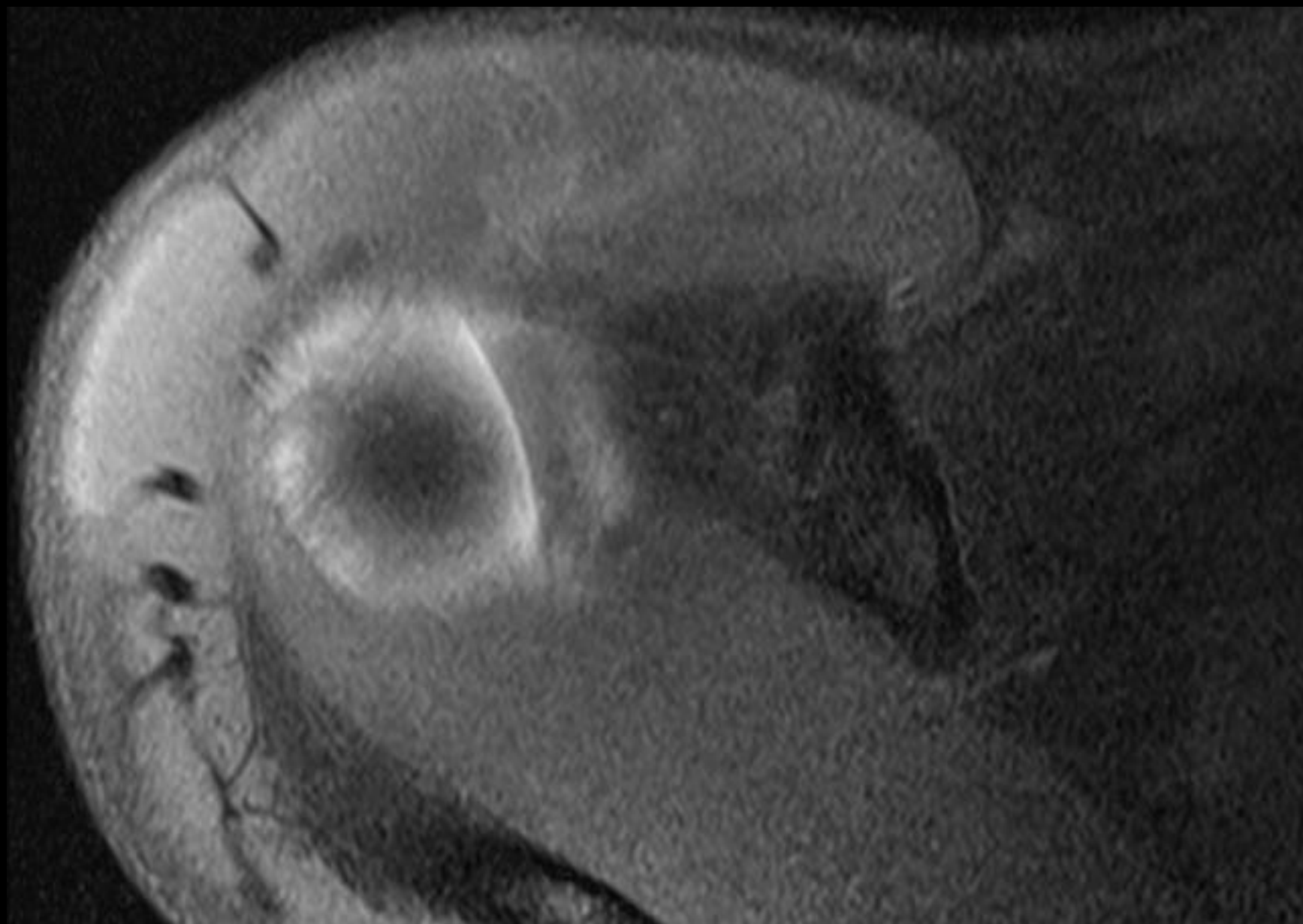
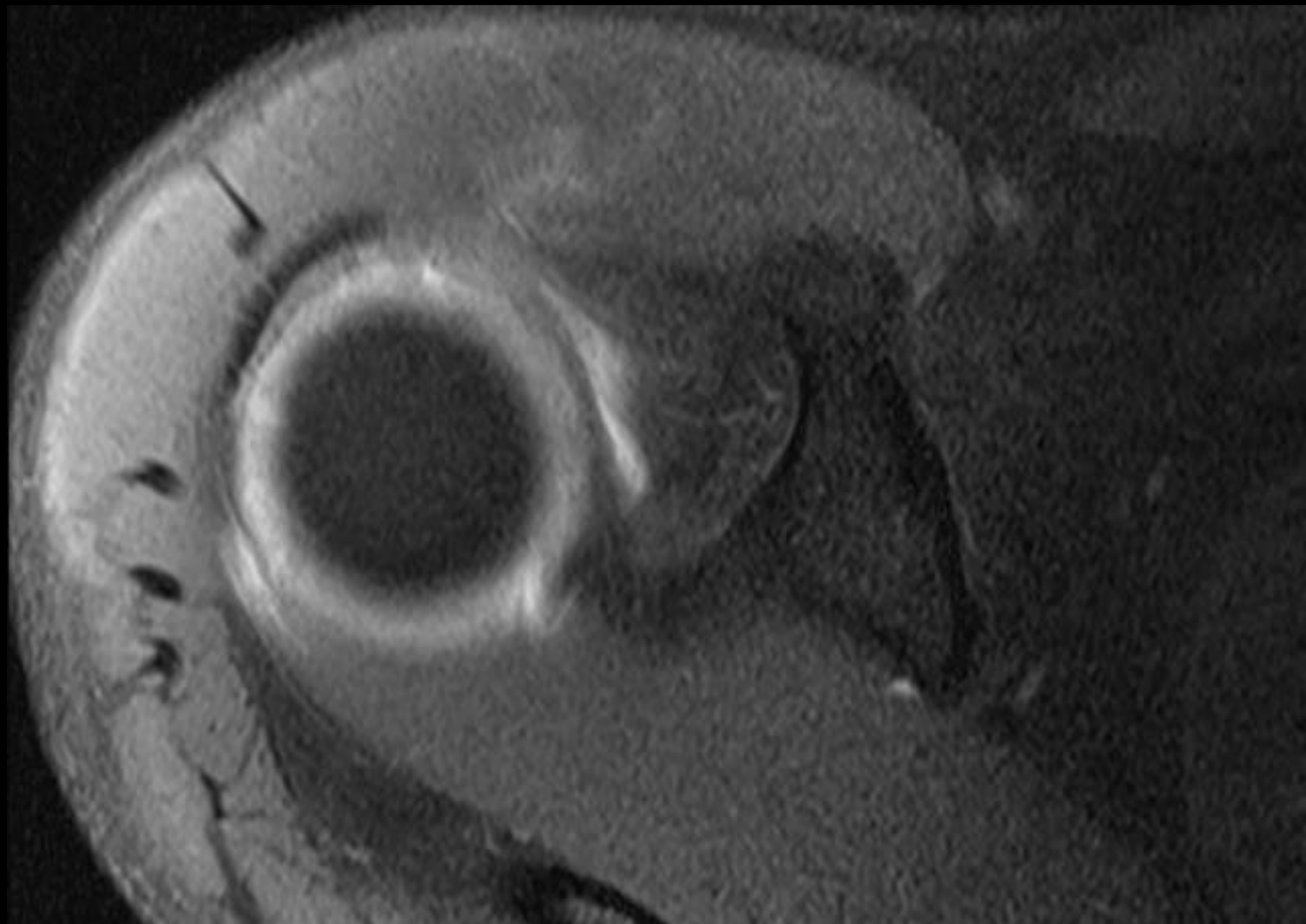
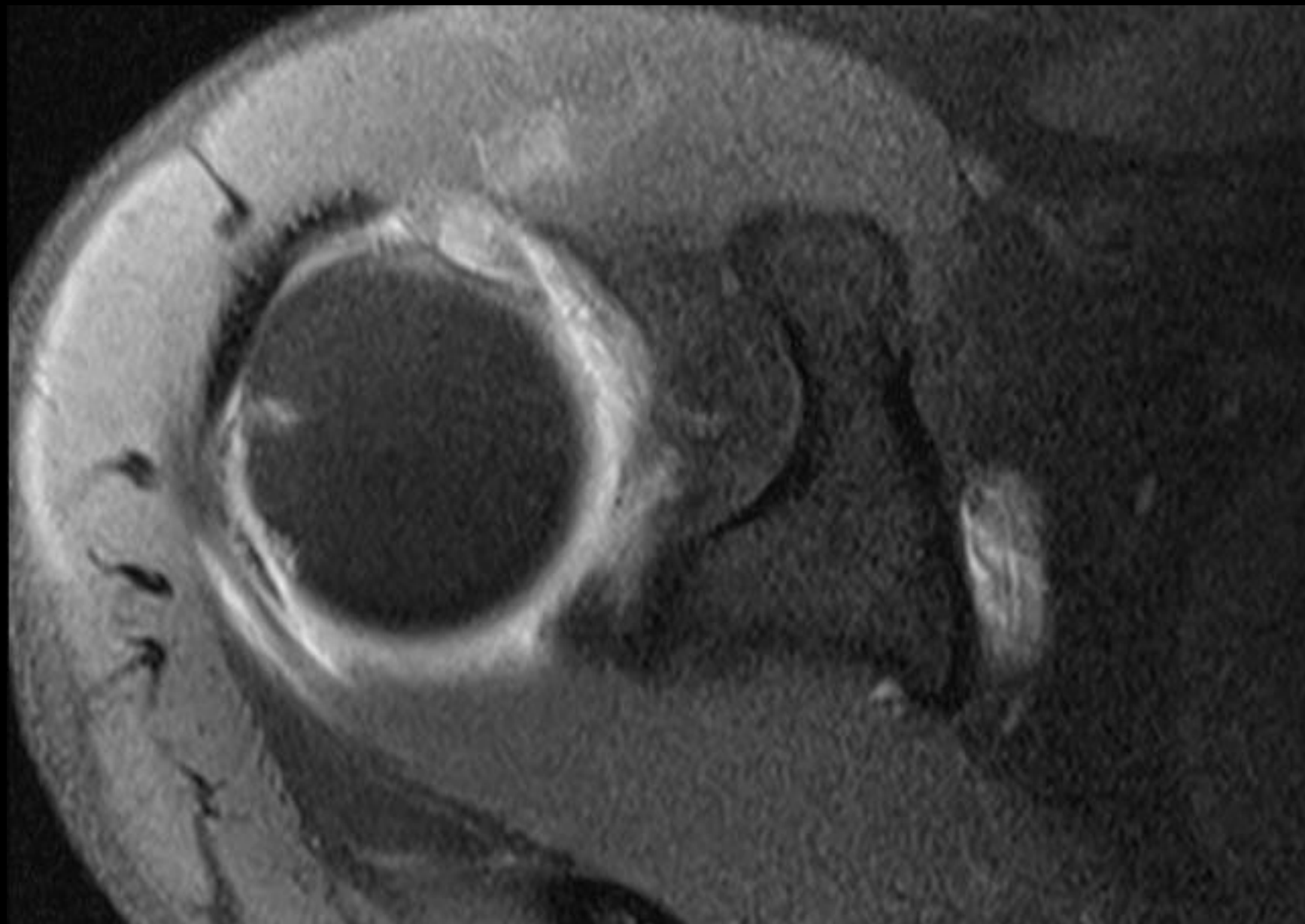


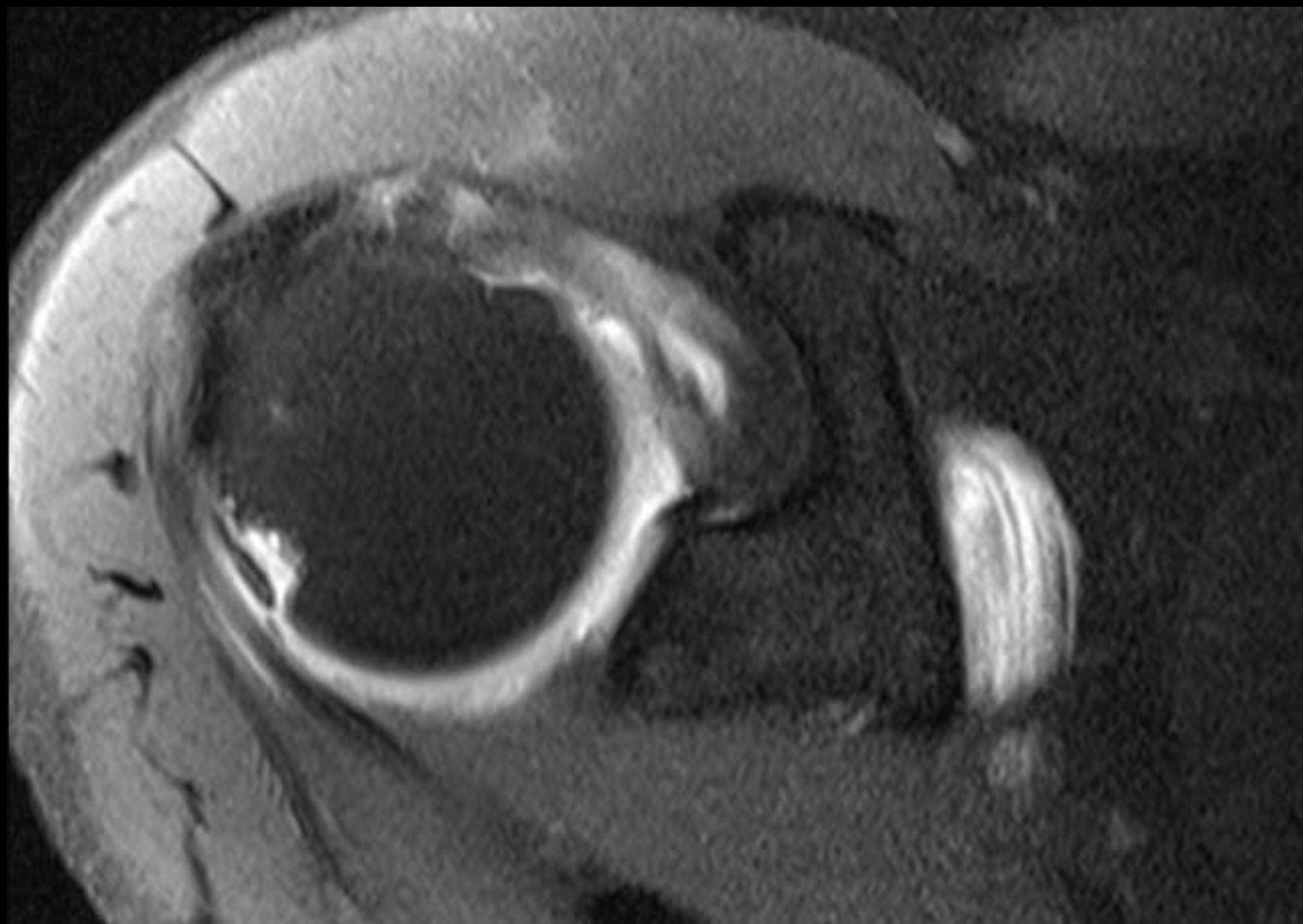


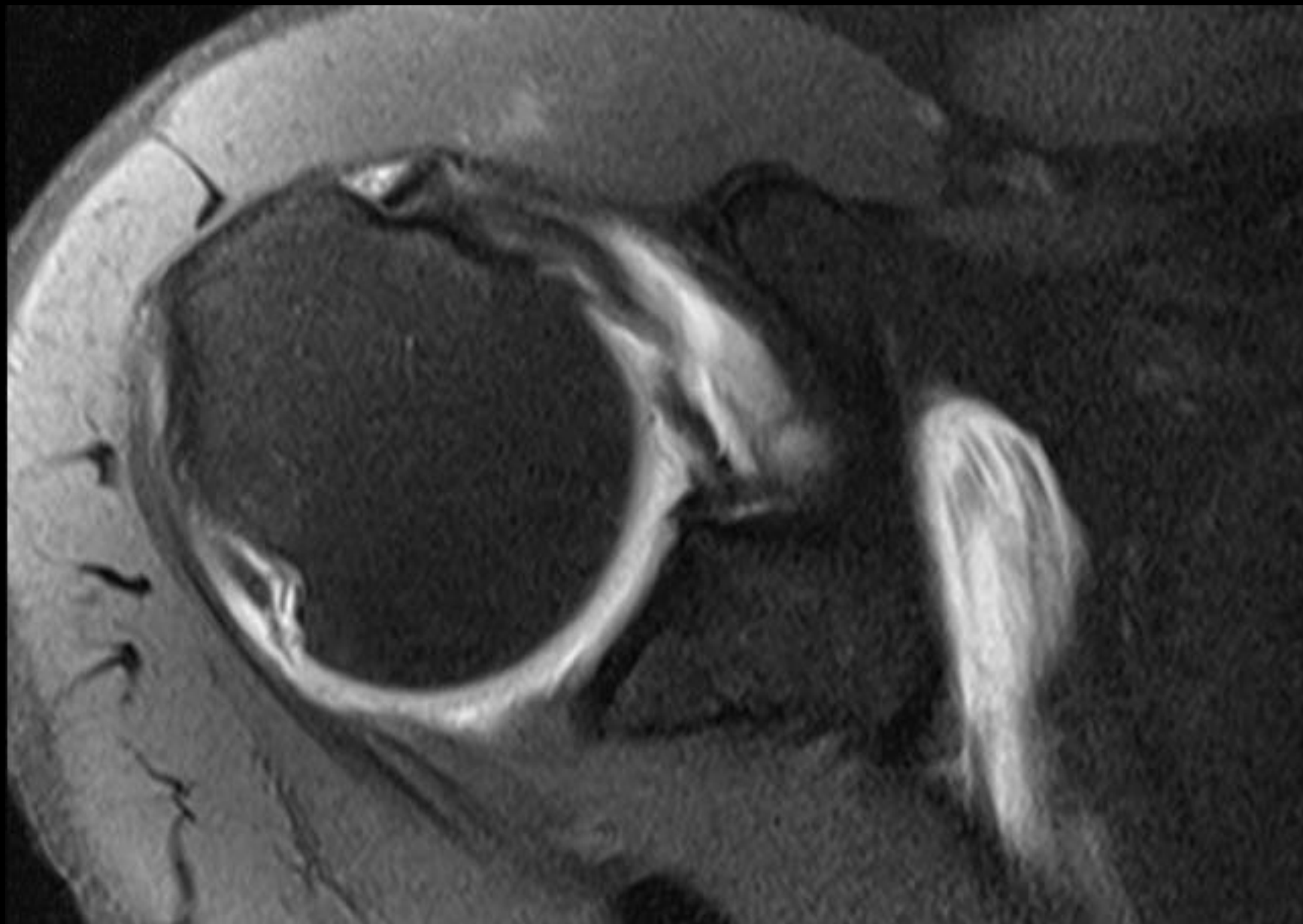
Right shoulder dislocation 1 yr prior  
with ongoing pain

