Acromiograft as a Novel Technique for Irreparable Rotator Cuff Tear

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This video reviews a novel technique called acromiograft for the management of large to massive rotator cuff tears.

Case Example

A 63-year-old woman visited the outpatient department, reporting right shoulder pain for the past 4 months. A narrowed acromiohumeral interval and a disrupted Shenton line were observed on plain radiographs, and the MRIs revealed a massive rotator cuff tear with fatty degeneration of the supraspinatus and infraspinatus muscles. Arthroscopic acromiograft was performed with the use of dermal allograft. Serial postoperative radiographs and MRIs showed a widened acromiohumeral interval, restoration of the Shenton line, and a well-maintained allograft.

Arthroscopic Acromiograft Technique

The purpose of arthroscopic acromiograft is to manage large to massive rotator cuff tears via a dermal allograft as a spacer between the acromion and the humeral head. After repair of the torn rotator cuff, a dermal allograft (human acellular dermal matrix) that is 4 cm wide, 5 cm long, and 3 mm thick is prepared, folded in half, and stitched so it does not furl. To secure the medial side of the graft, two anchors are fixed; one is fixed at the end of the distal clavicle as an anteromedial anchor, and one is fixed in the scapular spine as a posteromedial anchor. The lateral aspect of the allograft is fixed directly under the acromion with the use of additional fiber wires in a transosseous manner.