



Axial PD

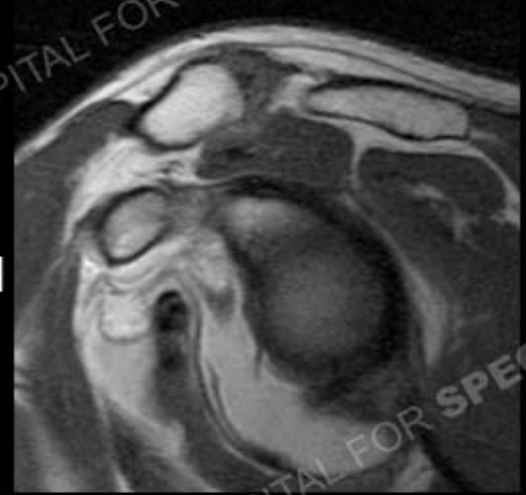


Oblique coronal IR

History: 25 year old man with recent trauma



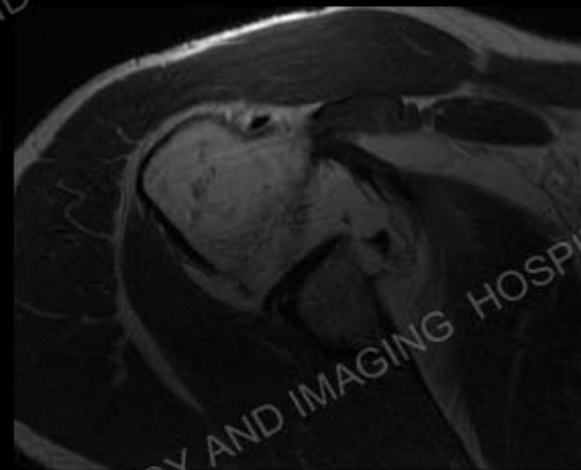
Sagittal
CT reformat



Sagittal
PD



Axial
CT



Axial
PD



Oblique coronal PD



Oblique coronal IR

DEPARTMENT OF RADIOLOGY AND IMAGING HOSPITAL FOR SPECIAL SURGERY



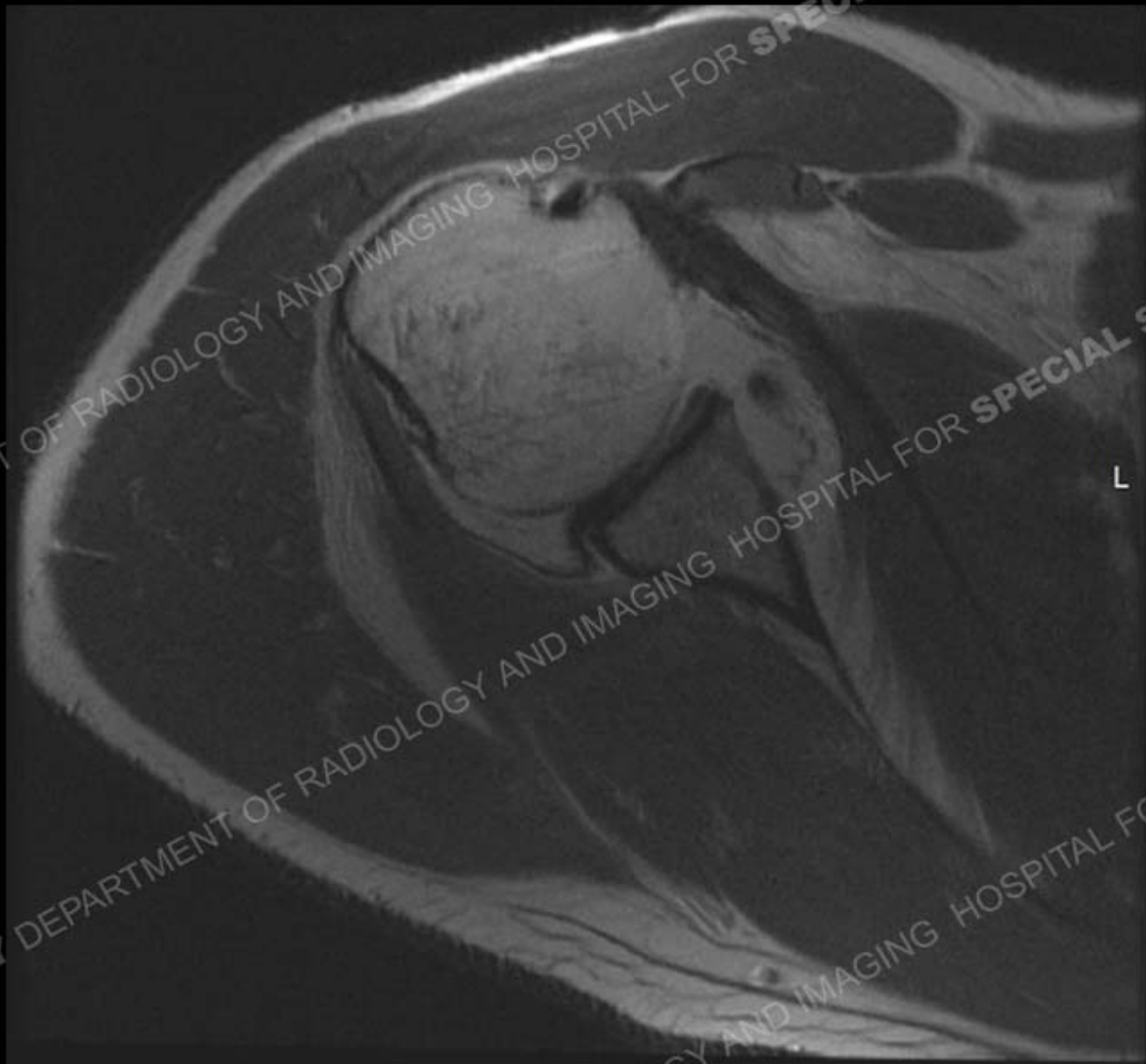
Axial CT



Oblique coronal PD



Axial PD









Findings

CT and MRI images demonstrate an impaction of the posterolateral humeral head with an avulsion and medial displacement of the anteroinferior glenoid labrum. There has been a stripping of the scapular periosteum yielding a large amount