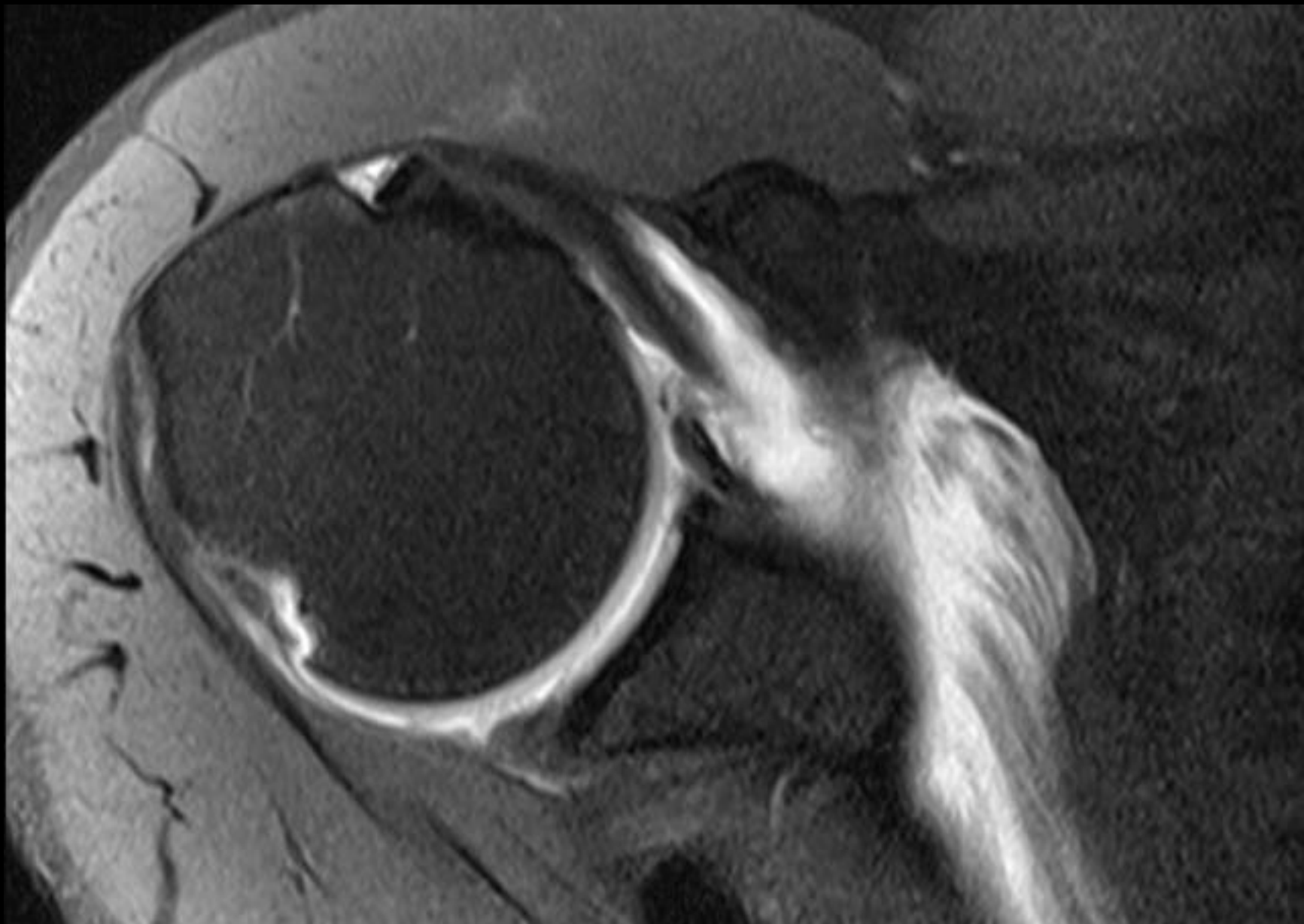


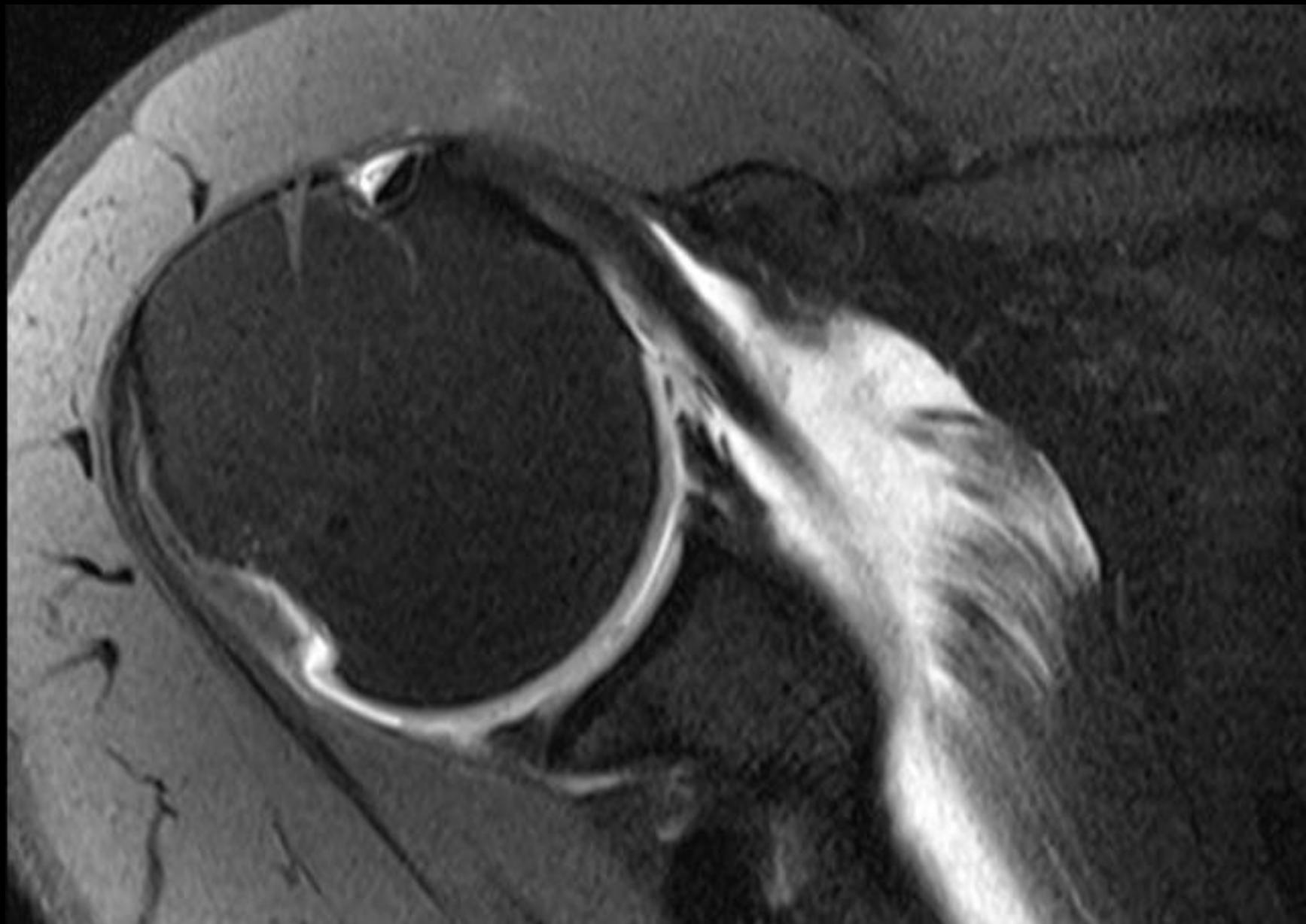




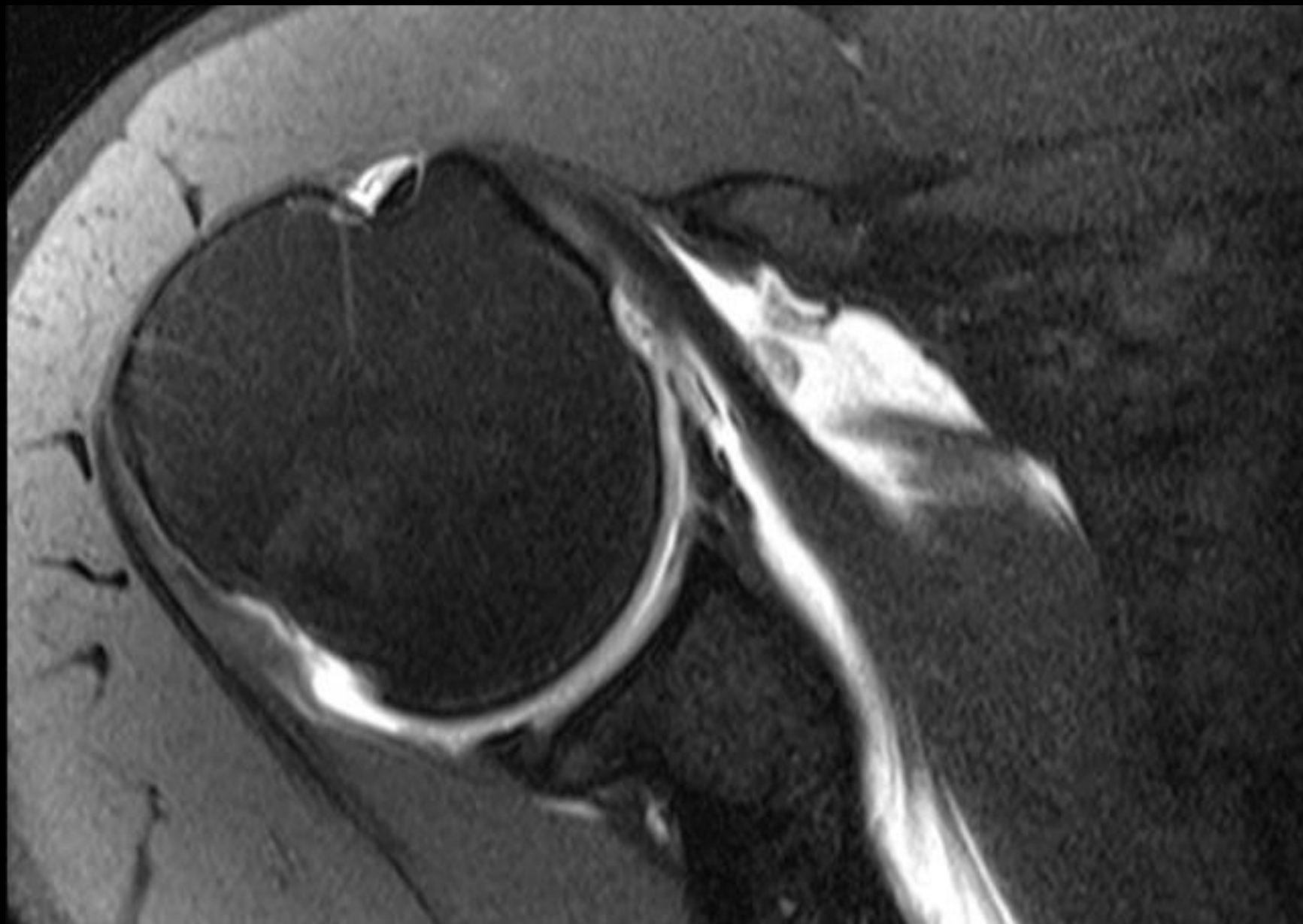


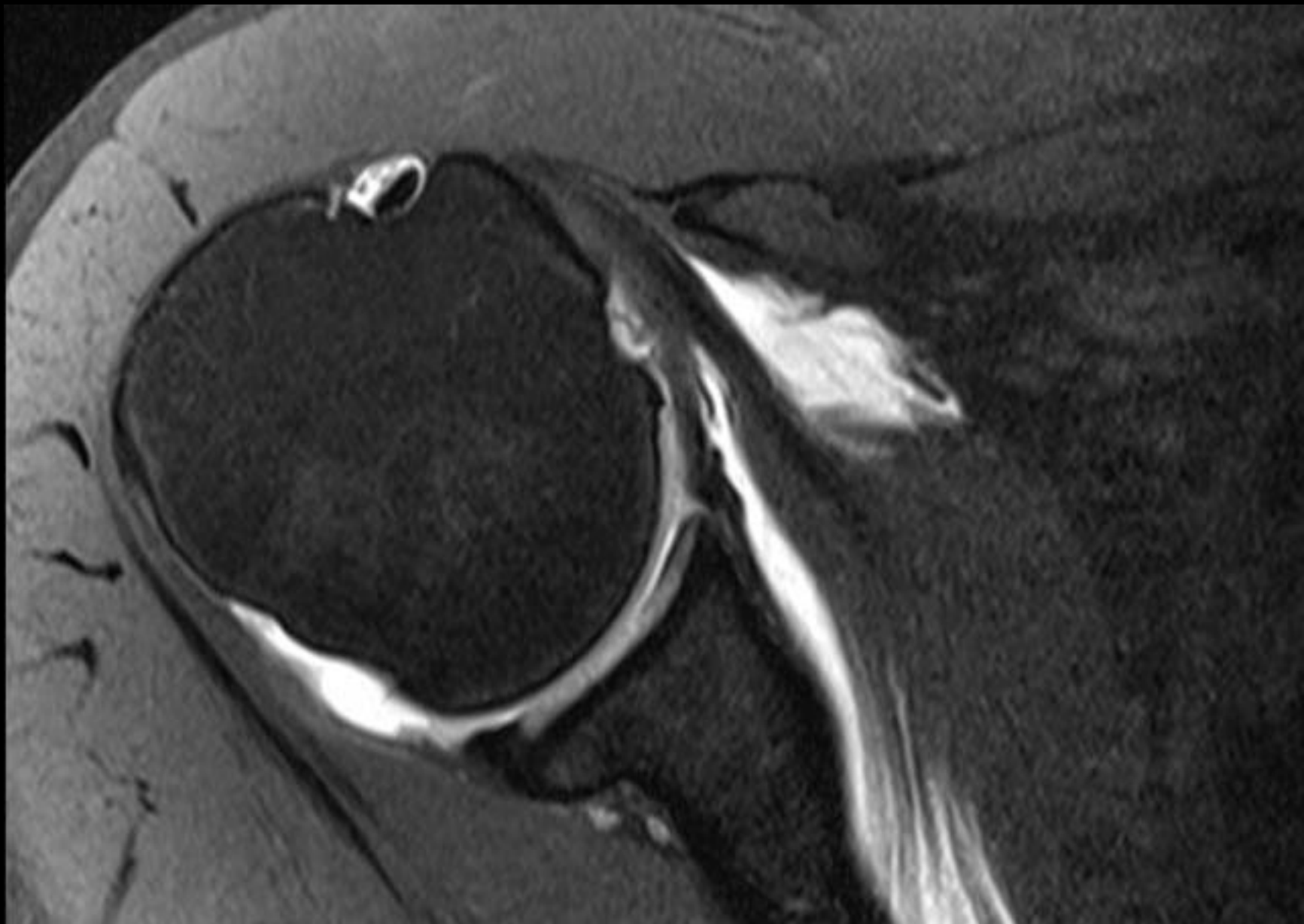


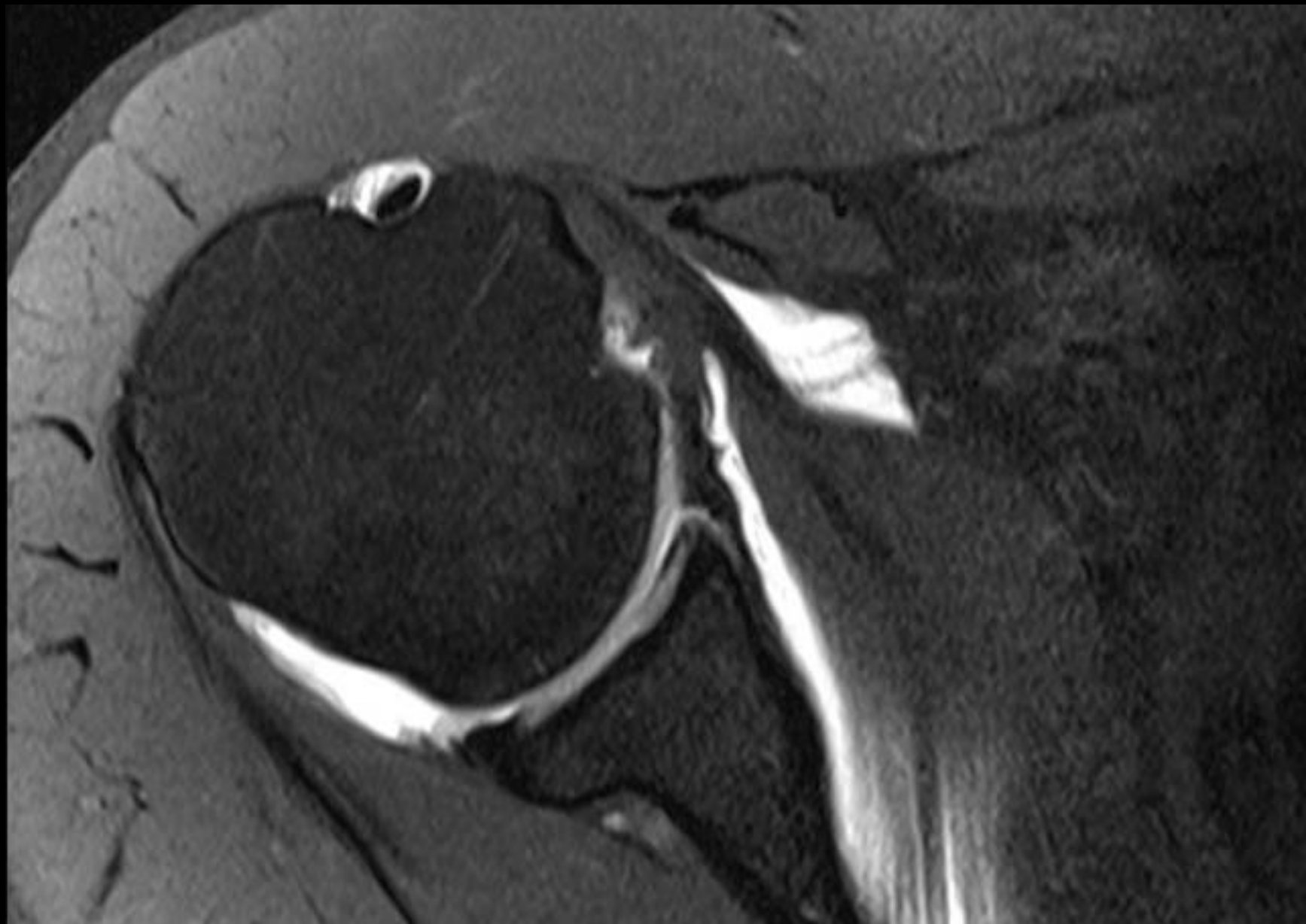


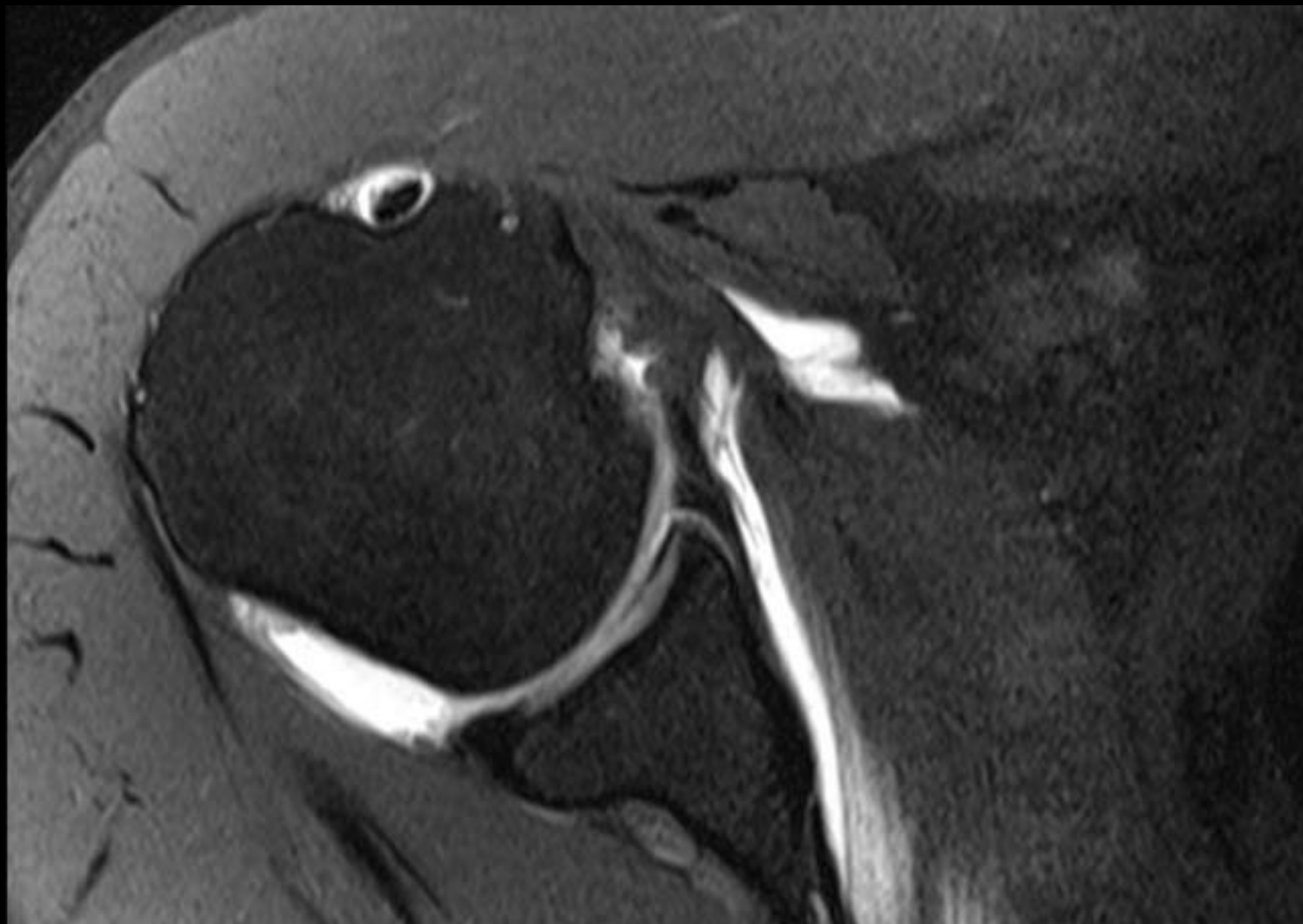


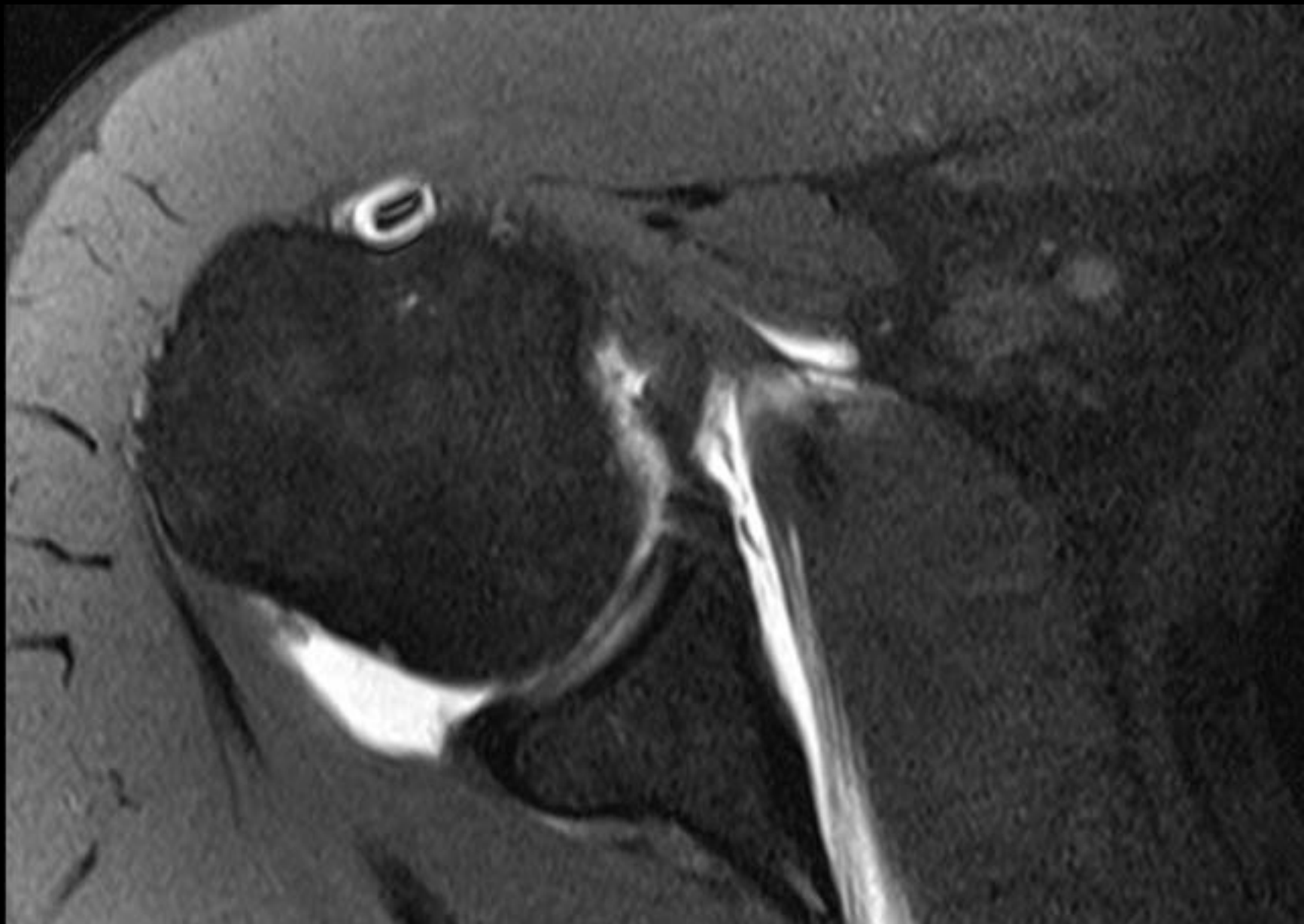


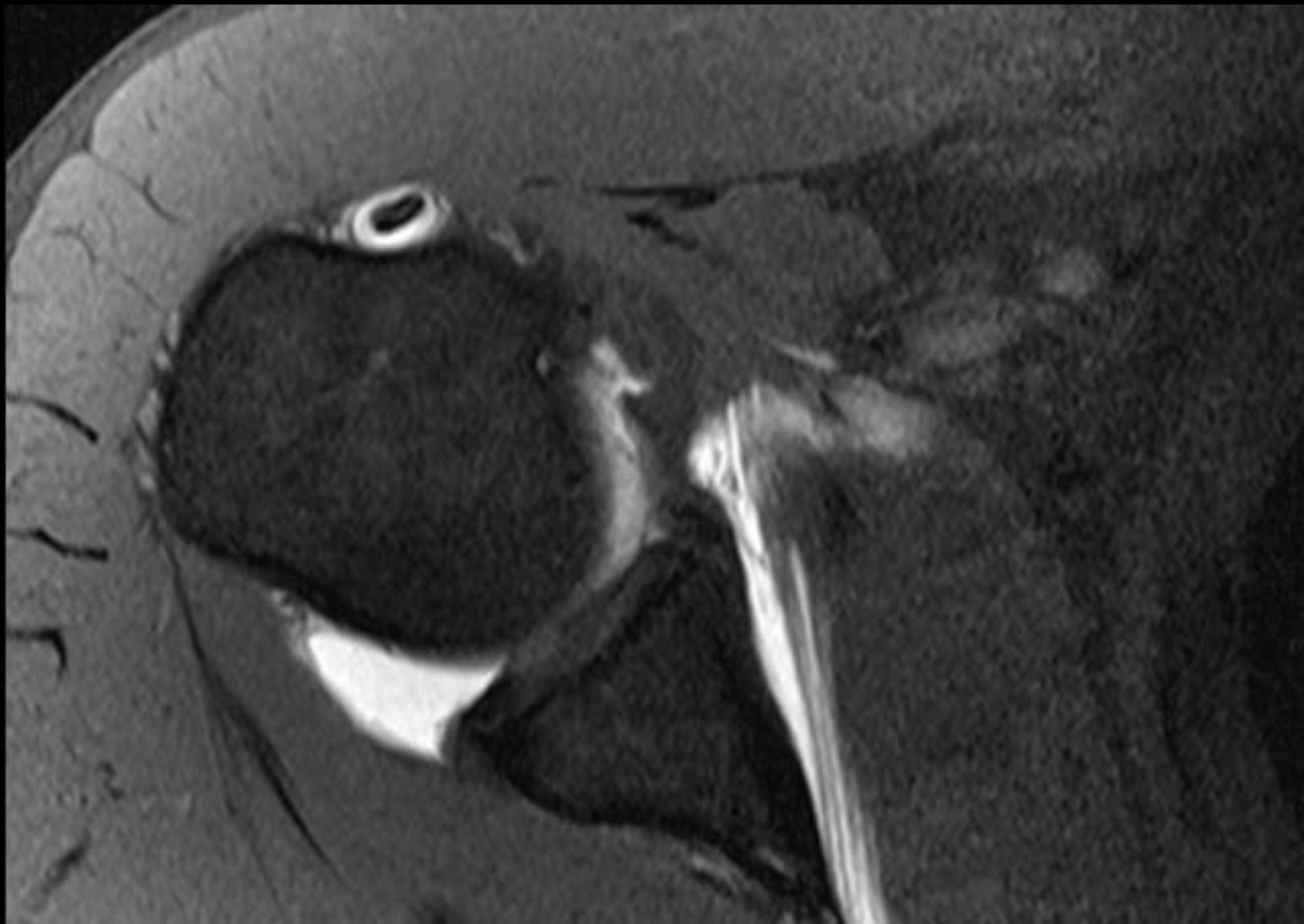


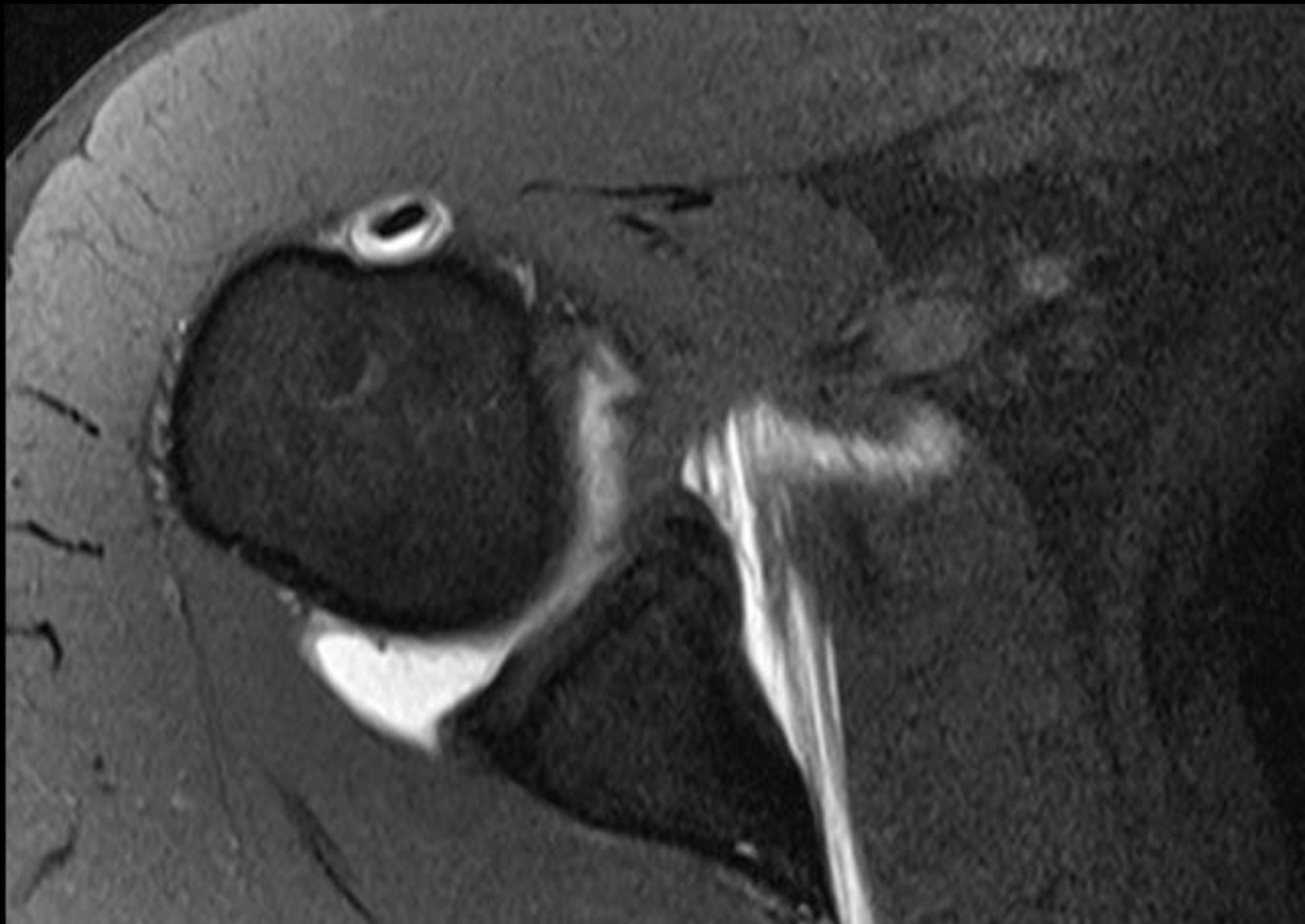


