

Brazil and India - A New Collaboration through Acta of Shoulder and Elbow Surgery



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Felix Ano Novo & a Happy new year to all. The beginning of a new year 2017 - brings us fresh challenges. Shoulder surgery has evolved from multiple surgery options in the past for say - Shoulder dislocation - to just a couple of options between a Bankart or a Latarjet. This is surely a sign of maturity and one would assume, culmination of our search for questions and solutions. That is as far from truth as Trump is from Obama. As we establish gold standards for Rotator cuff repair & Bankart repair, we are faced with more complex issues with irreparable cuff tears and mega glenoid bone loss. Similarly, a shoulder surgeon is faced with diverse options in treating irreparable cuff tears in symptomatic patients. Lat Dorsi transfers, Allografts, human dermal matrix graft, and now superior capsular reconstruction & ultimate “solution” of a Reverse shoulder arthroplasty are few of the alternatives. Each is no doubt an ingenious procedure but how does a surgeon discern the best and most appropriate procedure for a given patient & given age for that patient. What leads a Japanese surgeon and my friend Teruhisa Mihata to relentlessly pursue Superior capsule reconstruction¹, over a reverse Shoulder Arthroplasty or Lat Dorsi Transfer?

For a minute, if we accept the most complex instability is glenoid bone loss - As a surgeon I am faced with the options of an Open Latarjet - Congruent arc Vs conventional Latarjet, Iliac crest bone graft and Open Vs ArthroLatarjet. With each procedure being impressively successful, it's virtually impossible to pick the exact effective procedure. With success rates in excess of 88%, what dictates a procedures superiority over the other²?

It will statistically be impossible for any double blinded study without an immeasurable sample size, to choose between the best type of Latarjet. So, whilst we wait for time to unravel the answers for the long-term results of say Superior capsular reconstruction or ArthroLatarjet, we ought to research and publish even more.

Am afraid, I shall finish with more questions than answers. However, that is exactly the scientific probity that I beseech of you.

That is exactly why ACTA of Shoulder & Elbow must provoke your intelligence and seek more research articles.

The challenge in fact is multifold. One, to achieve research on a massive sample size to show a 1% difference between different techniques of cuff repair & Bankart techniques that are already Gold standards. Second, to achieve any amount of sample size for rarely done procedures such as Superior capsule reconstruction & Lat dorsi transfer is a daunting task. Third & finally, to wait for a longitudinal study over 30 years to find out that a given procedure was inappropriate.

Brazil & India - the emerging world, face similar challenges. Insurance shortage, economic deprivation and rural healthcare deficit are gripping problems that developing countries face.

In the midst of these healthcare challenges, we have innovated, delivered top class cutting edge treatment and continue to grow at such a rapid pace that the industry is compelled to stop and pay attention to such emerging countries. Data collection, pursuit of research and

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compulsive publication of techniques and basic sciences is our fundamental need.

Unlike the adage, "Cannot teach an old dog new tricks", all of us, as Shoulder surgeons, must learn new techniques & tricks, as the final word for these unsolved issues is still not written. Surgical Skill and medical research are both joined at the hip and cannot exist without the other.

As the popular saying in Hindi - परिश्रम ही यौभाग्य की जननी है - Diligence is the mother of good luck.

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