of soft tissue edema. In addition, there is a small bone fragment avulsed from the anterior glenoid. The inferior glenohumeral ligament (IGHL) is otherwise intact. There is mild hyper intensity of the infraspinatus without a full thickness tear and no full thickness cartilage defect.



Torn anterior inferior glenoid labrum with medial displacement

Impaction of posterolateral humeral head

Hyperintense infraspinatus tendon without tear

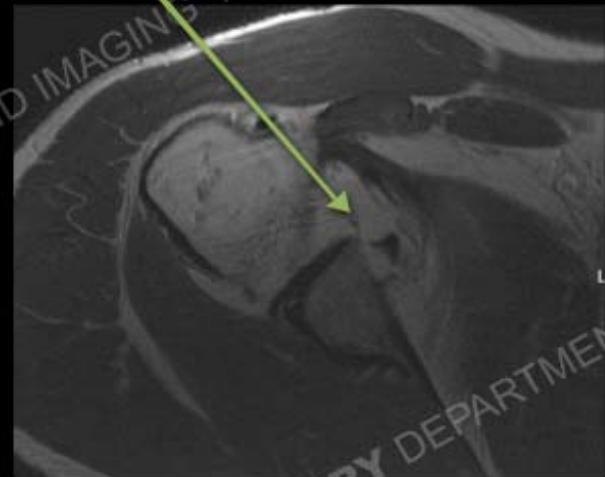
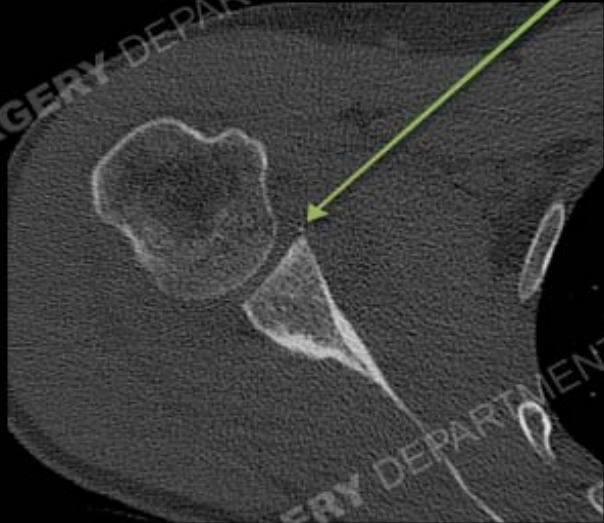


Stripping of scapular periosteum

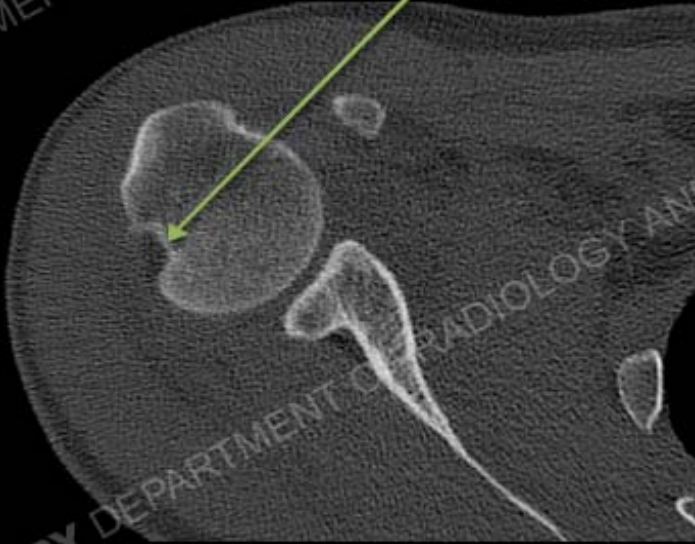
Soft tissue edema related to recent labral and scapular periosteal injury