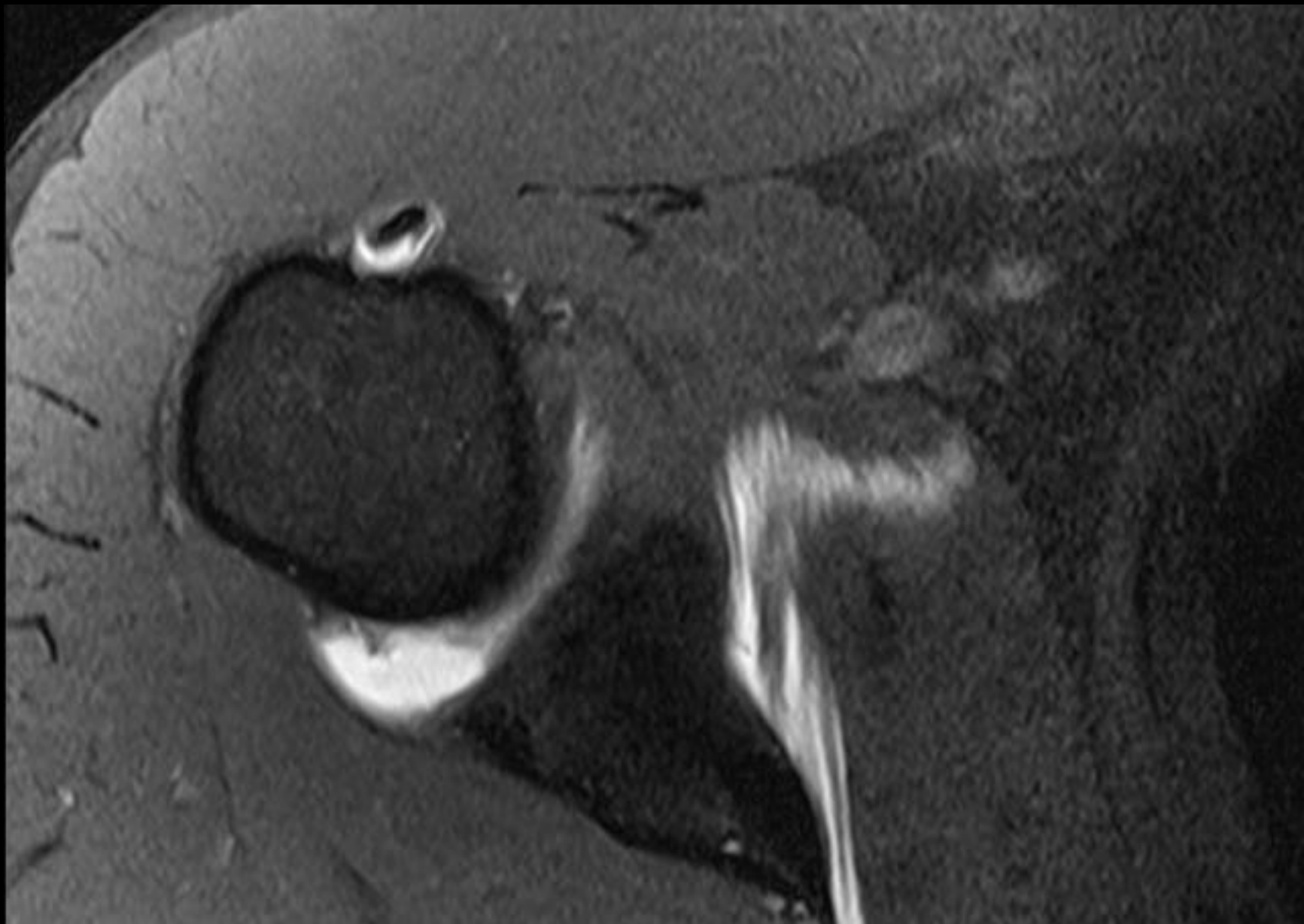




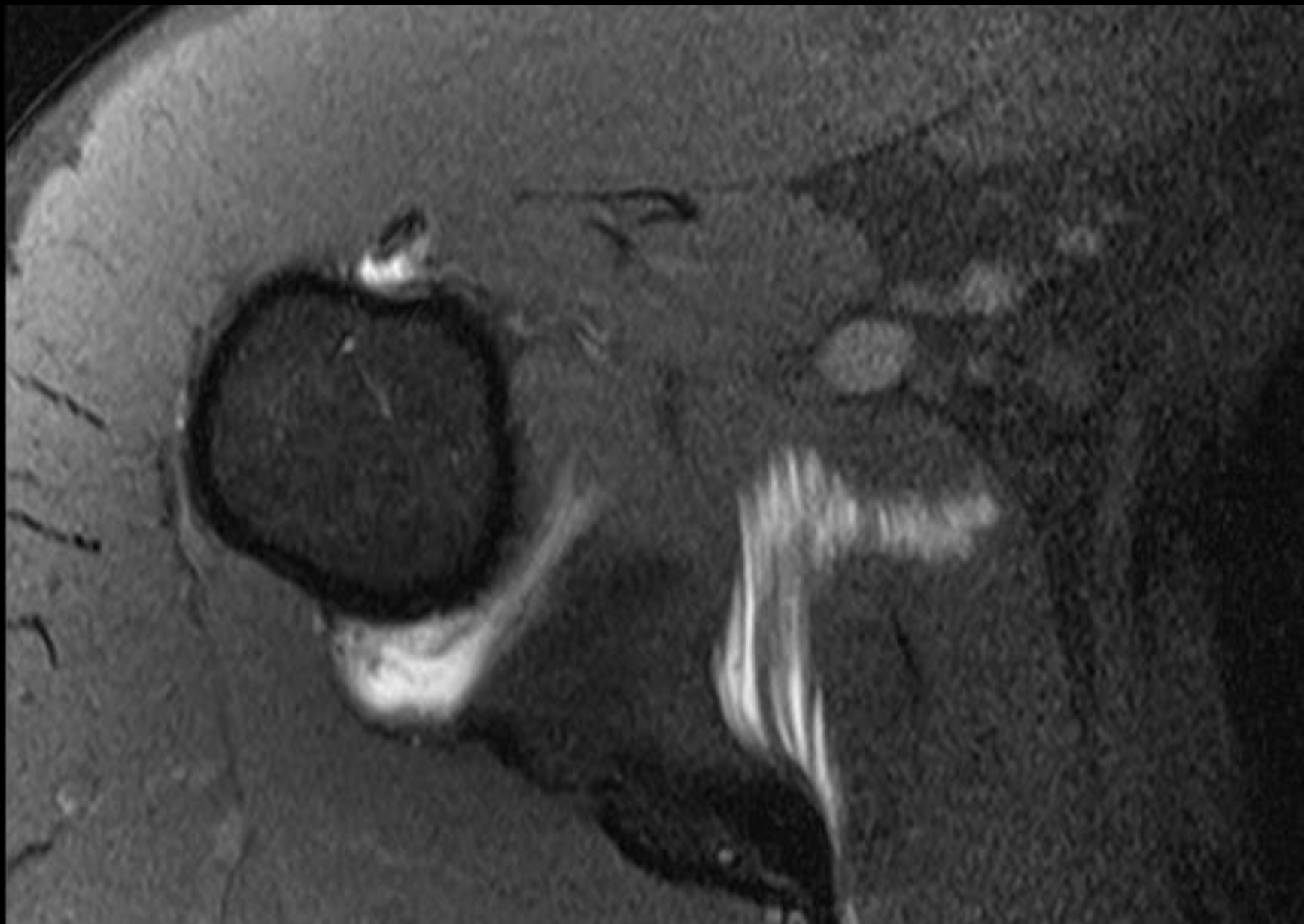


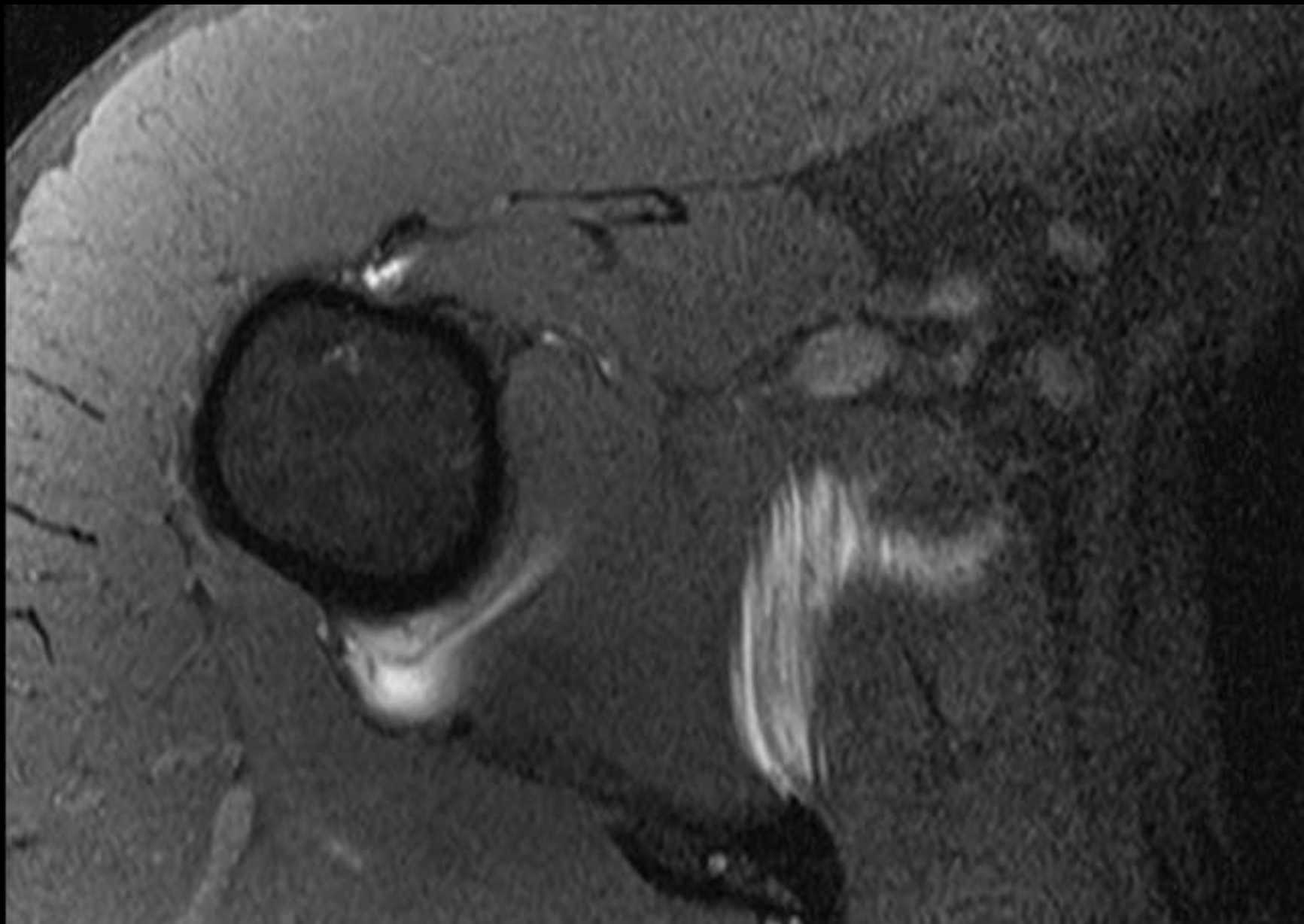








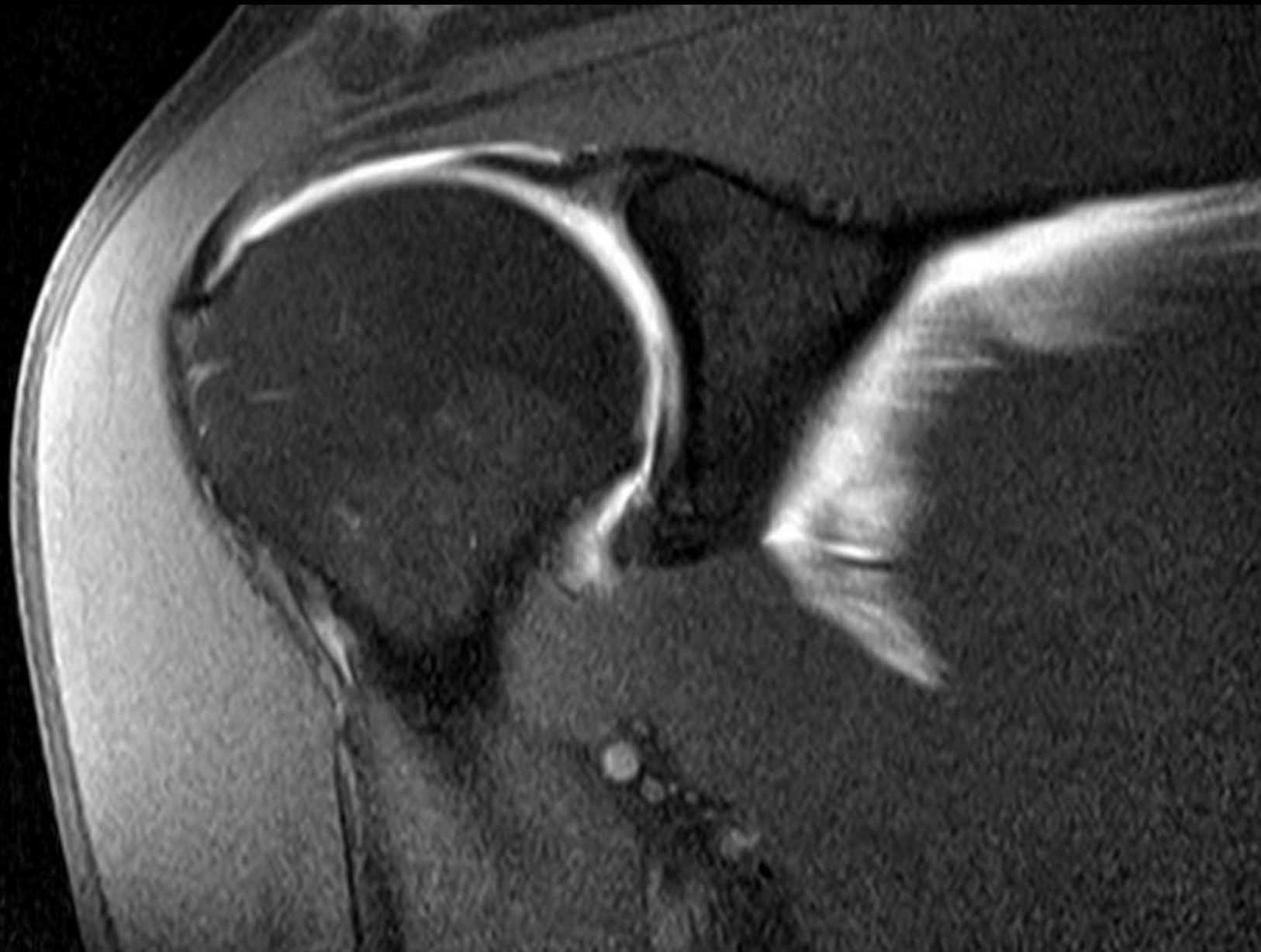


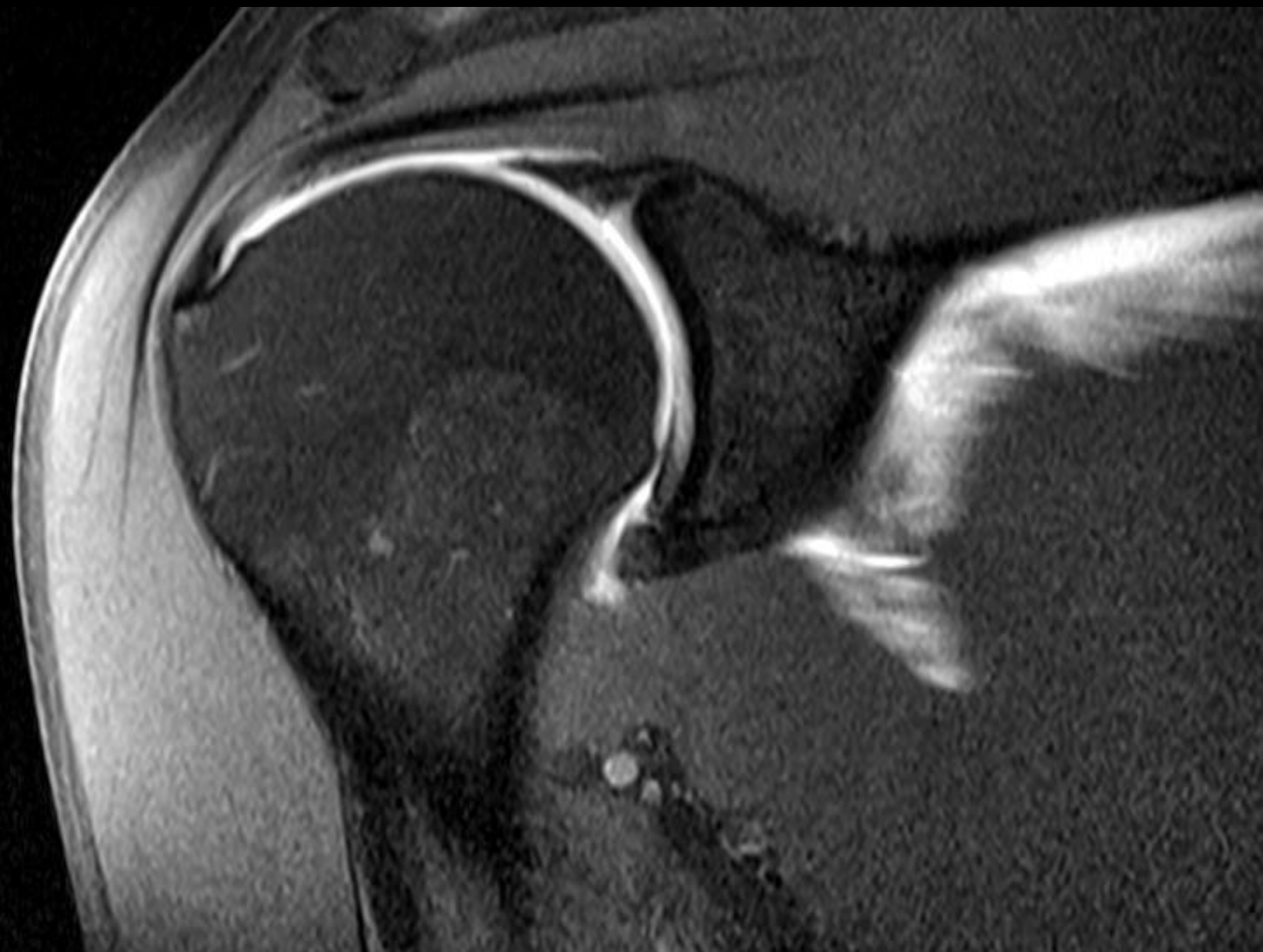


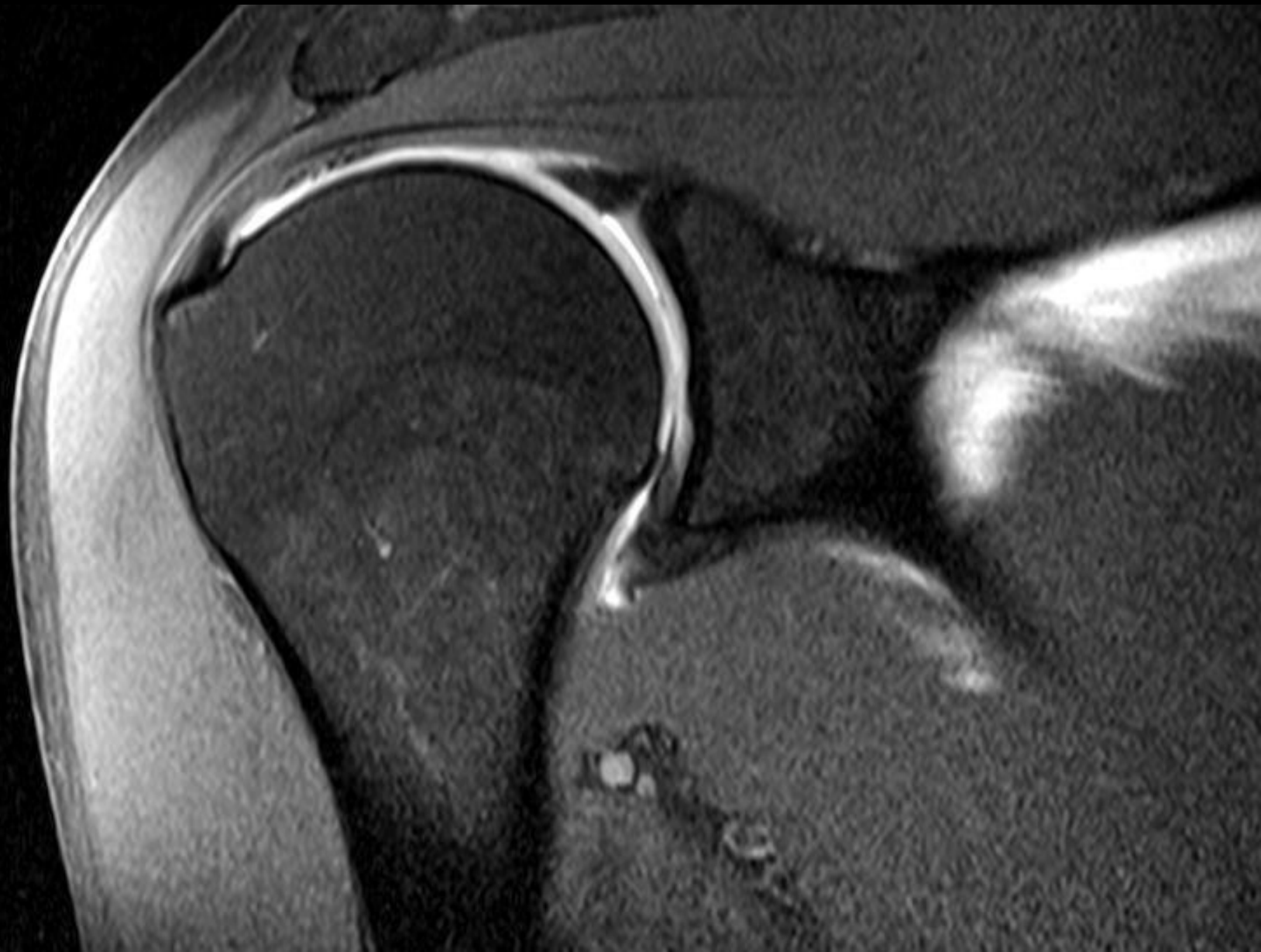




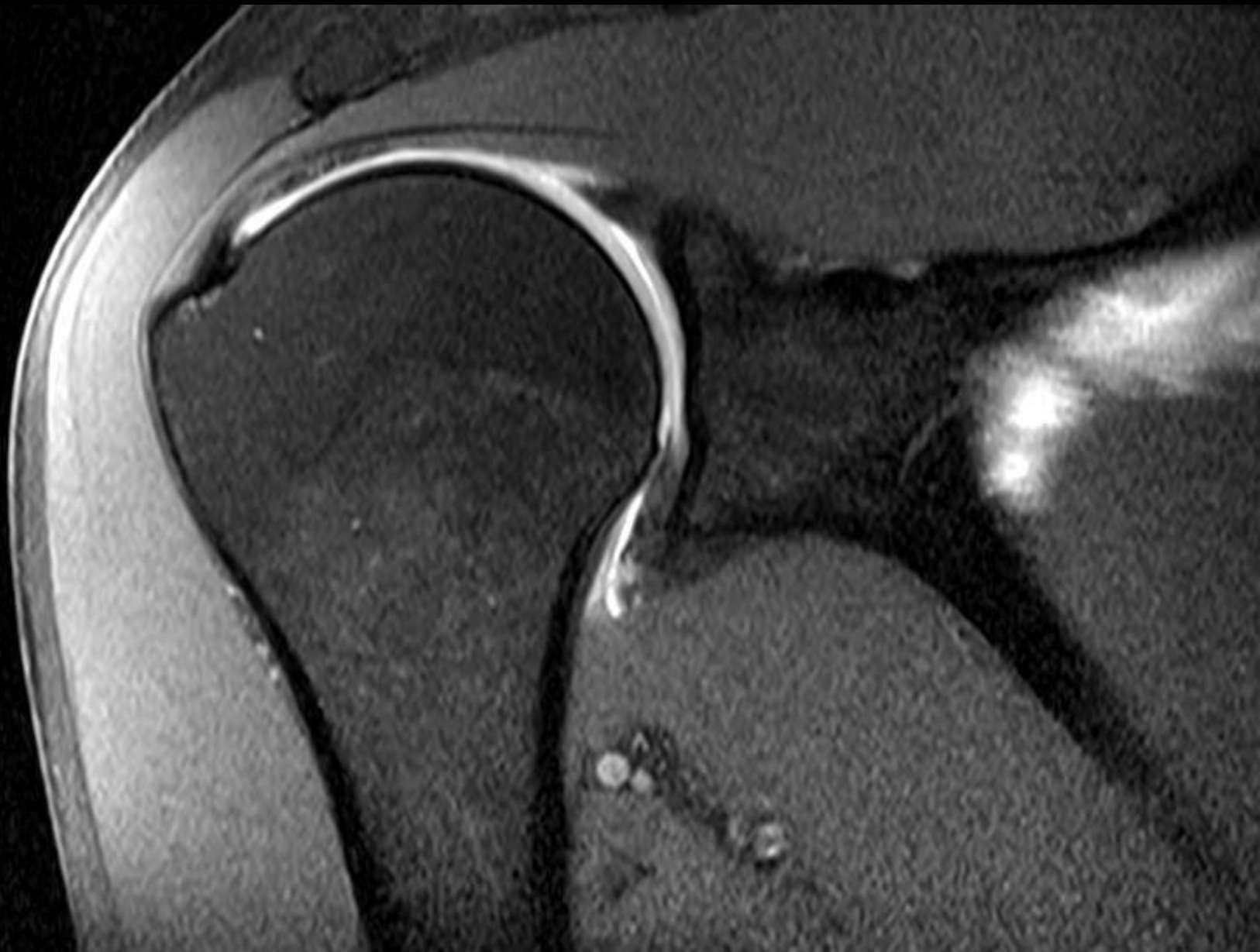


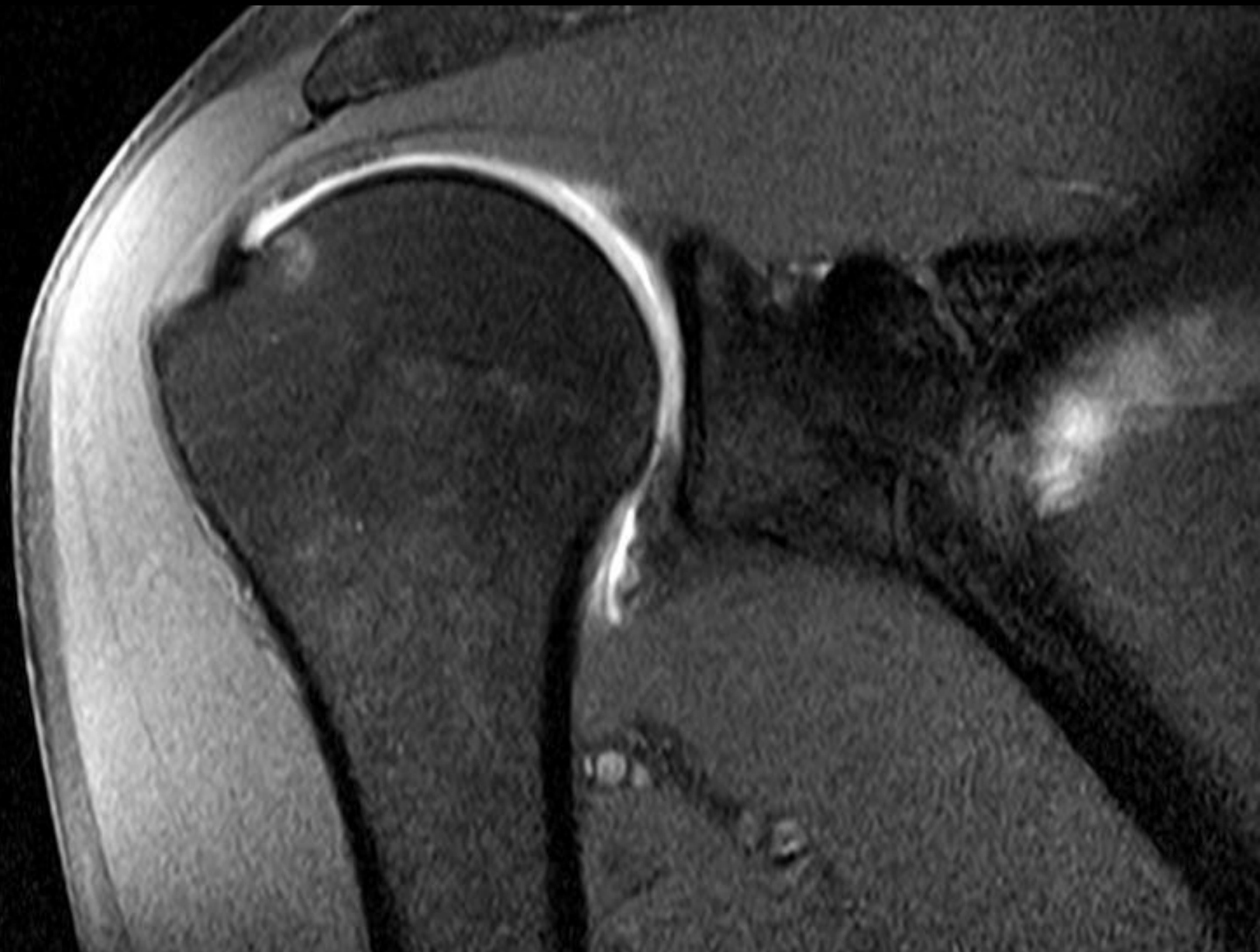


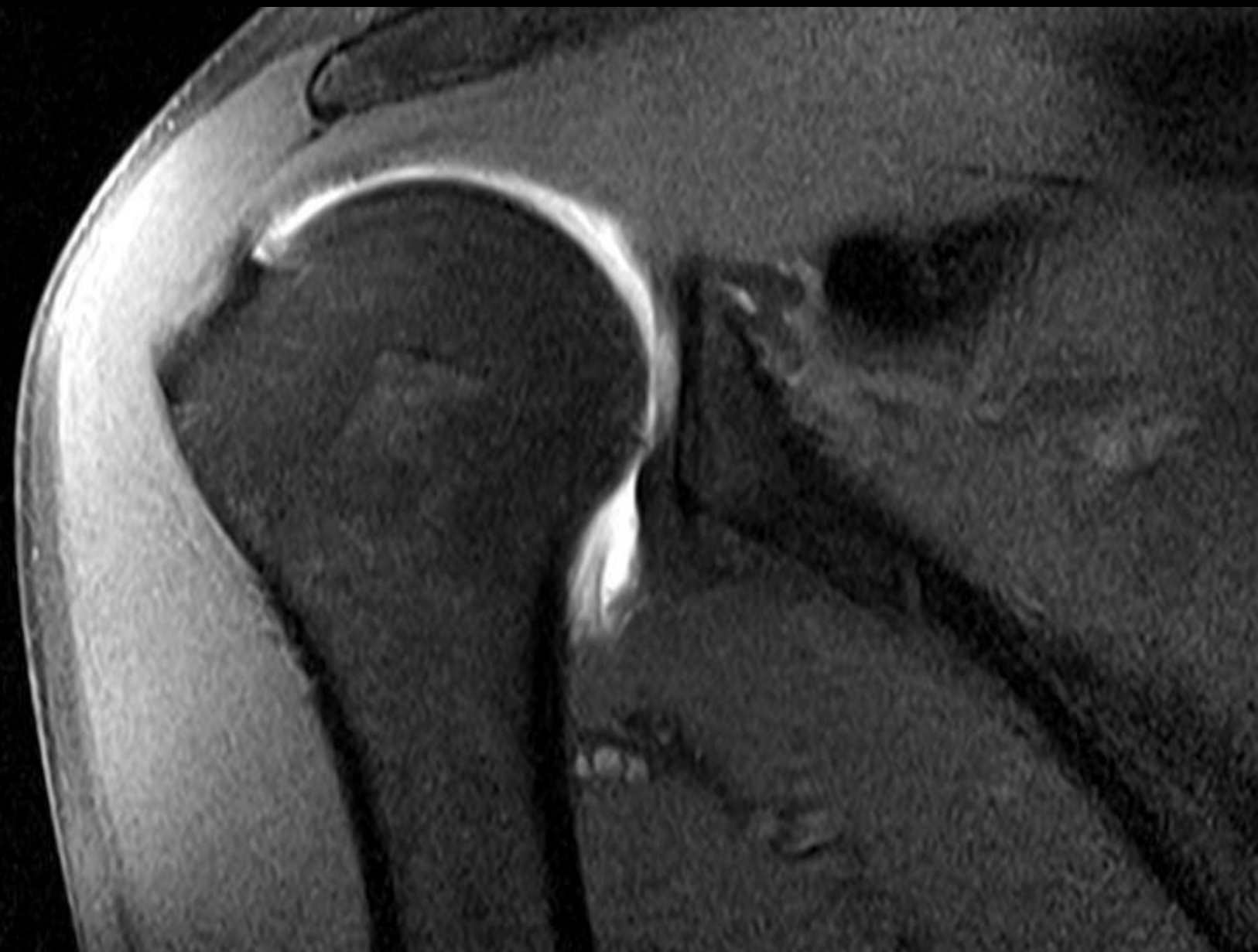


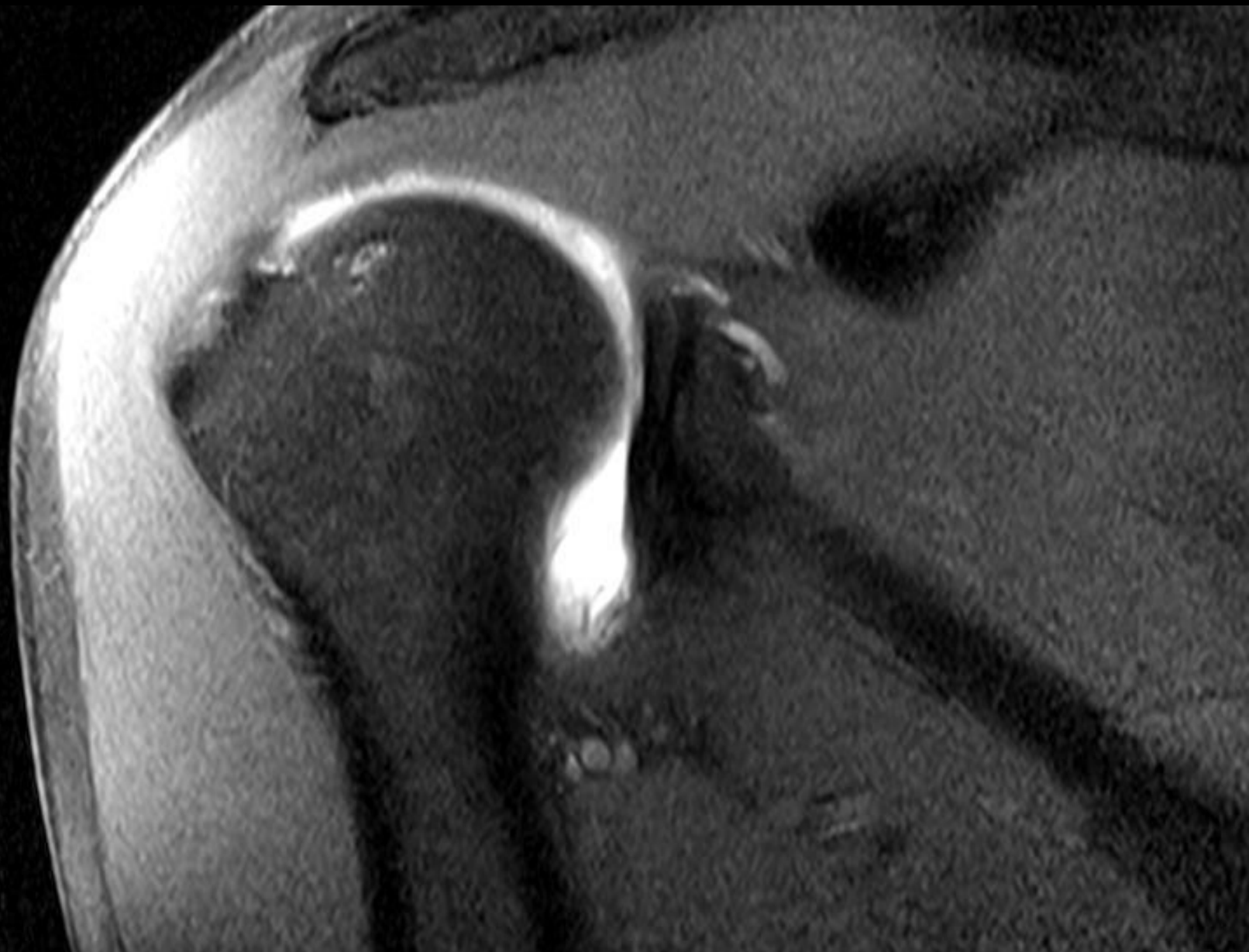


