

Primary Latarjet Procedure versus Latarjet in the Setting of Previously Failed Bankart Repair: A Systematic Review

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INTRODUCTION: The purpose of this study is to systematically review the comparative studies in the literature to compare outcomes of the Latarjet procedure in the setting of a previously failed Bankart repair versus those undergoing the Latarjet procedure as a primary surgery for anterior shoulder instability.

METHODS: A systematic search in Pubmed, EMBASE, and The Cochrane Library databases was carried out according to the PRISMA guidelines. Cohort studies comparing outcomes in the Latarjet procedure as a primary surgery versus the Latarjet procedure in the setting of a previously failed Bankart repair were included.

RESULTS:

Ten studies with 1,913 patients were included. There was a significantly lower rate of recurrent instability in those with a Latarjet procedure as a primary surgery (4.8% vs. 12.1%, $p = 0.007$). There was also a significantly lower rate of complications with the Latarjet procedure as a primary surgery (6.2% vs. 10.2%, $p = 0.03$). Furthermore, there was a significant difference in the rate of revision surgery in favor of the Latarjet procedure as a primary surgery (4.8% vs. 10.9%, $p = 0.02$). However, there were similar rates of redislocations (2.8% vs. 3.4%, $p = 0.82$) and return to play (67.7% vs. 78.5%, $p = 0.30$) between the two cohorts.

DISCUSSION AND CONCLUSION:

This study found that the Latarjet procedure as a revision procedure for a previously failed Bankart repair resulted in higher rates of complications, recurrent instability, and revisions when compared to the Latarjet procedure performed as a primary procedure.