

# EVIDENCE MATTERS

## RESEARCH BULLETIN

### Bone Ongrowth Around Retrieved ICONIX Anchor



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#### CASE REPORT:

A 52 year old female was injured at work in December 2013. MRI revealed a partial tear of the supraspinatus. After conservative management failed, a left rotator cuff repair with arthroscopic subacromial decompression was performed in September 2014 for a full thickness supraspinatus tear. At 2 months post op, pain recurred and MRI showed a recurrent tear. In February 2015 a repeat repair revealed intact anchors and suture knots with a large recurrent supraspinatus tear at the suture-tendon interface. This interface remains the “weak link” in rotator cuff repair.<sup>1,2</sup> The ICONIX anchor was forcefully removed from the greater tuberosity leaving a perfectly round hole which accepted a 5.5mm corkscrew anchor. As seen in the photo to the right, significant bone tissue ongrowth was noted around the anchor.



#### After two years' experience using Stryker ICONIX Anchors Dr. MacKay concludes:

**“The overwhelming majority of my repairs are performed arthroscopically. Simple implantation and reliable fixation have been the norm with ICONIX anchors. Minimal bone loss and no metal foreign body issues make for easy revisions.”**

#### References:

1. Cummins et al. “Mode of failure for rotator cuff repair with suture anchors identified at revision surgery” JSES 12(2)128-133, 2003.
2. Miller et al. “When Do Rotator Cuff Repairs Fail?” AJSM 39(10)2064-2070, 2011.

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