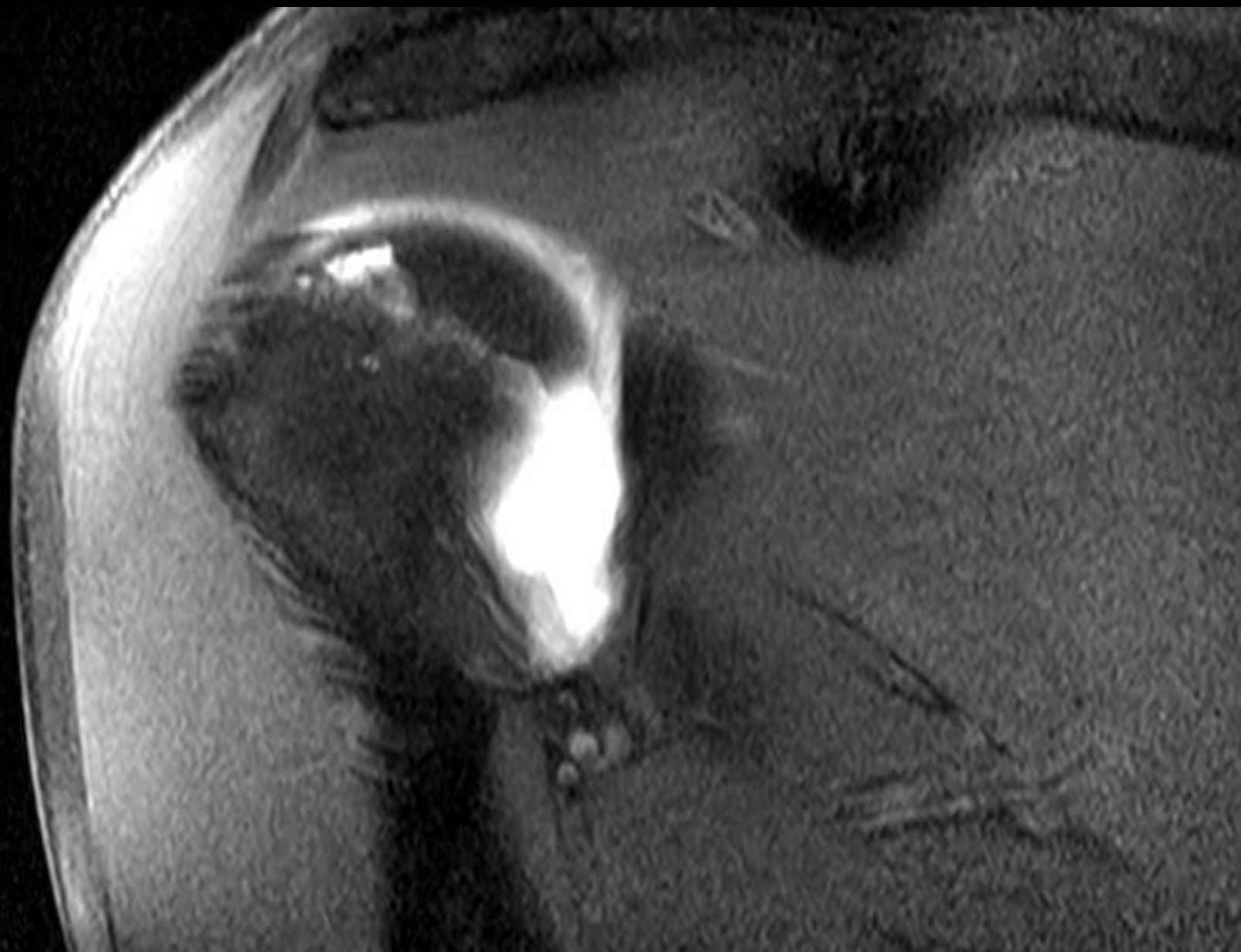


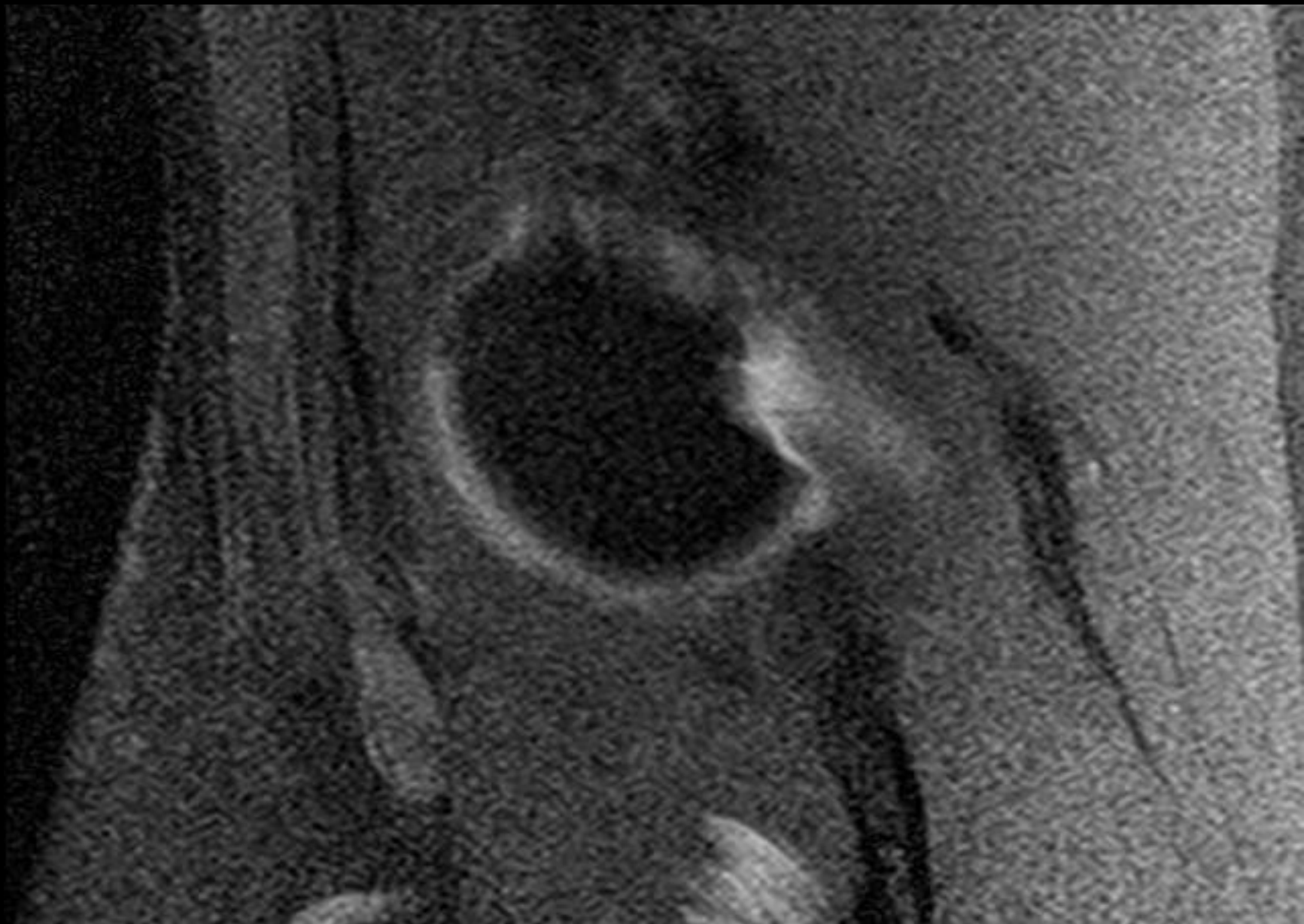


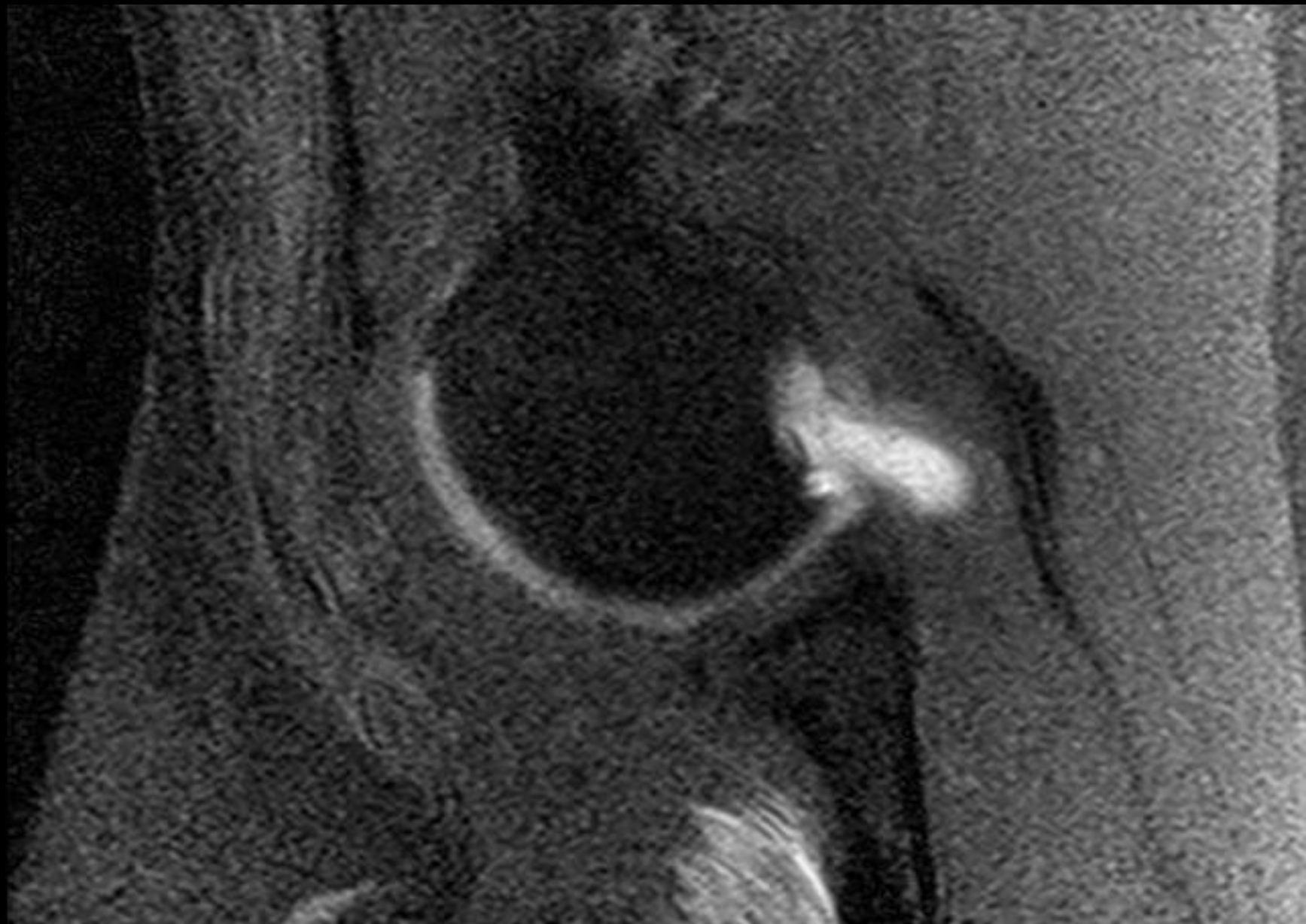


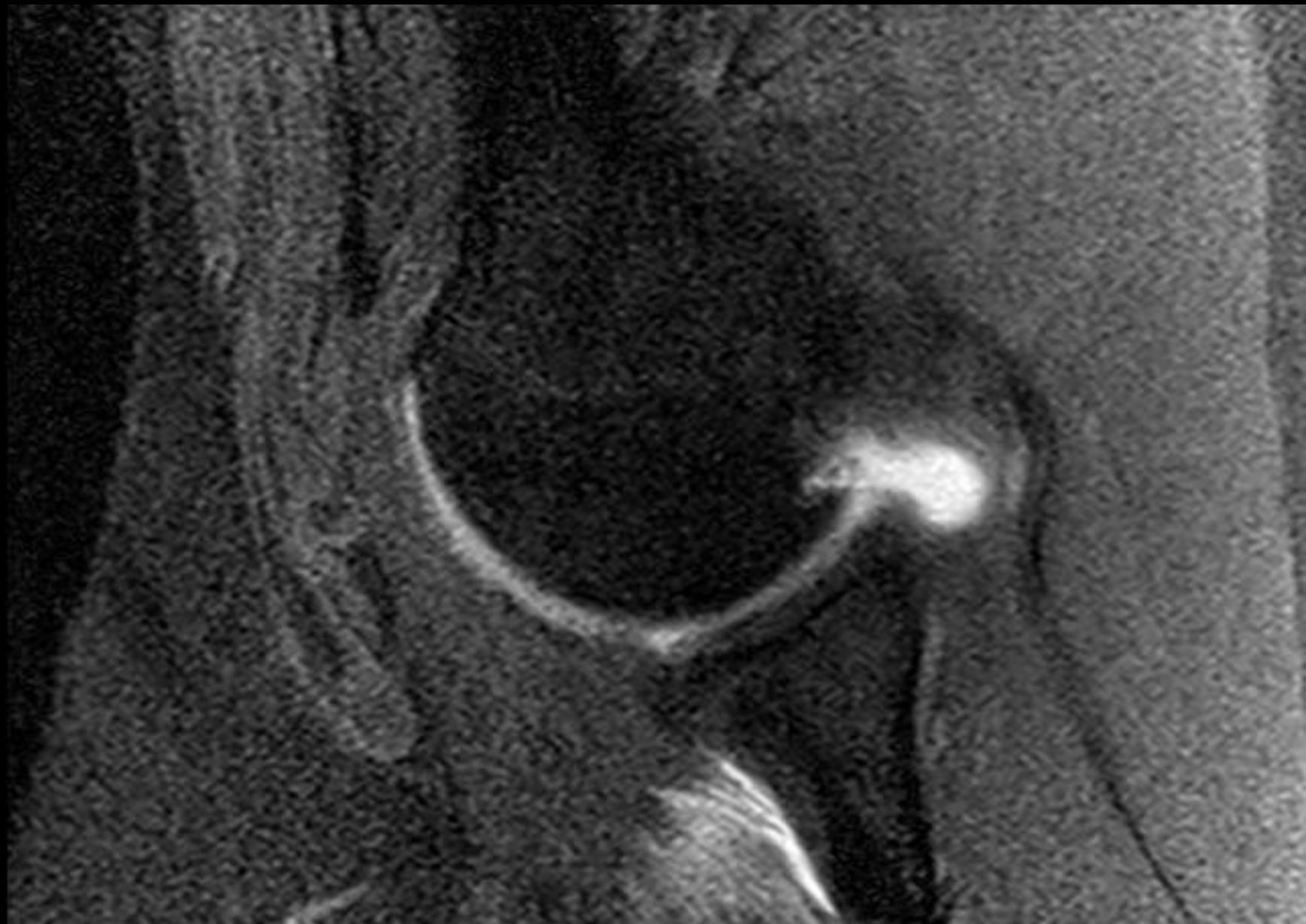




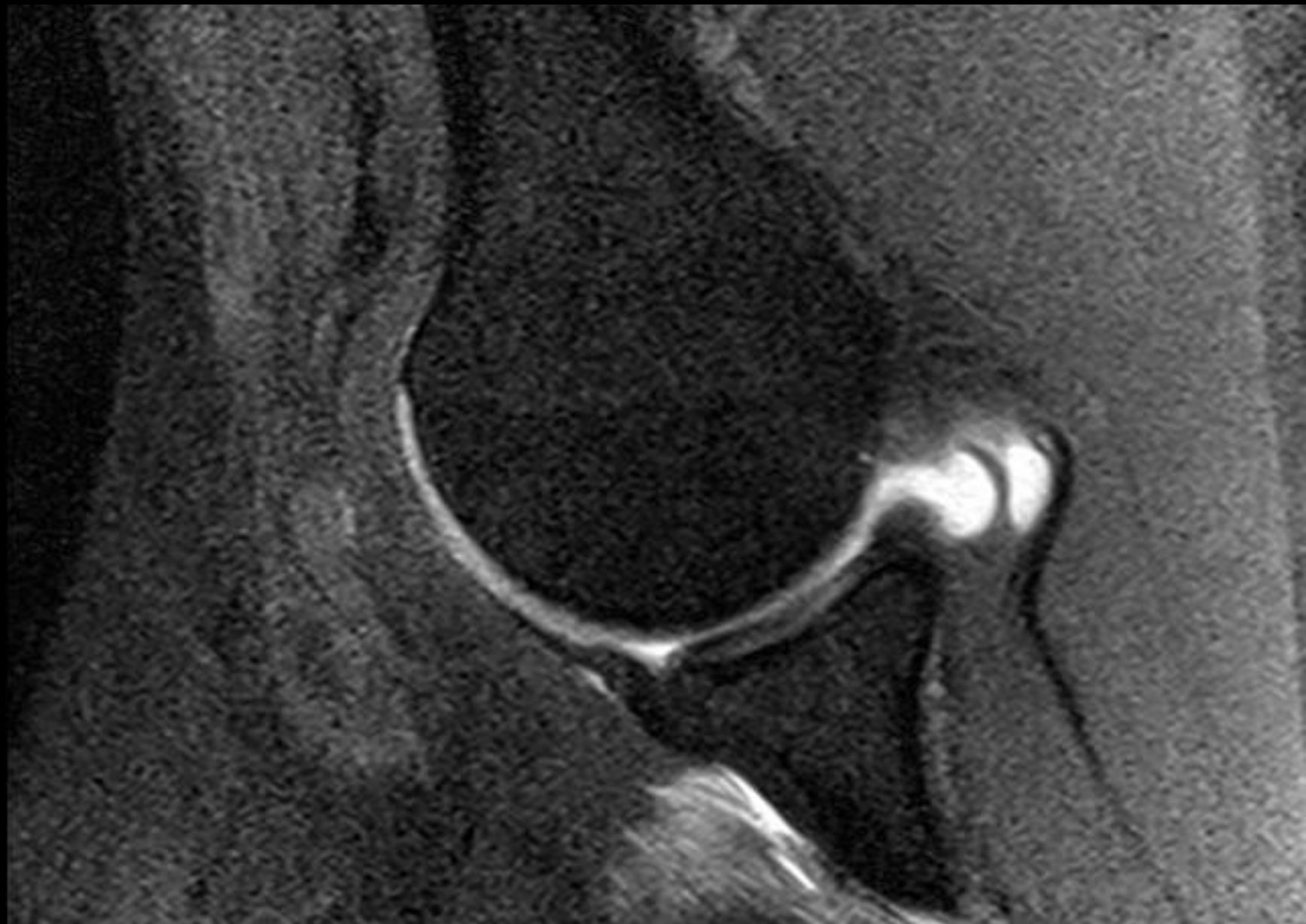




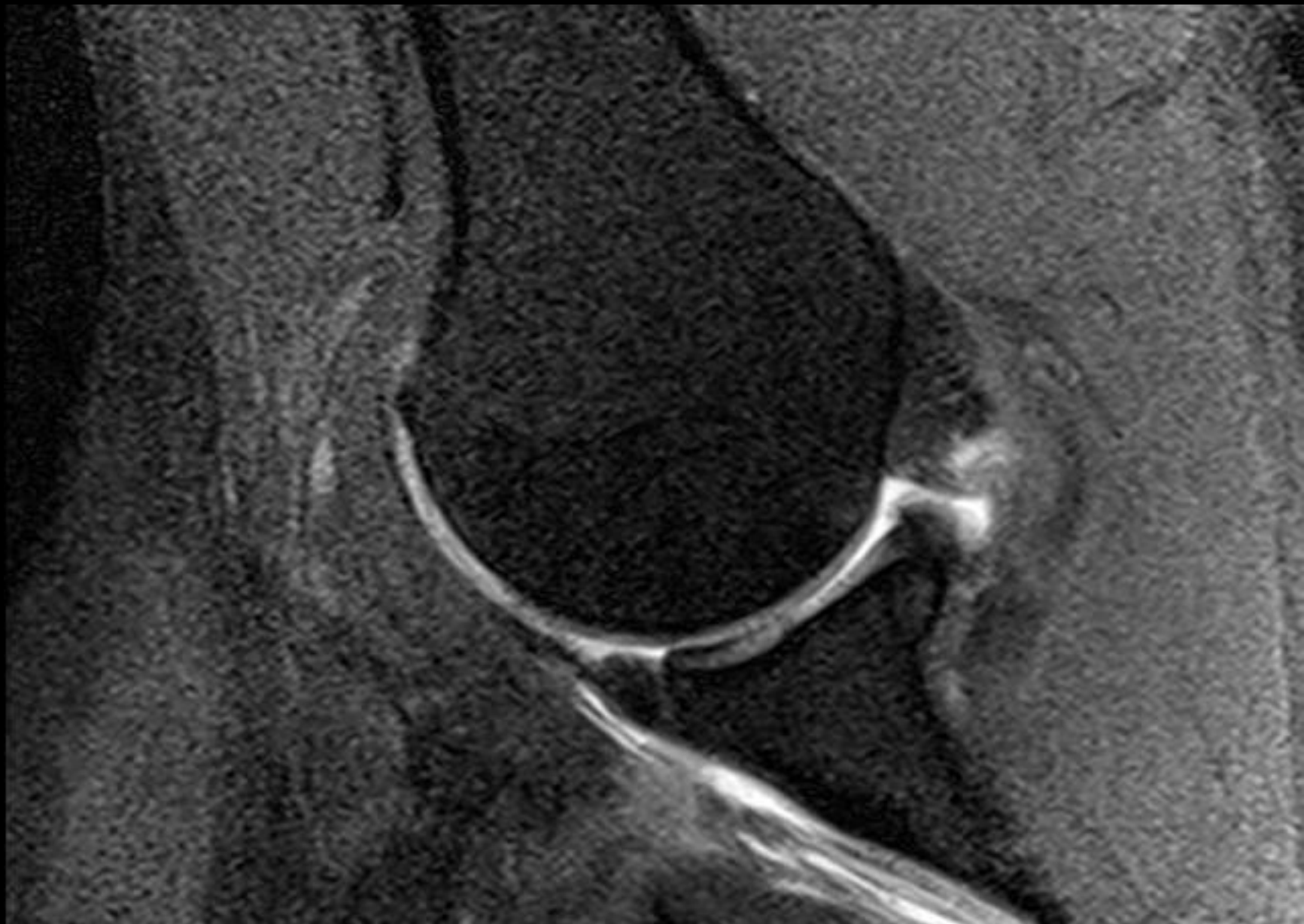


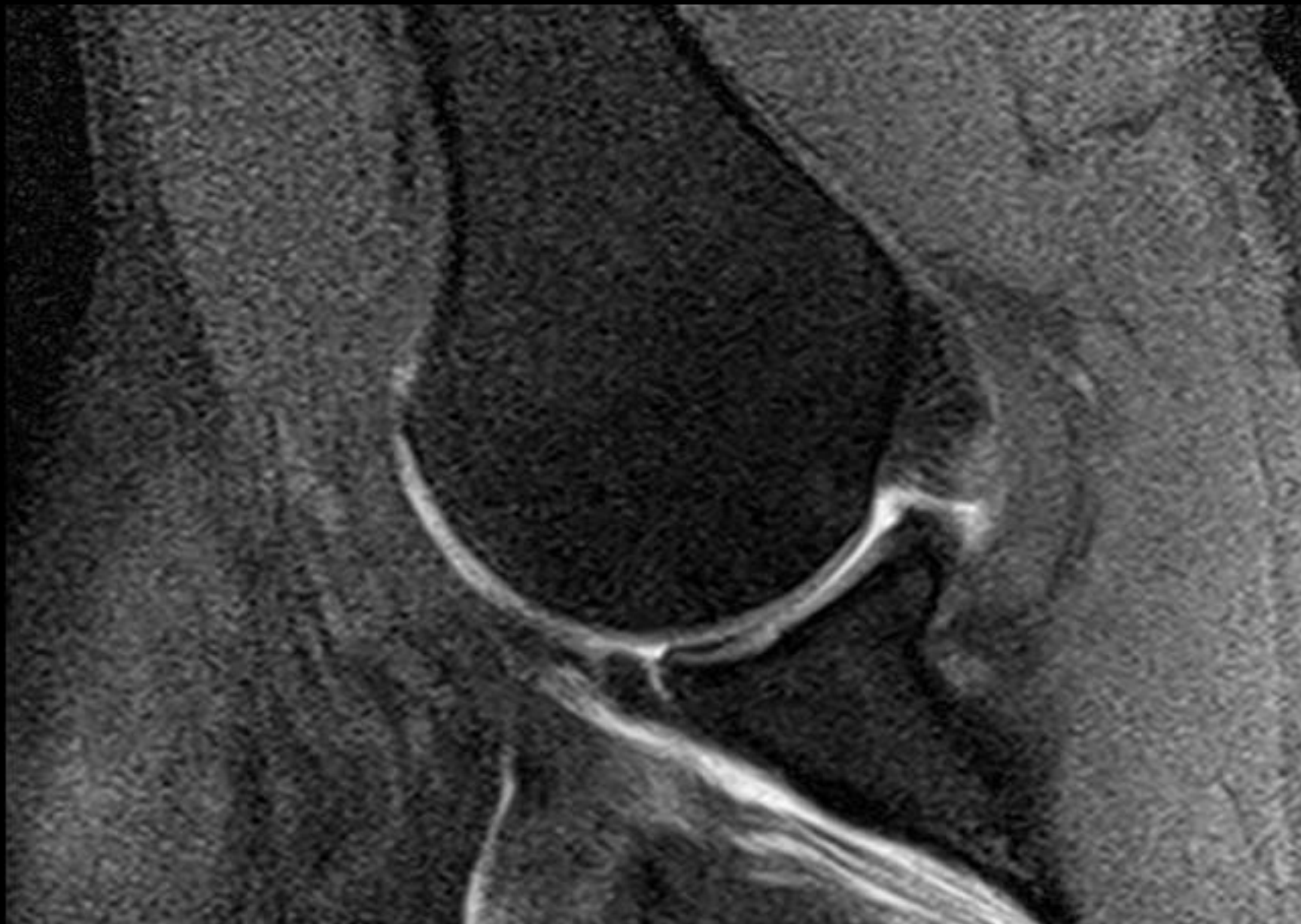




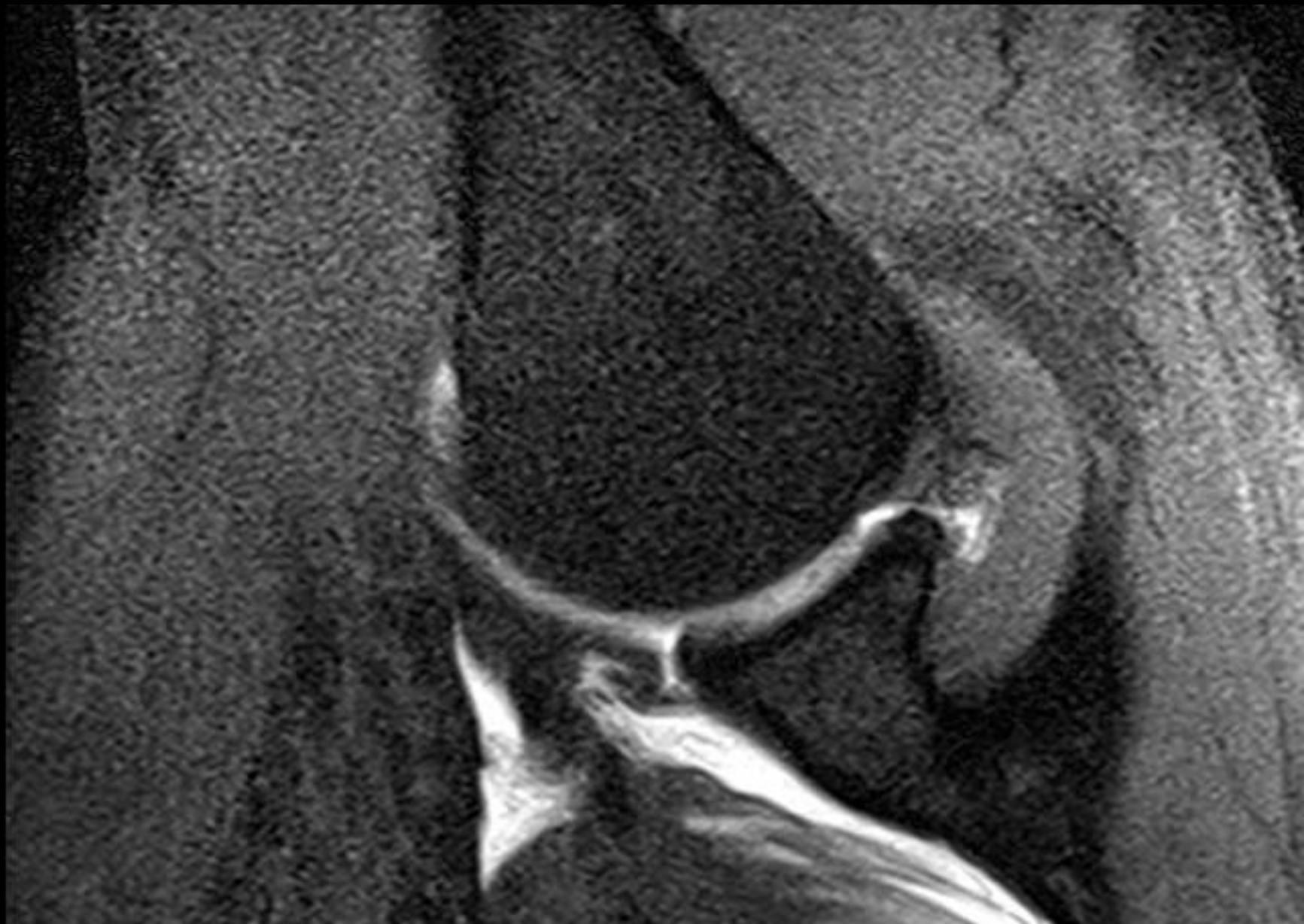


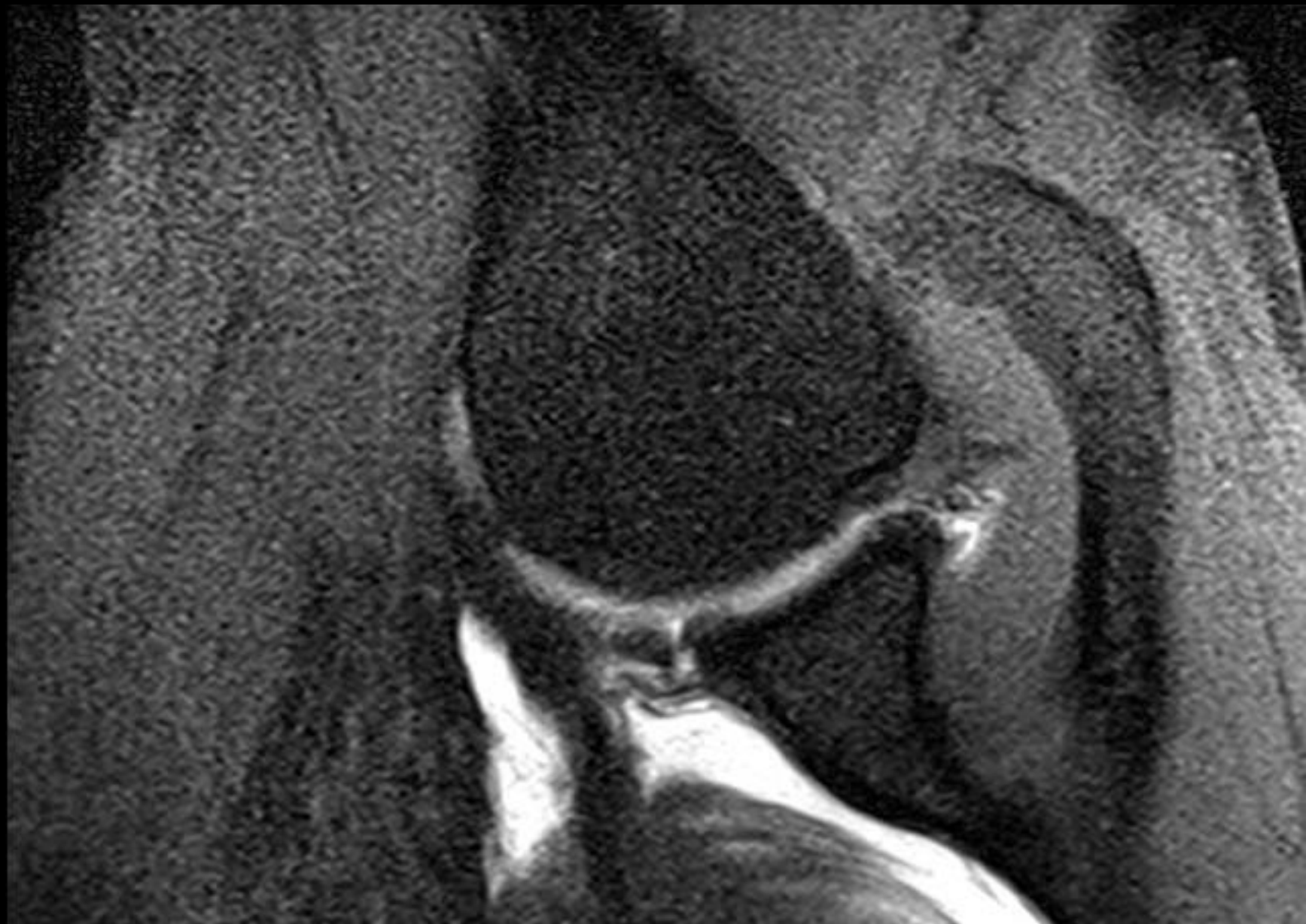


