

Utilization of a Next Generation Decellularized Dermal Allograft to Augment the Repair of a Large, Full Thickness Rotator Cuff Tear, With Significant Delamination of Infrapinatus and Unstable Type II SLAP Tear

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Surgical Summary

Clinical Presentation:

- 67-year-old male fell while water skiing 2 weeks prior to presentation. He complained of night pain and weakness.
- His exam revealed 4/5 strength in supraspinatus and infraspinatus manual muscle testing but full range of motion.
- His MR arthrogram revealed a full thickness rotator cuff tear, irregular delamination of the infraspinatus, medial subluxation of the biceps, and grade I fatty infiltration.

Intraoperative Findings:

- A large, full thickness complex rotator cuff tear of the supraspinatus and infraspinatus tendons with significant delamination of the infraspinatus, unstable type II SLAP tear with biceps degeneration. (Figures 1, 2, and 3)

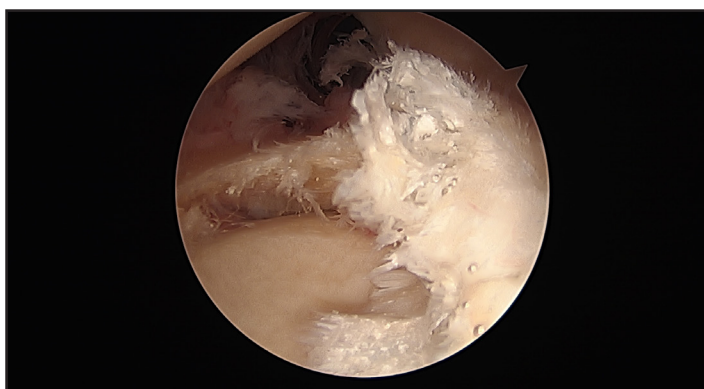


Figure 1.



Figure 2.

Surgeon Perspective:

“DermaPure® is a great surgical option for complex rotator cuff repairs that need augmentation. This patient had delamination of the infraspinatus tendon. DermaPure® provided augmentation with minimal bulk.”

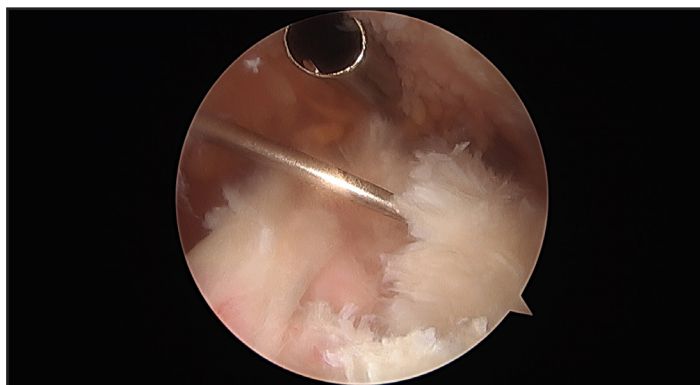


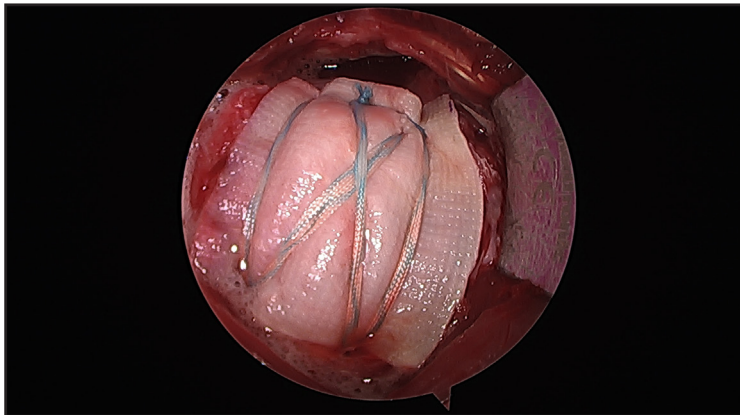
Figure 3.

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Surgical Procedure:

- Arthroscopy, extensive debridement of rotator cuff, release of the biceps, subacromial decompression and distal clavicle excision.
- Biceps tenodesis in proximal biceps groove with 6.25 Bio-Tenodesis™ screw.
- Double row rotator cuff repair through deltoid splitting incision (required partial excision delaminated infrapinatus tendon), using 4.5 Healix BR™ anchors medially, passing Permacord® and Permatape® 5mm laterally to the musculotendon junction.
- Then, incorporated the DermaPure® decellularized dermal allograft into the repair using a suture bridge technique using Healix BR™ anchors laterally. (Figure 4)



DermaPure® Implantation:

- 4 cm x 6 cm
- Basement membrane outer-most

Figure 4. Double row repair of the rotator cuff with DermaPure® fixation to augment the repair

Post-Operative Note:

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

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