



Transected and Inferiorly Displaced Anterior Labral Tear: A Case Series

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Introduction

- Glenoid labral tears are a frequent cause of shoulder instability.
- Established tear types include Bankart, SLAP, ALPSA, and posterior labral tears.
- These established morphologies guide imaging interpretation and surgical planning.
- We identified a previously undescribed tear pattern observed consistently across three cases—characterized by transection and inferior displacement of the anterior labrum.

Objective

To define and classify a novel glenoid labral tear pattern and describe a reproducible arthroscopic repair technique based on three operative cases.

Methods

Patient Cohort

- Three patients (ages 14–23) with traumatic anterior shoulder instability.

Intraoperative Findings

- Arthroscopic visualization revealed an atypical labral tear pattern, distinct from Bankart, SLAP, or ALPSA lesions.
- The anterior glenoid labrum was transected and displaced inferiorly into the axillary pouch.

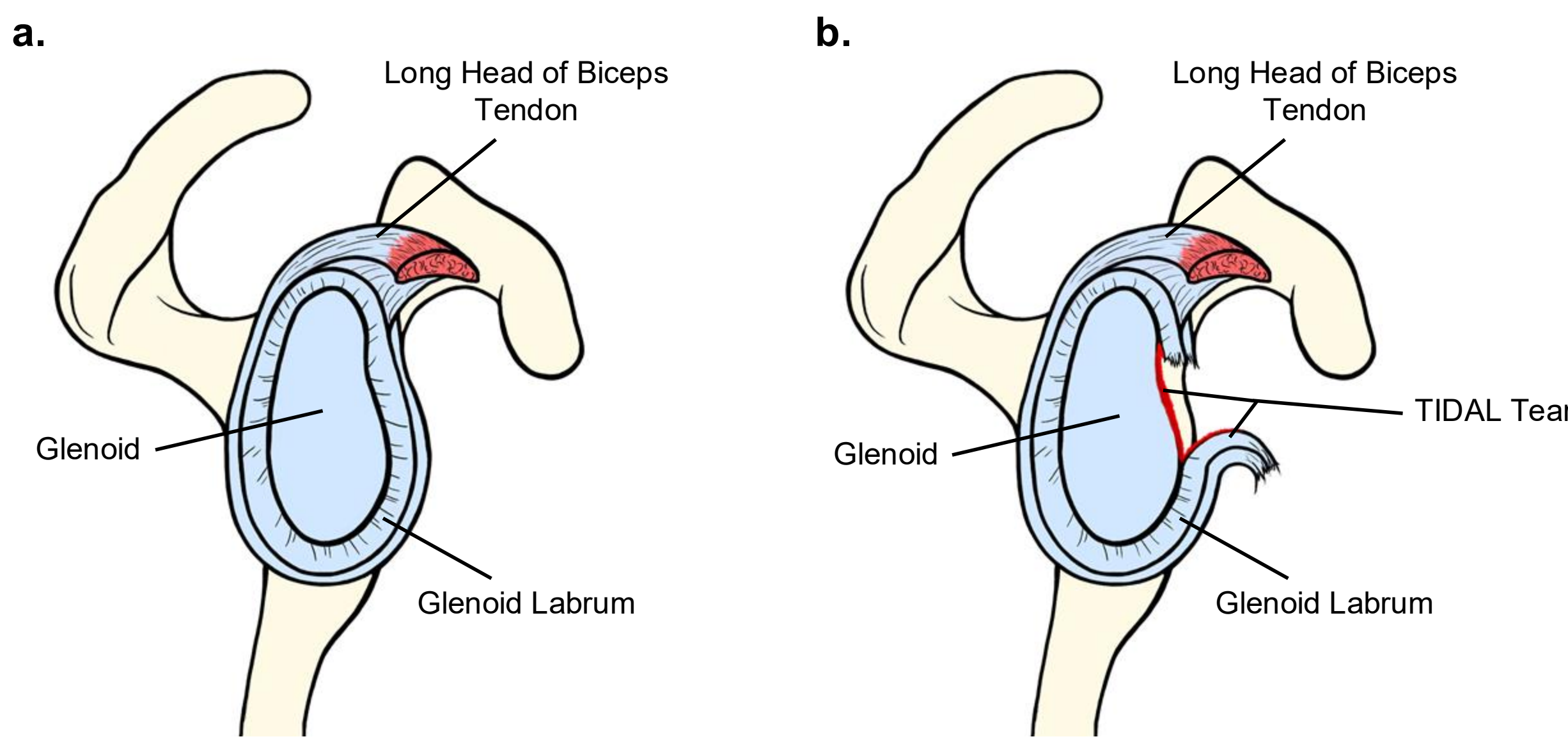


Figure 1. a. Normal intact Glenoid Labrum; b. TIDAL Tear

Surgical Technique

1. **Identification & Mobilization** – Displaced labral fragment isolated from surrounding scar tissue.
2. **Reduction** – Fragment repositioned to its anatomic glenoid footprint under upward tension.
3. **Fixation** – Push Lock suture anchors used to secure the labrum and restore normal contour.