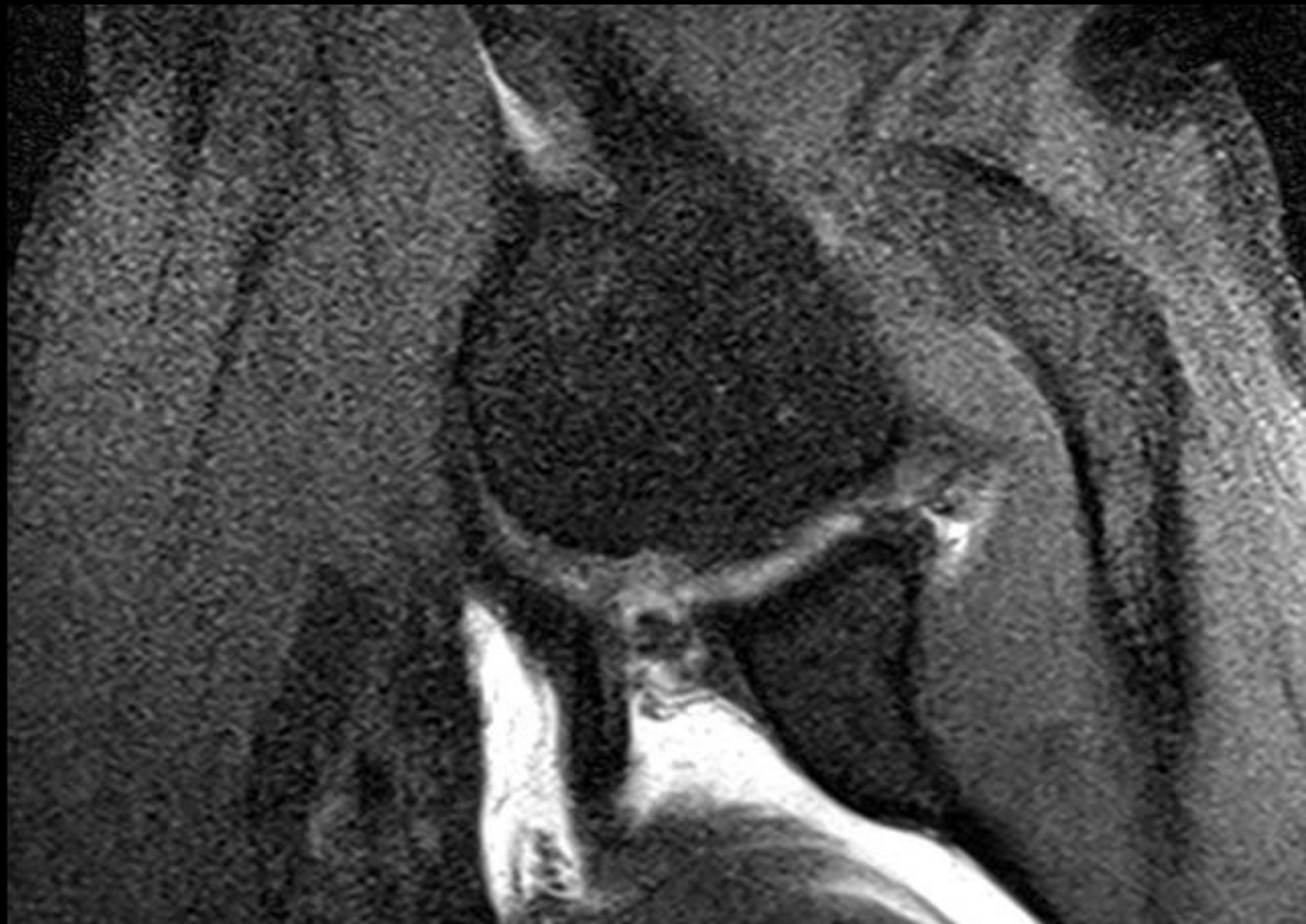




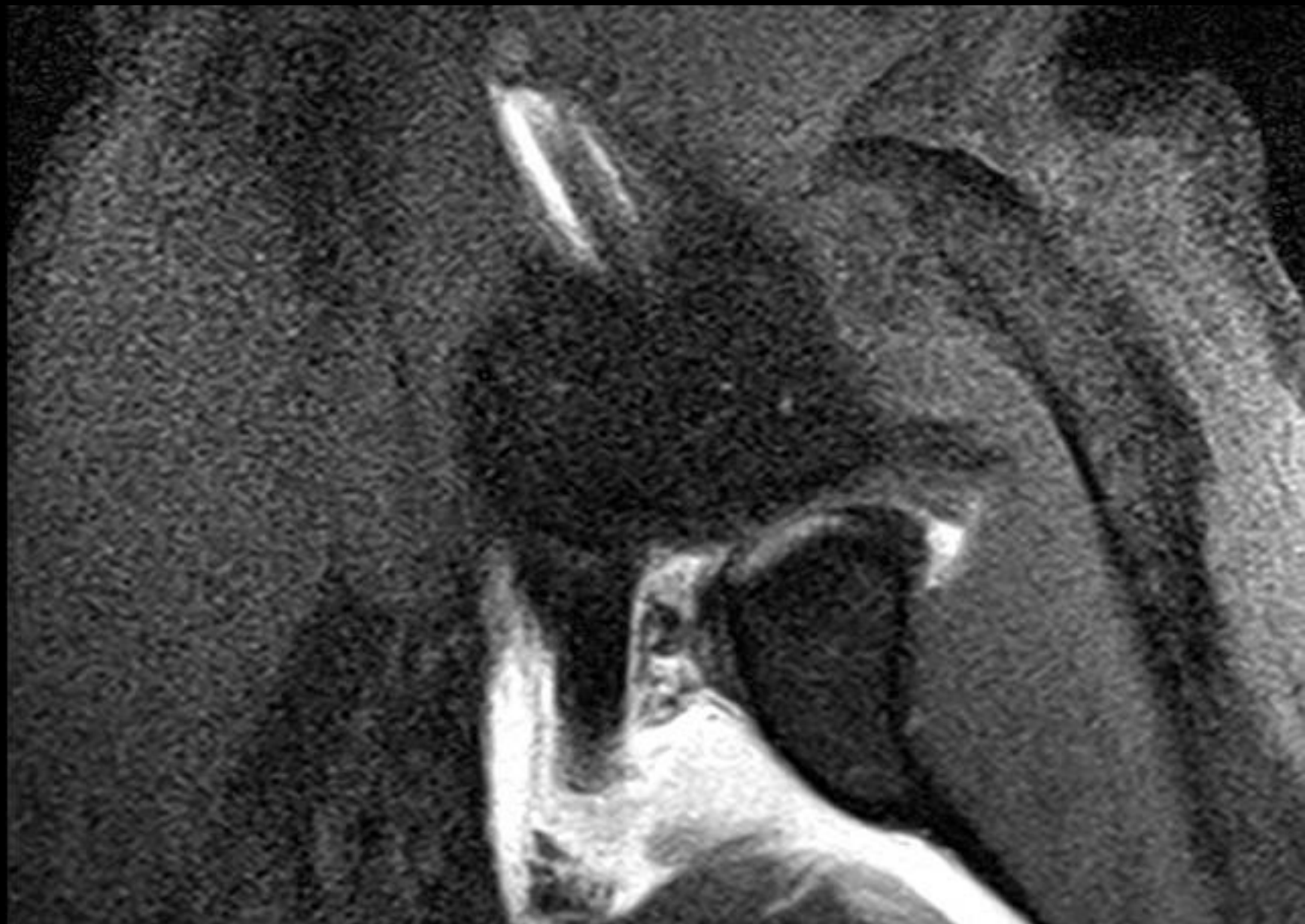


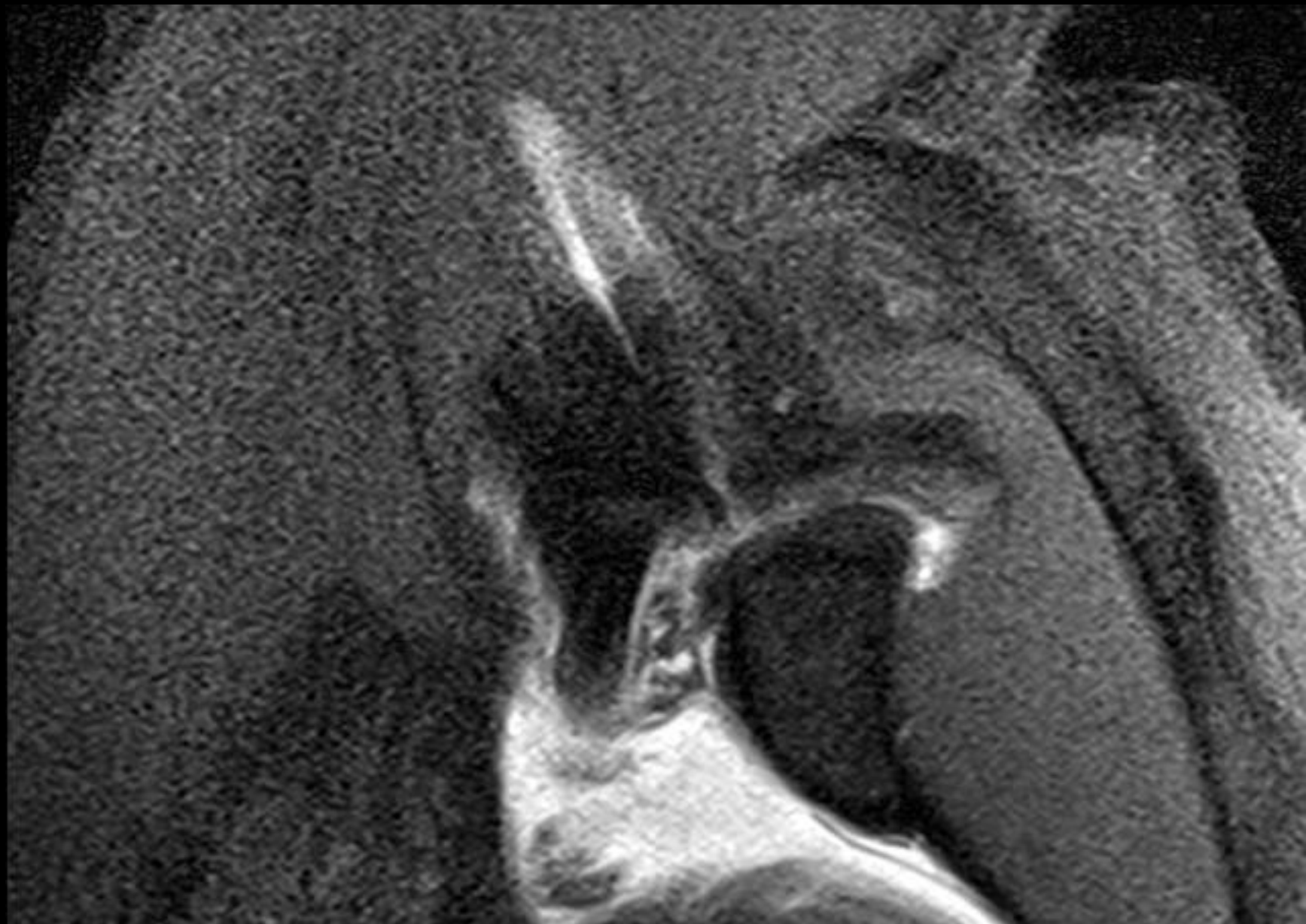






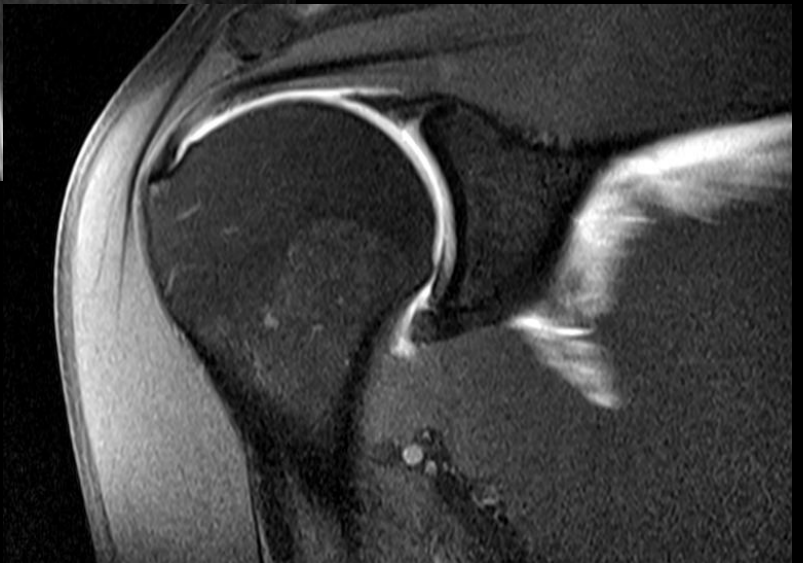
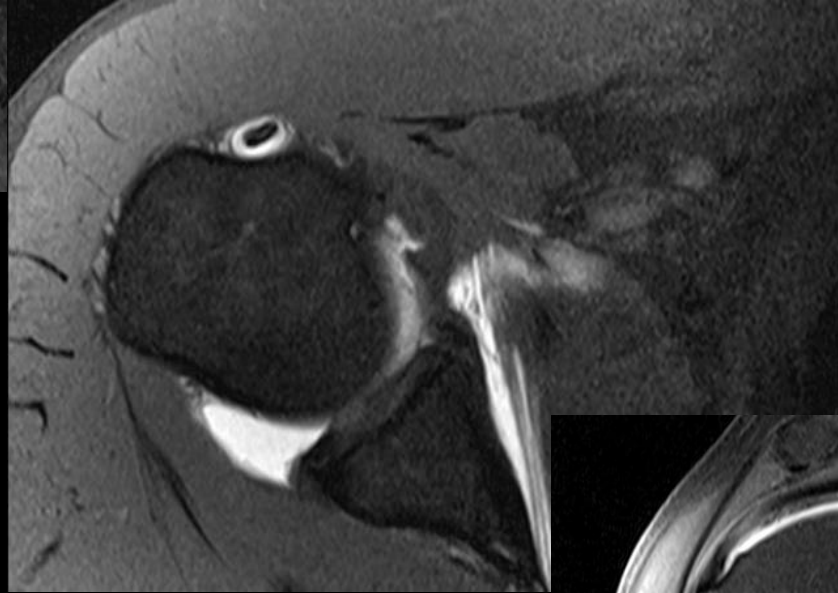
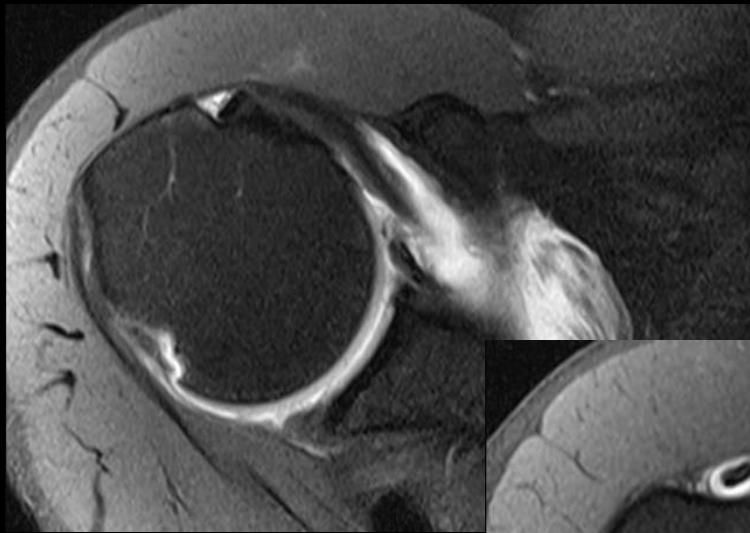


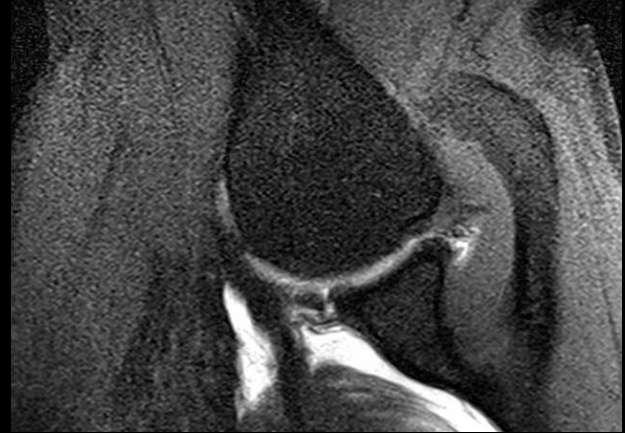








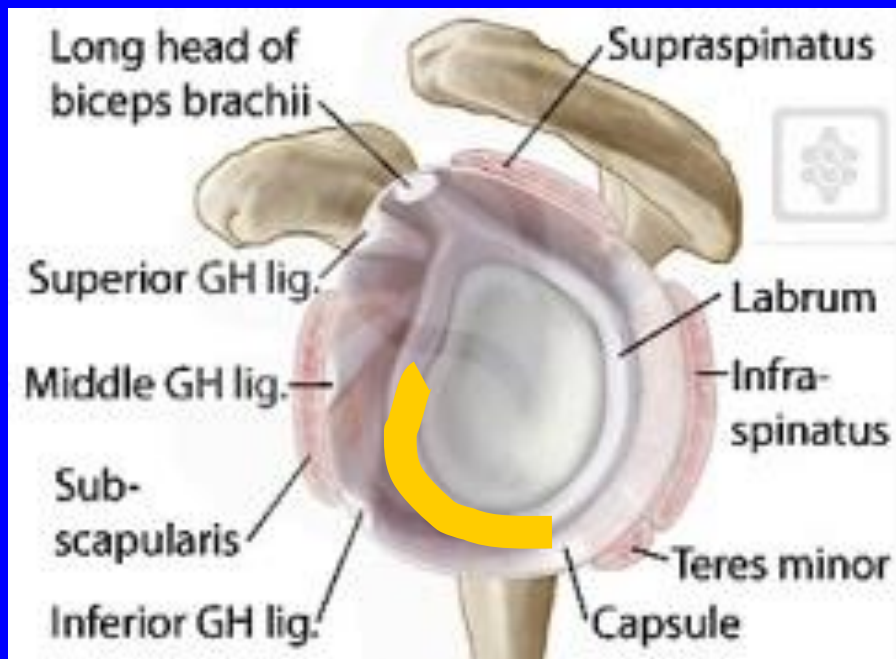




# Findings

- Hill-Sack's lesion without edema consistent with remote anterior glenohumeral joint dislocation.
