
Acromio-clavicular arthrosis

1.DEFINITION :

This is a wearing down of the joint between the outer edge of the collar bone and the acromion, i.e. the upper section of the shoulder blade. This may be caused by repetitive work-related movements, DIY or sports activities. It is not a serious lesion but can lead to disabling pain with restriction of the shoulder function.

2.DIAGNOSIS :

Diagnosis is essentially made during examination by the doctor who will be looking for pain on pressure to this joint and pain during certain movements, notably when the hand is placed over the opposite shoulder. Complementary examinations are necessary with X-rays and sometimes scanner or MRI.

3.TREATMENT :

Treatment is initially medical with analgesic, anti inflammatory medication or corticoid infiltration in the joint, ideally with X-ray control.

Where persistent pain remains a handicap and leads to a clearly modified function of the shoulder disrupting the everyday or sporting activities of the patient, a surgical solution may be proposed.

In such a case, surgery is never obligatory and is undertaken at the request of the patient who wishes to improve his condition.

The procedure consists in removing the end section of the collar bone over approximately 1 cm, in order to eliminate rubbing between the worn cartilage of the collar bone and that of the acromion at the joint. The operation takes the form of an arthroscopy or a short incision on top of the shoulder.

4.COMPLICATION :

-**Anaesthetic:** general or regional in some cases

-**Length of hospital stay:** two days

-**Immobilisation :** arm in a sling for 2 to 4 weeks

The operation may involve an endoscopy and follow the same procedures as for surgery of the rotator cuff, notably when there is an associated lesion of the rotator cuff. A miniature rotating burr is inserted into the joint and the end section of the collar bone will be removed from the inside. In cases of isolated acromio- clavicular arthrosis, an open surgery procedure may also be proposed. A short incision is made on top of the shoulder to enable the surgeon to remove the most lateral section of the collar bone from above and thus eliminate the conflict.

After-surgery care :

The arm is kept immobile in a sling for 2 to 4 weeks with the hand left free. A physical therapy exercise programme practised by the patient himself is begun from day two. The patient will be instructed as to these movements by a physiotherapist before leaving the clinic.

Active physiotherapy is commenced in a specialised centre approximately one month after the operation. Sports activities using the shoulder may be allowed generally after two months.

Pain may persist for several months but there is usually a clear improvement after three months.

4.OPERATIONS :

The recovery process is always long and the patient must be motivated to undergo the immobilisation period as well as the operation and physical therapy in order to achieve the best possible results.

- In cases with extensive degenerative lesions, **pain** and **stiffness** may persist and prove to be a functional handicap

Pain : persists often for several months after the operation. An improvement in the situation is normally to be expected after three months

Algoneurodystrophy : may develop as with all operations, and is manifested through a stiff, painful shoulder developing over several months or even years. It is not possible to predict its occurrence or the stiffness left as an after effect and pain is therefore a possibility.

-Infection:

Septic arthritis. This rarely occurs but it remains a possibility and may then require an adapted treatment or further surgery.

haemarthrosis. i.e. the apparition of an effusion of intra-joint bleeding, possibly requiring further surgery

Inflammatory scarring depending on skin-type

Stiffening of the shoulder, which can take several months to regress or else persist depending on the individual case.

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