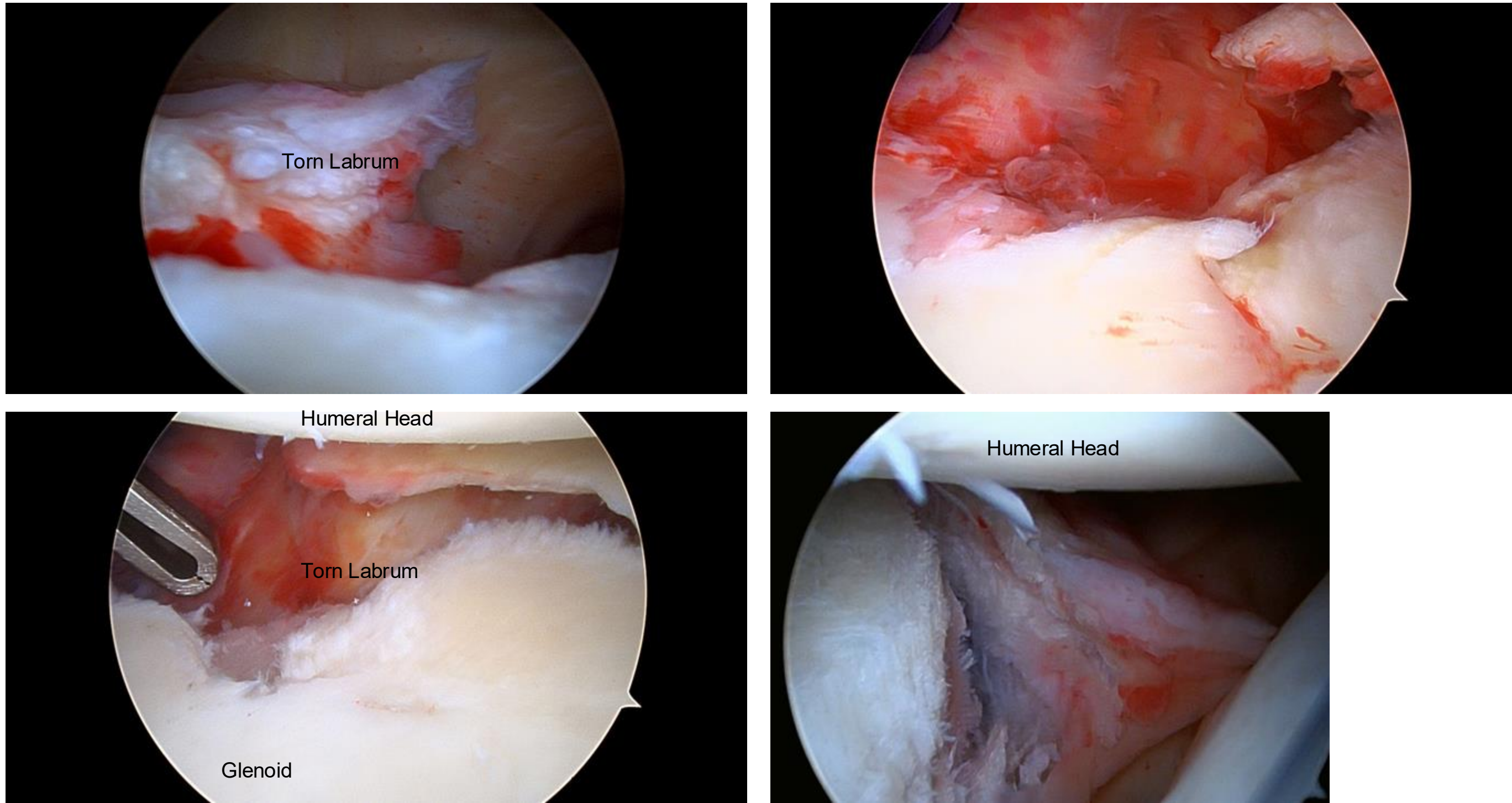


Figure 2. Identification and Verification
Four intraoperative arthroscopic images identifying the TIDAL tear

