors.
- Supraspinatus and infraspinatus tendons were mobile and easily advanced to the footprint. Double row rotator cuff repair of the supraspinatus and infraspinatus rotator cuff tendons using 4.5 Healix BR™ anchors medially, passing Permacord® and Permatape® 5mm laterally to the musculotendon junction. (Figure 4)
- Medial Permacord® tied, then Permatape® passed through DermaPure® decellularized dermal allograft, previously soaked in bacitracin/vancomycin solution.
- Edge repair done with two PushLock® anchors, then double row repair completed with DermaPure® attached to rotator cuff, 4.25 Healix Advance™ knotless anchors laterally. (Figures 5 - 6)

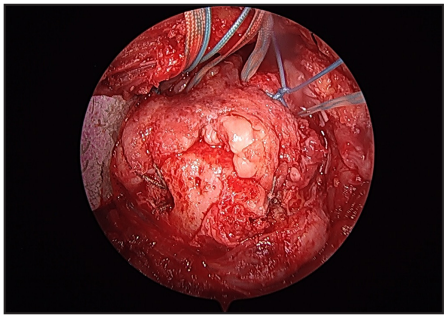

Figure 4

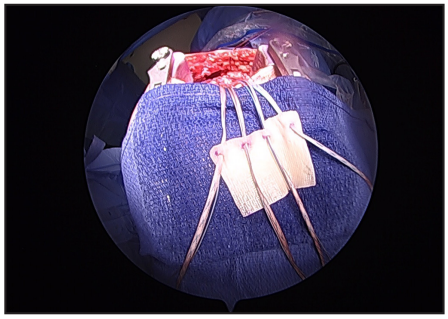

Figure 5

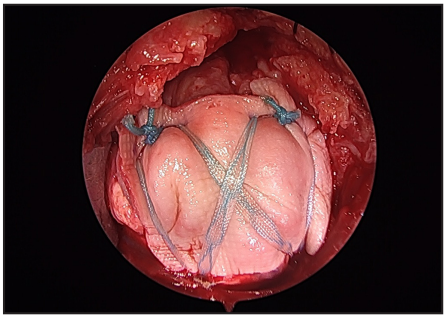

Figure 6

Post-Operative Note:

- At post op day four, the patient no longer required narcotics for pain management.
- Patient is being followed routinely to assess clinical outcomes.

DermaPure® Implantation:
- 4 cm x 6 cm
- Basement membrane outer-most

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