Comparison of the Efficacy of Rotator Interval versus Posterior Approach for Intra-articular Corticosteroid Injections for Primary Frozen Shoulder: A Randomized Controlled Trial

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Intra-articular (IA) corticosteroid injection is commonly performed in patients with primary frozen shoulder (PFS). However, the best administration site remains controversial. The aim of this study was to compare the efficacy of rotator interval versus posterior approach for ultrasound-guided corticosteroid injections into the glenohumeral (GH) joint in patients with PFS.

METHODS:

Ninety PFS patients were randomly assigned to either rotator interval approach (RI group, n = 43) or posterior capsule approach (PC group, n = 45) for ultrasound-guided IA corticosteroid injection. Fluoroscopic images to assess the accuracy of the injection were obtained immediately after injection by a shoulder specialist. Visual analog scale (VAS) for pain, the American Shoulder and Elbow Surgeons (ASES) score, the subjective shoulder value (SSV), and range of motion (ROM) were used for assessment of clinical outcomes for all patients at the time of presentation, 3, 6, and 12 weeks after injection.

RESULTS:

At baseline, there were no significant differences in age, sex, the affected side, the presence of diabetes, body mass index, duration of symptoms, and clinical scores between the two groups FS (P > 0.05) (Table 1). The accuracy of injection was 76.7% (33/43) and 93.3% (42/45) in the RI and PC groups, respectively; this difference was significant (P = .028). Significant improvements were observed in both groups in terms of all clinical scores and ROMs throughout follow-up until 12 weeks after injection (all P < .001). At 12 weeks, better improvements in forward flexion and abduction (P = .049 and .044) were observed in the RI group compared with the PC group (Table 2). Significant improvements in all outcome measures (P < .001 for all parameters) including VAS, ASES scores, SSVs, and ROMs through 12 weeks were observed in both the success (n = 33) and failure subgroups (n = 10). No significant differences in all outcome measures were observed to the success subgroup at three weeks after injection (p=0.048) (Table 3).No adverse effect related to injection was observed in either group.

DISCUSSION AND CONCLUSION: Both groups showed significant pain reduction and functional improvement until 12 weeks after injection. Although no significant differences were observed in pain and functional scores between the two groups, the RI group showed better improvement of ROM than the PC group. These results indicate that the rotator interval and anterior structures are a major site in the pathogenesis and treatment target of PFS.

				Table 2. Serial change	Table 2. Serial changes and statistical analysis of outcome measures between 82 group and PC							Table 3. Serial changes and statistical analysis of outcome measure			
Table 1. Baseline demographics of	patients with PFS.			group at each time po	est.					and failure subgroup de	quading on the r	mailto in the RJ	,		
Variable	RI Group	PC Group	P Value	Variables	Beschor	3 wreks	6 weeks	12 weeks		Vasibles	Beacline	3 weeks			
Number of notients	43	45		VAS						VAS					
romore or ponemic			410	PL group	6.9282.54	2.4991.27	1.89+1.65	2 3341 35		Success subgroup	69342.62	24941.04			
Age*	54.14±8.87	33.44±9.93	.518	Pushe	0.352	6.852	0.378	0.294		Tahay subgroup	678+2.39	2.56e1.34			
Male:female (no.)	25:18	20:25	.199	ASES						Pridue	0.848	4.805			
Right-left (no.)	10-24	28-17	090	RI gooop	39.62421.39	75.00a1117	90.47x32.46	77.39u19.00		Soccas subgroup	29.56x21.56	74.63 (9.55			
regulater (no.)	10.24	20.17	.050	PC group	41.04456.78	73.9048.83	80,9949,15	71,35612.66		Faihay subgroup	3981422.09	76.30x15.27			
Diabetes (no.)	7	7	.926	P Male SCU	0.749	8.765	0.015	0.924		P roloe	0,915	0.697			
Body mass index (kg/m2)	23.63±2.98	23.69±2.55	.923	Nava	41,79+30.76	68.97+13.83	7731+13.42	74.49+15.69		Marcan advance	1147470.10	4717-1447			
Departing of competence (manthes)*	0.24+14.74	10.00111.26	016	PC group	42.97±18.35	72.68±12.22	77.34e11.47	74.46e12.90		Tailor solgroup	21.96421.26	74 44412 10			
Duration of symptoms (mounts)	9.33814.74	10.000011.20	.010	P value	0.794	6.260	0.952	0.994		Probe	0.330	0.243			
Initial clinical score"				Ferward Senion						Forward firmion					
VAS	6.81±2.48	6.56±2.15	602	Ki posp	113 10623 31	144,36417.33	15244415.90	136.13416.90		Success subgroup	11517+2317	141.50+17.38			
				Pashe	0.772	0.291	0.151	0.048*		Paster surgerup	1322292224	155,89115,57			
ASES	40.23±21.00	39.96±16.25	.946	Abduction						Abdoction					
SSV	43.02=20.18	41.33±18.01	.679	El group	100.38+36.52	130.26+22.77	139.74+20.84	144,74x22.85		Success subgroup	98.06424.62	1263342292			
Initial ROM				PC goosp	98.651.26.79	125.95±19.22	133.11a20.25	134.45129.95		Failure sabgeoup	108.33a32.40	143.33+18.03			
initian recom				P take	0.777	0.377	0.154	0.564*		Probat Estamplishter	0.312	0.048*			
Forward flexion	118.37±23.60	115.11 ± 24.23	.524	Player	41 41 41 410 101	10 \$7+13.10	65 36 12 18	65,67114,57		Success submone	4017+17.95	5783e12.5			
Abduction	101.05±25.90	101.56±27.22	.929	PC group	38 19+30 57	55.95+12.74	60.95+13.84	\$2.16e13.36		Talax subgroup	45.56x22.42	66.67x14.14			
Fortune 1 annual an	41 74 10 61	10 001 20 01	0.40	P value	0.625	0.150	0.153	0.165		P rolue	0.664	0.076			
External focation	41.74=18.01	40.89±20.84	.640	Internal rotation						Internal sources					
Internal rotation	17.74#2.01	18.04#2.28	.515	Si group	17.74+2.07	13.66+2.49	11.78+3.07	11.39+3.38		Enterna subgroup	17 4443 00	13,0542,66			
"The values are given as the mean	and SD			Pr. group P take	0.455	0.265	0.130	0.716		Probe	0.529	0.373			
The vinces are given as the firem	ORDER CORP.									bing of the local days	-				