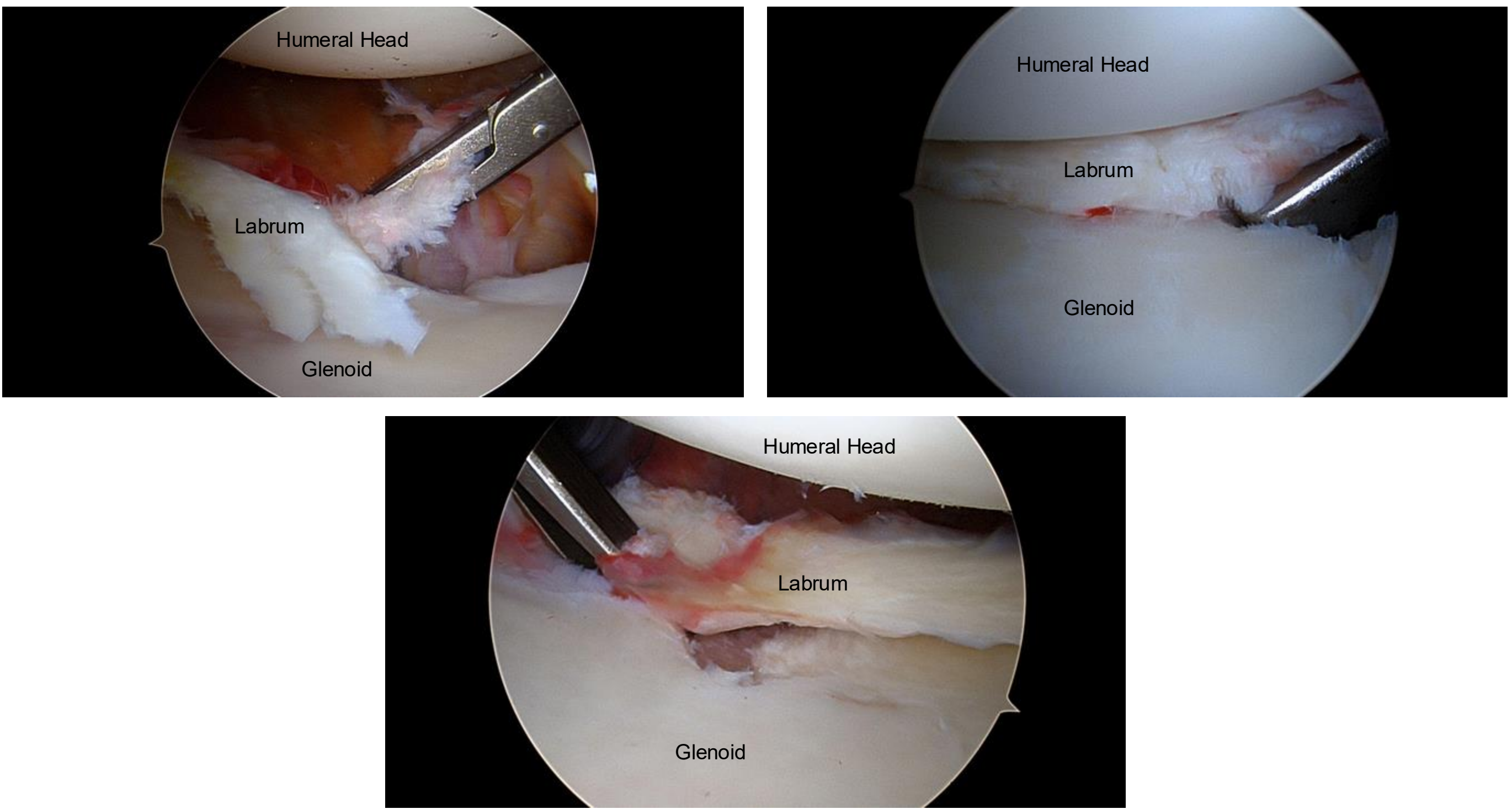


Figure 3. Reduction
Three intraoperative arthroscopic images illustrating upward traction on the transected and displaced segment of the anterior labrum

