
Rupture of the biceps

The biceps is a strong muscle, connected downwards by a tendon, to the radius at the elbow and upwards by 2 tendons, one at the glenoid of the shoulder blade and the other at the coracoid process.

The tendon at the elbow and the tendon at the shoulder connecting the biceps and the glenoid can be ruptured by an over-strenuous gesture or even by a normal gesture if there are degenerative lesions in this zone.

1. DIAGNOSIS :

- *With a low rupture of the biceps*, normal movement can cause a sharp pain. Swelling followed by sensitivity of the tendon to pressure may be observed and the biceps appears to be moving upwards towards the shoulder.
 - *With a high rupture of the biceps* pain is also moderate and occurs at the shoulder. The biceps tends to drop and gather into a ball (like Popeye's biceps).
- Diagnosis may be confirmed by echography or MRI where there is a doubt. MRI or an arthro-scanner of the shoulder may also be prescribed in cases with a high rupture to investigate the possibility of an associated lesion of the rotator cuff.

2. TREATMENT :

Surgery is not obligatory as these lesions allow the patient to conserve sufficient mobility

and muscular force for everyday activities.

- In cases of a recent rupture of no more than a few weeks, surgical treatment may be proposed for patients who are anxious to retain complete muscular function, e.g. professional sports-players or patients wishing to preserve a « normal » aesthetic appearance.

Surgery in cases with a low rupture consists in reinserting the tendon on the radius by means of an incision in the fold of the elbow at flexion. The tendon is fixed using one or several intra-osseous anchors to re-attach the tendon to the bone.

In cases with a high rupture, the tendon of the long biceps is reinserted on the humerus, i.e. at a lower position than its original insertion, with the help of one or several anchors.

The arm is kept immobile for three to six weeks before the beginning of physiotherapy.

- In cases with an old rupture, the tendon may not always be reconnected directly to the radius and is therefore fixed on the tendon adjacent to the anterior brachialis muscle.

The flexed elbow is immobilised by splint or scarf for three to six weeks before the beginning of physiotherapy.

Muscular wasting may often occur and take several months to return to normal.

3.SURGICAL PROCEDURE :

-Length of hospital stay : two days

-Anaesthetic : Regional. Only the arm is put to sleep

-Immobilisation : arm in a sling for 6 weeks +/- made to measure splint for the elbow, leaving the hand free.

4.COMPLICATIONS :

Potential complications are **infection**, which is rare but remains possible, lesions of the adjacent tendons and nerves, the loss of complete elbow extension if the tendon was already retracted, sensations of cramp in the biceps which can last several months or incomplete recovery of muscular strength and volume.

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