Open Subpectoral Biceps Tenodesis versus Arthroscopic Repair for SLAP Tears in Patients under 30 (224)

Christopher Colasanti, MD¹, Eoghan Hurley, MB, BCh, BAO, MCh², Nathan Lorentz, Kirk Campbell, MD¹, Michael Alaia, MD³, Eric Strauss, MD⁴, Laith Jazrawi, MD⁵, Bogdan Matache

NYU Langone Orthopedic Hospital¹ NYU Langone² NYU Langone Health³ NYU Langone Orthopedics⁴ NYU Hospital for Joint Diseases⁵

Objectives: The purpose of this study is to compare the outcomes of mini-open subpectoral biceps tenodesis (BT) to arthroscopic repair (AR) for SLAP tears in patients under 30.

Methods: A retrospective review of patients who underwent either isolated BT or AR for the diagnosis of a SLAP tear was performed. Patients with a follow-up duration of <24 months were excluded. The American Shoulder & Elbow Surgeons (ASES) score, Visual Analogue Scale (VAS), Subjective Shoulder Value (SSV), patient satisfaction, willingness to undergo surgery again, revisions, and return to work/sport were evaluated. A p value of <0.05 was considered to be statistically significant.

Results: Our study included 103 patients in total; 29 patients were treated with BT, and 74 were treated with AR. The mean age was 24.8 years, 79.4% were male, and the mean follow-up duration was 60 months. At final follow up, there was no difference between treatment groups in any of the functional outcome measures assessed ($p > 0.05$). Overall, there was no significant difference in the total rate of RTP (BT: 76.3%, AR: 85%; $p = 0.53$), timing of RTP (BT: 8.8 months, AR: 9.4 months; $p = 0.61$), and total rate of RTP among overhead athletes (BT: 84.2%, AR: 83.3%; $p = 1$). However, there was a significantly lower rate of revision surgery with BT (0%) as compared to AR (14.1%; $p = 0.03$).

Conclusions: In patients under the age of 30 with isolated SLAP tear pathology, BT is a reliable alternative to AR, with a low rate of revision surgery, and excellent patient reported outcomes.