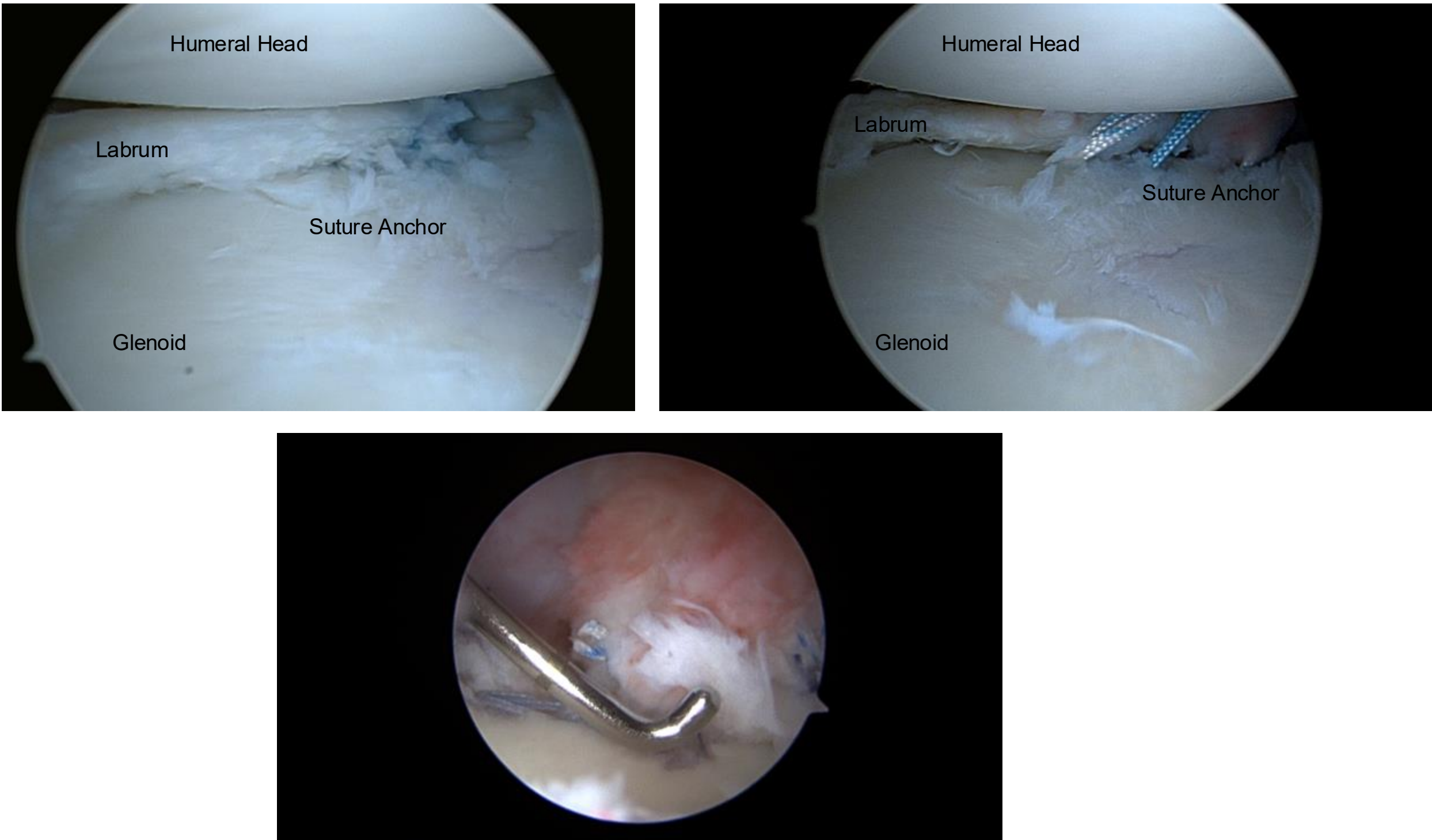


Figure 4. Fixation
Three intraoperative arthroscopic images illustrating the surgical fixation of the TIDAL tear. Push lock suture anchors placed in the glenoid secure the repair and maintain the restored contour of the anterior labrum.

Results

Cases	Findings	Outcome
14F with L shoulder injury	anterior labrum transected and displaced inferiorly to axillary pouch; Hill-Sachs	Full ROM, stable shoulder
19M rugby athlete with direct L shoulder injury	anterior labrum transected and inferiorly displaced; Hill-Sachs; SLAP extension; Bankart lesion	Full ROM, return to rugby
23M football athlete with L shoulder instability due to initial contact injury	anterior labrum transected and displaced; Hill-Sachs fracture; GLAD lesion	Full ROM, stable shoulder,.

Table 1. Patient cases, intraoperative findings, and postoperative results

Discussion

- We report a novel labral tear involving transection and inferior displacement of the anterior glenoid labrum.
- Recognition of this distinct morphology can improve intraoperative diagnosis and repair strategy.
- The described arthroscopic technique provides a reliable and effective means to restore shoulder stability.
- Future directions: Larger series and imaging correlation to confirm diagnostic criteria

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