

CASE SERIES

Joseph Lynch, MD Treats Young Female With History of Avascular Necrosis and Lymphoma

Surgeon

Joseph Lynch, MD
Partner
The Shoulder Clinic of Idaho
Boise, Idaho



Patient

- 19-year-old female
- Chief complaint of pain and crepitus limiting quality of life and functional activity
- Radiographs show AVN with collapse of the humeral head and absence of arthritic change of the glenoid

Implants

Catalyst CSR cemented humeral implant

Patient History

A 19-year-old female presented with a chief complaint of pain and crepitus which was limiting her quality of life and functional activity. She had a remote history of T-cell lymphoblastic lymphoma treated with chemotherapy and high-dose steroids. The patient was in remission and no longer receiving chemotherapy or steroids for the previous 12 months. Her surgical history was significant for hip core decompression for avascular necrosis (AVN) in March 2019, which was converted to a total hip arthroplasty in July 2019 by another surgeon.

The patient presented with bilateral shoulder pain and a complaints of catching and roughness, which was more severe on the left side for the previous 9 months. She had received a recommendation for core decompression and “stem cells” for her right shoulder and humeral hemiarthroplasty for her left shoulder by another surgeon. She was referred to Dr. Lynch for a second opinion regarding treatment options.

Observations

Significant deformity and collapse of the humeral head was present. The glenoid articular cartilage, labrum, and long head of the biceps tendon were relatively well preserved.



Preoperative images

Procedure

Dr. Lynch performed a stemless humeral hemiarthroplasty, using a tenotomy of the subscapularis. This was the first case in which he used the Catalyst CSR™ Total Shoulder System. The duration of surgery was approximately 70 minutes.

“Humeral preparation was straight forward and reproducible using the Catalyst CSR system,” said Dr. Lynch. “Tenotomy of the subscapularis was simple and effective for a surgical case where the preservation of the long head of the biceps tendon is anticipated.”



Outcome

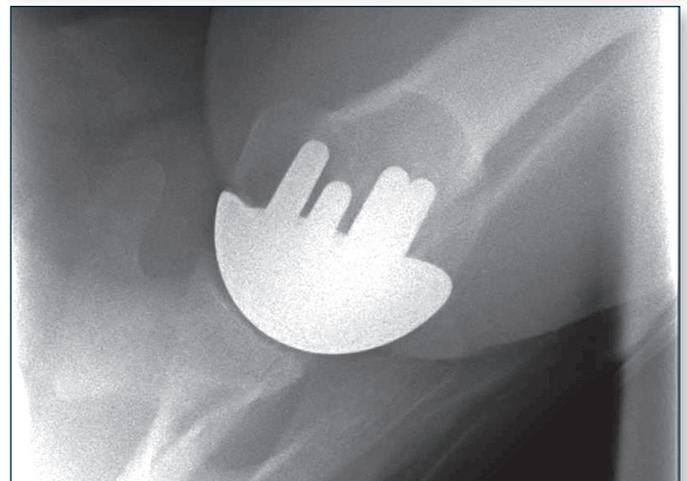
The patient reported that both pain and crepitus in her shoulder were improved from the preoperative state.

Patient reported outcome measure:

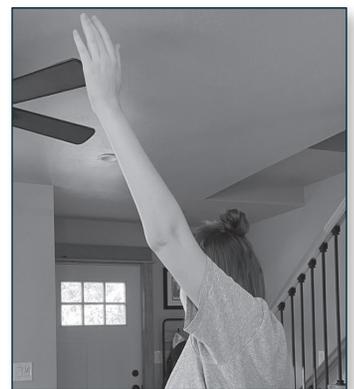
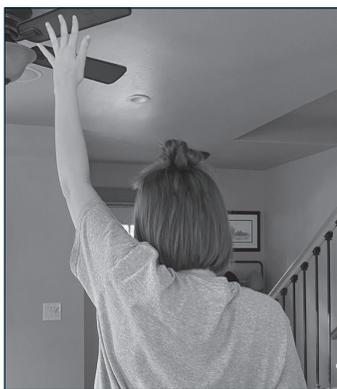
- Pre op simple shoulder test (SST) score 2/12
- Post op SST score 12/12

Her range of motion assessments were:

- Pre op left shoulder motion: Forward elevation (FE) 160, External rotation (ER) 60
- 1 week post op motion FE 110, ER 30
- 9 week post op motion FE 150, ER 50
- 6 month post op motion FE 170, ER 60



One week post operative images



Six month post operative range of motion images