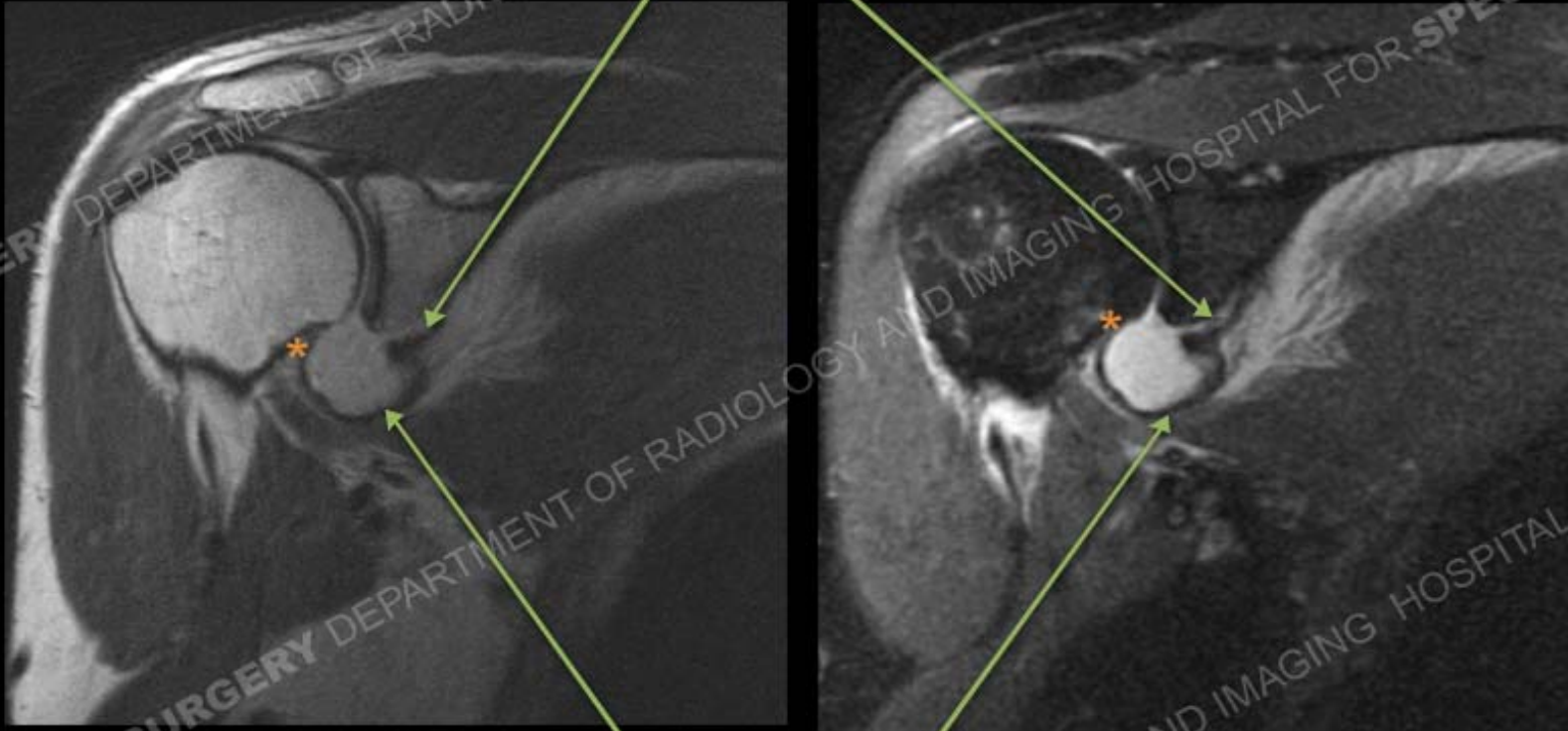
Small avulsion
bone fragment
of anterior glenoid



Impaction posterolateral humeral head



Stripping of scapular periosteum



Intact IGHL with particularly humeral attachment (*) maintained

Diagnosis: ALPSA

ALPSA or anterior labral periosteal sleeve avulsion is a Bankart variant or variant of an anteroinferior labral tear frequently seen in the setting of an anterior translational event (subluxation or dislocation). The ALPSA has a stripped but intact scapular periosteum allowing medial displacement of the labrum, which is important for the surgeon to be aware of preoperatively.



Diagnosis: ALPSA

Specific mention was made of the intact IGHL to make clear the absence of a HAGL lesion (humeral avulsion of the glenohumeral ligament). This lesion to most necessitates the need for an open instead of arthroscopic repair. The posterolateral impaction represents a classic Hill Sachs lesion that when large may necessitate soft tissue or bony grafting. The small avulsion of the anterior glenoid represents a very small bony Bankart lesion. Again, when this lesion becomes large it may necessitate bony augmentation to help prevent recurrent subluxation/dislocation.



Resources

- Stoller. MRI, Arthroscopy, and Surgical Anatomy of the Joints. 1999.

