## Lateralization in Reverse Total Shoulder Arthroplasty: Comparison of Glenoid versus Humeral Lateralization

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INTRODUCTION:

A majority of modern reverse total shoulder arthroplasty (RTSA) implants feature a lateralized center of rotation (COR) compared to the original Grammont design. Less scapular notching and improvement of internal/external rotation is the expected benefit of lateralization. Though this is done by either lateralizing the glenoid or the humerus, no study yet has directly compared the two means of lateralization.

**METHODS:** 

This retrospective, cohort study was conducted with 73 patients that underwent RTSA using either one of the following two lateralized implants - manufacturer 1 (n=42, Group LG) with glenoid lateralization or manufacturer 2 (n=31, Group LH) with humeral lateralization. Radiologically, acromiohumeral distance (AHD), lateral humeral offset (LHO), acromial fracture, and scapular notching were analyzed. Clinical parameters including the range of motion (ROM) and muscle strength in forward elevation (FE), external rotation (ER) / internal rotation (IR) at the side were evaluated. Outcome measures University of California Los Angeles score, American Shoulder and Elbow Surgeons score, Simple Shoulder Test, Constant-Murley score, and pain visual analogue scale were also compared between the groups. RESULTS:

Demographic data, preoperative radiologic, clinical parameters, and follow-up period (LG vs. LH:  $29.3\pm17.1$  months vs.  $23.9\pm13.5$  months, P=0.154) were comparable between the groups. Group LG demonstrated a significantly less decrease in ER ROM (LG vs. LH:  $-0.9\pm27.2^{\circ}$  vs.  $-15.8\pm28.6^{\circ}$ , P=0.045), greater increase in ER strength (LG vs. LH:  $12.9\pm10.3$ N vs.  $3.5\pm15.5$ N, P=0.012), less arm lengthening as measured by the postoperative change in AHD (LG vs. LH:  $22.5\pm8.2$ mm vs.  $29.8\pm8.3$ mm, P<0.001), and less incidence of scapular notching (LG vs. LH: 2.4% vs. 38.7%, P<0.001). However, in last follow up, group LH showed a greater FE ROM (LG vs. LH:  $132.0\pm21.2^{\circ}$  vs.  $143.2\pm14.8^{\circ}$ , P=0.010), and a higher Constant score (LG vs. LH:  $60.3\pm18.8$  vs.  $70.7\pm16.1$ , P=0.015). Yet, the proportions of patients who exceeded the minimal clinically important difference in each clinical score were comparable between the groups.

**DISCUSSION AND CONCLUSION:** 

Though both means of global lateralization in RTSA were able to achieve a satisfactory outcome, glenoid lateralization offered advantages in ER and less scapular notching. However, a greater FE ROM could be achieved through humeral lateralization. Implant selection based on such findings may produce better patient satisfaction.



component and a medicined humanic component. The Tomier Augustic Avenued Flor, implies a figure a disnimitar amount of philad baselization, but by a medicined phonel component and a intensioned becomponent. The associationed allower of UREF was measured between the most least point of the are undersorbier to the superior margin of the grown substonicy. The humal humanic office (URO) is the di-

Range of Motion			
	Leanline Glowid	Leculosi Famou	F Value
	(8142)	04-50	
Propositive Servard direction, most a SSL degree	19.7 x 82.7	67.9 h 46.6	6422
Properties extend totales, most 2 5D, degrees	28.3 ± 28.2	264 h 25.2	6.115
Properties intend roution, near ± 3D, level?	48134	47.648	6.727
Potopastive forund elevation, mean a XD, degram	132 a 6361	HI.1 x H.5	0,309*
Postspensive extend rotation, mon. 5 3D, degrees	27.1 ± 86.6	345 (4.1	6,943
Postoperative internal solution, mount 6 501, Novil*	51 ± 5.1	43 ± 33	6.158
Change in Servand direction*, mean # 50, degrees	563 ± 52.0	101141	6.141
Change in external estation's mean it 501, dispress	49±313	158 ± 268	4,847
Change in internal restricted, more 4.	07441	41414	6.347

	Lateralized Glassid	Lateralized Fumeron	J Valo
	611455	80-50	
Prospensive Forward elevation, mean a SEI, Navenne	22.3 ± 10.9	21.6 ± 28.6	6.270
Perspensive enhanced existion, mass it SD, Newtons	24.3 x 12.6	26.7 ± 16.3	6.299
Propostive intendiretative, mon 3 50, Newson	44.4 ± 10.2	468 ± 17.1	6.427
Pumperaire Severé devator, most ± 50, Nevtou	264 ± 148	33.1 ± 16.6	6.334
Peropositiva ocursal netation, mose a 50, Newson	33.3 ± 12.3	31.3 ± 13.3	6.00
Peroperative internal rotation, mean s. SD, Newtons	663±172	612 x 163	6,390
Change in forward shrutton*, mean it 50, Newton	84 x 12.4	63 x 164	6.911
Change in external rotation*, mean x 500, Newtons	12.6 ± 10.3	33 4 193	64627
Change in improd neutries*, most 2 50, Newton	13 4 11.8	24 4 19.7	6,614

	Landon Grant	Lensind Roses (e-5)	Pho
Prospensive yYAS, man a SE.	60117	48126	0.075
Perspensive UCLA, mass 4 303,	13.4 x 4.6	13.8 ± 6.3	0.180
Propositive ASES, mon ± 5D,	358 ± 154	42.6 ± 14.8	0.00
Programiya SST, man z SD,	11:14	18118	0.540
Prospentive Cremters, man a 585.	364 x 264	40.0 4.17.9	0.404
Protopoutry pVAS, mean ± 503,	18 ± 14	28 ± 2.7	0.163
Peroperative UCLA, mon ± 50.	259 ± 6.5	27.5 ± 5.7	9.275
Peropositra XSES, near a 5th.	64.9 tr 23.3	67.4 ± 25.6	0.625
Penisperatru SST, mass. 4 SSI,	37 x 40	68 4 32	0.294
Protegerative Constant, most ± 501,	60.3 ± 16.8	267 ± 163	9,865
Change in pYASP, mean a 5D,	-3.8 ± 2.8	-0.1 u.0.4	0.900
Change in SCLA*, mass ± 903,	13.6 x 6.3	133 4 54	0.975
Change in ASES*, more 2 50.	26.1 ± 22.2	25.4 ± 26.4	0.614
Change in 3927, mass a 903,	37 643	48 4 3 2	0.296
Change in Consiste <sup>®</sup> , more 4 5D,	24.5 ± 20.1	20.2 4 26.9	0.149

5D, renderd devision; pRAS, pain visual underg scale; UCLA, University of California or Los Angeles score; ACRS, Associates Shocklife and Effore Surgeons score; SST, simple shoulder test; Constant, Constant-Murkey (Cons