The effect of endoscopic bursectomy with mini-open partial scapulectomy on snapping scapula syndrome

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摘要

Abstract

BACKGROUND: The purpose of this study was to evaluate an alternate method using endoscopic bursectomy with mini-open partial scapulectomy for treating snapping scapula in patients who did not respond to conservative therapy. MATERIALS AND METHODS: Between November 2000 and November 2004, endoscopic bursectomy with mini-open partial scapulectomy was performed in 12 cases with snapping scapula. Four cases had bilateral involvement; eight had unilateral involvement. Nine cases had a history of trauma. The mean duration of conservative therapy was 4.1 (range, 1-8) y. The procedure was performed at the superomedial angle of the scapula in 10 cases, at the medial border in two cases, and at the inferomedial angle in one case. The mean postoperative follow-up was 3.1 (range, 2-5) years. RESULTS: The American Shoulder and Elbow Surgeon score increased (preoperatively, 36.3 to postoperatively, 88.3), the Simple Shoulder Test score increased (3.8 to 10.1), and the Visual Analogue Score decreased (8.3 to 2.3) significantly (all P < 0.01). The snapping sound and pain improved in 10 of 12 cases. All patients returned to work. CONCLUSION: Endoscopic bursectomy with mini-open partial scapulectomy is a reliable, alternate treatment for snapping scapula.