- ALPSA- anteroligamentous periosteal sleeve avulsion manifested by extensive labral separation anteriorly and anteroinferiorly with stripping of the adjacent anterior scapular periosteum which remains attached to the scapula
- Articular sided tear of the distal junctional fibers of the supraspinatus and infraspinatus tendons

# Anterior & Inferior Shoulder Microinstability

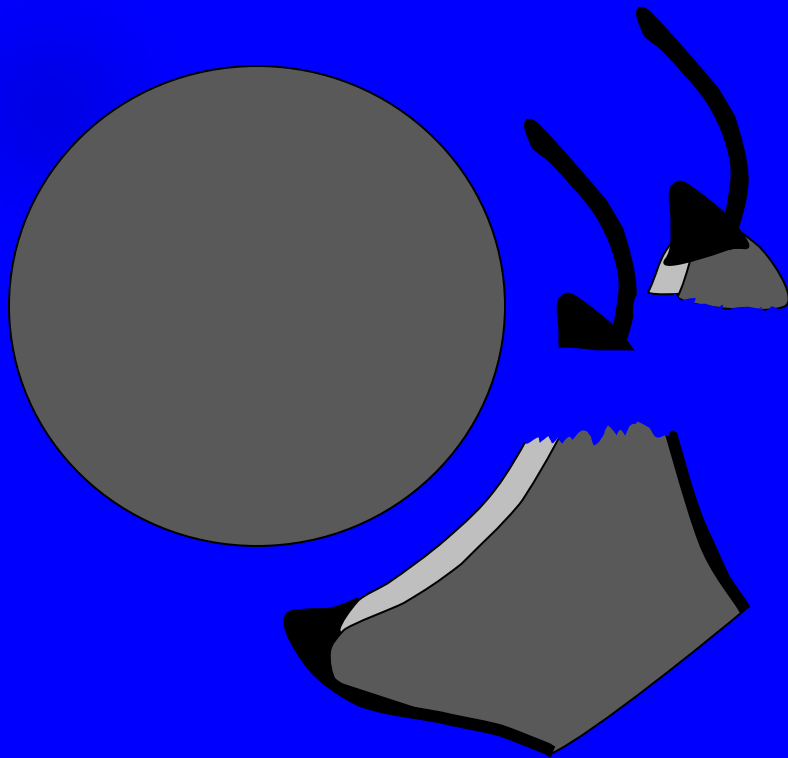


Bankart  
ALPSA  
Perthes  
GLAD  
HAGL

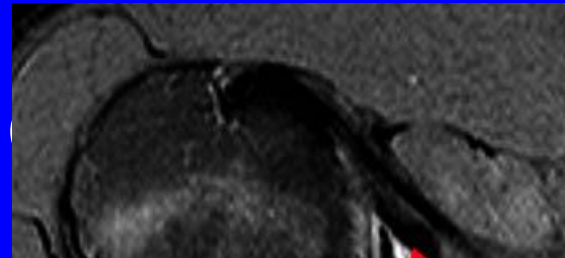


# Bankart

Anterior labroligamentous avulsion with periosteal disruption

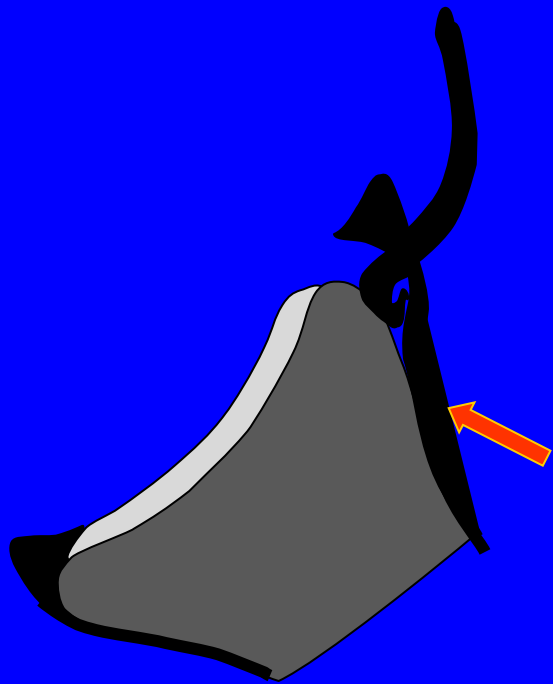


- **Classic Bankart**

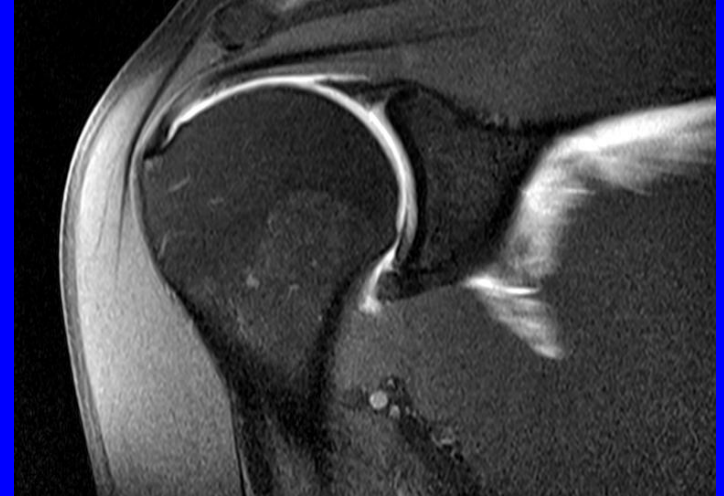


# ALPSA

Anterior Labroligamentous Periosteal Sleeve Avulsion

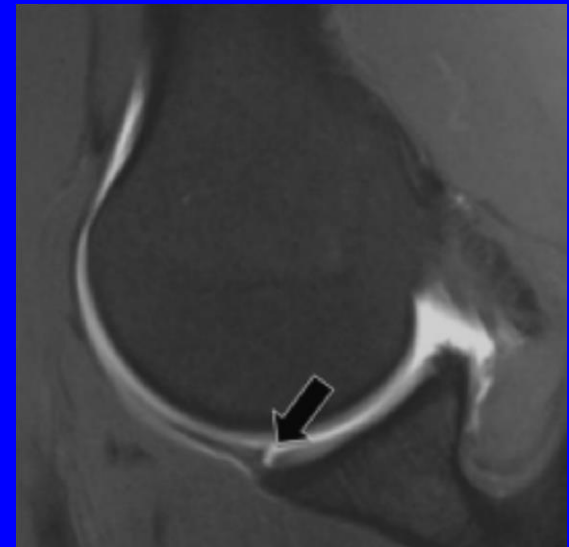
