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4 Superior labral anterior posterior lesions of the shoulder - current diagnostic and therapeutic standards

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Abstract

61 Surgical treatment of superior labral anterior posterior (SLAP) lesion becomes more and more frequent which is the consequence of evolving progress in both, imaging and surgical technique as well as implants. When Snyder et al. [1] described the first 16 classification of SLAP lesions in 1990, a subdivision in four types existed. The rising comprehension of pathology and pathophysiology in SLAP lesions contributed to increase the types in SLAP classification to ten. Concerning the causative mechanism of SLAP lesions, acute trauma has to be differed from chronic degeneration. Overhead athletes tend to develop a glenohumeral internal rotation deficit (GIRD) which forms the 8 basis for two controversial discussed potential mechanisms of pathophysiology in SLAP lesions: internal impingement and peel-back mechanism. Clinical examination often remains unspecific whereas soft tissue imaging such as direct or indirect magnetic resonance arthrography (MRA) has technically improved and is regarded to be

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