Erratum

Glenosphere Disengagement: A Potentially Serious Default in Reverse Shoulder Surgery

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We discovered a numerical mistake in the total number and type of prostheses and subsequently wrongfully concluded a partial disengagement occurred in 45.4% of the Aequalis^{TM} prostheses when in fact the rate was much lower. We wish to correct our report. We hope an adjustment can be made and we apologize for any inconvenience we have caused.

We reviewed 396 patients with 407 reverse shoulder arthroplasties (342 Delta III^{TM} prostheses [DePuy International Ltd, Leeds, UK], 65 Aequalis^{TM} prostheses [Tornier, Grenoble, France] from the French multicenter study (Omarthrose excentrée, Société Française de Chirurgie Orthopédique et Traumatologique–SOFCOT, Paris, France, 2006), and 30 patients with 30 Delta III^{TM} from the University Hospital Pellenberg (Pellenberg, Belgium). All

prostheses were implanted after 1995. The total number of reviewed prostheses was thus 437 (372 Delta III^{TM} and 65 Aequalis^{TM}). Disengagement of the glenosphere occurred in 14 of 437 shoulders (3.2%). In 11 patients, the disengagement was partial (clear step-off between the baseplate and the glenosphere) and was not associated with a poor functional outcome with this short-term followup. Partial disengagement was seen in five of 65 Aequalis^{TM} prostheses (7.7%) (not five of 11 or 45.4% as noted in the paper) and six of 372 Delta III^{TM} prostheses (1.7%). In three patients, the disengagement led to fracture of the central screw, leading to complete disengagement of the glenosphere from the baseplate, necessitating revision in two; the third refused revision. The three total disengagements with central screw breakage all occurred in Delta III^{TM} prostheses. We believe differences in the type of locking screws may explain the differences observed between the two types of reverse prostheses.

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