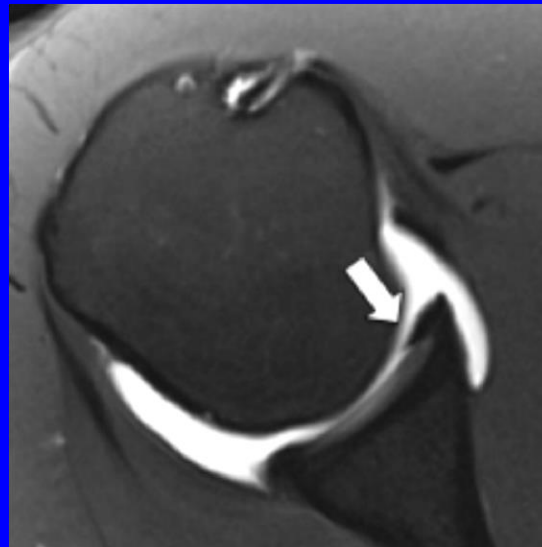
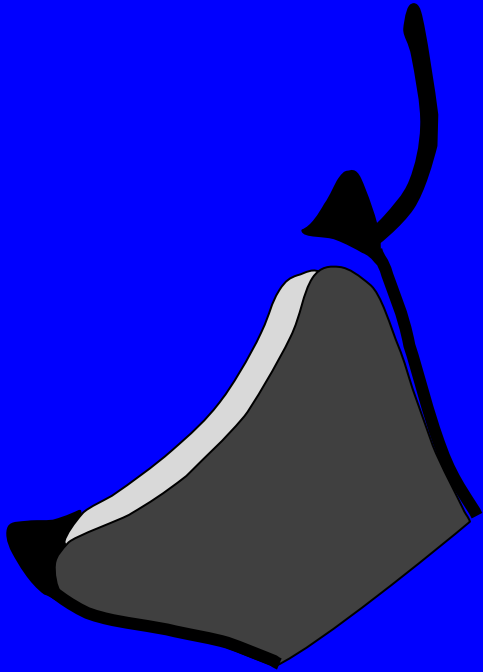


Intact periosteum

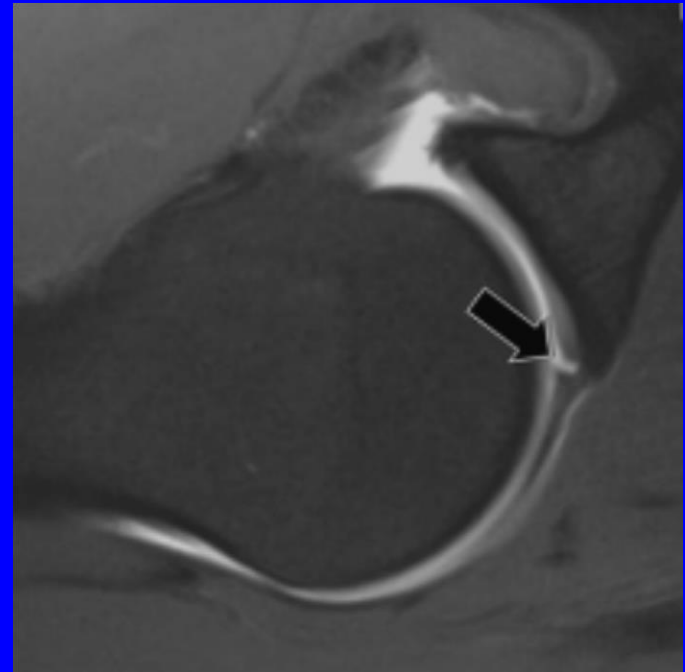
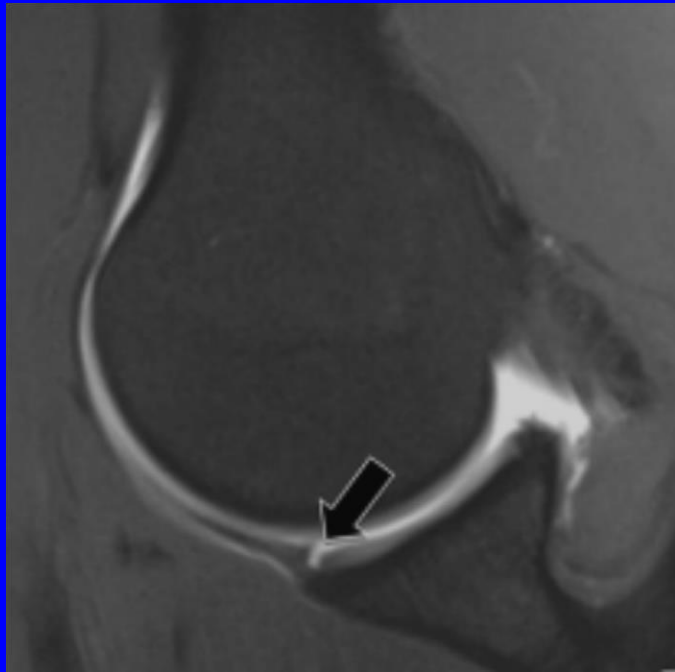


# Perthes lesion

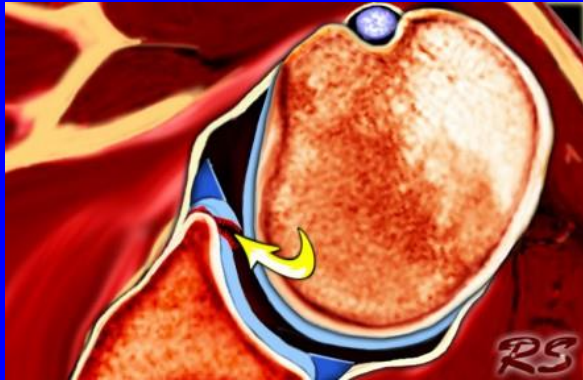
- Avulsed labrum not displaced, stripped but intact periosteum
- Avulsed labrum is not/minimally displaced → appears normal on conventional MRI
- ABER



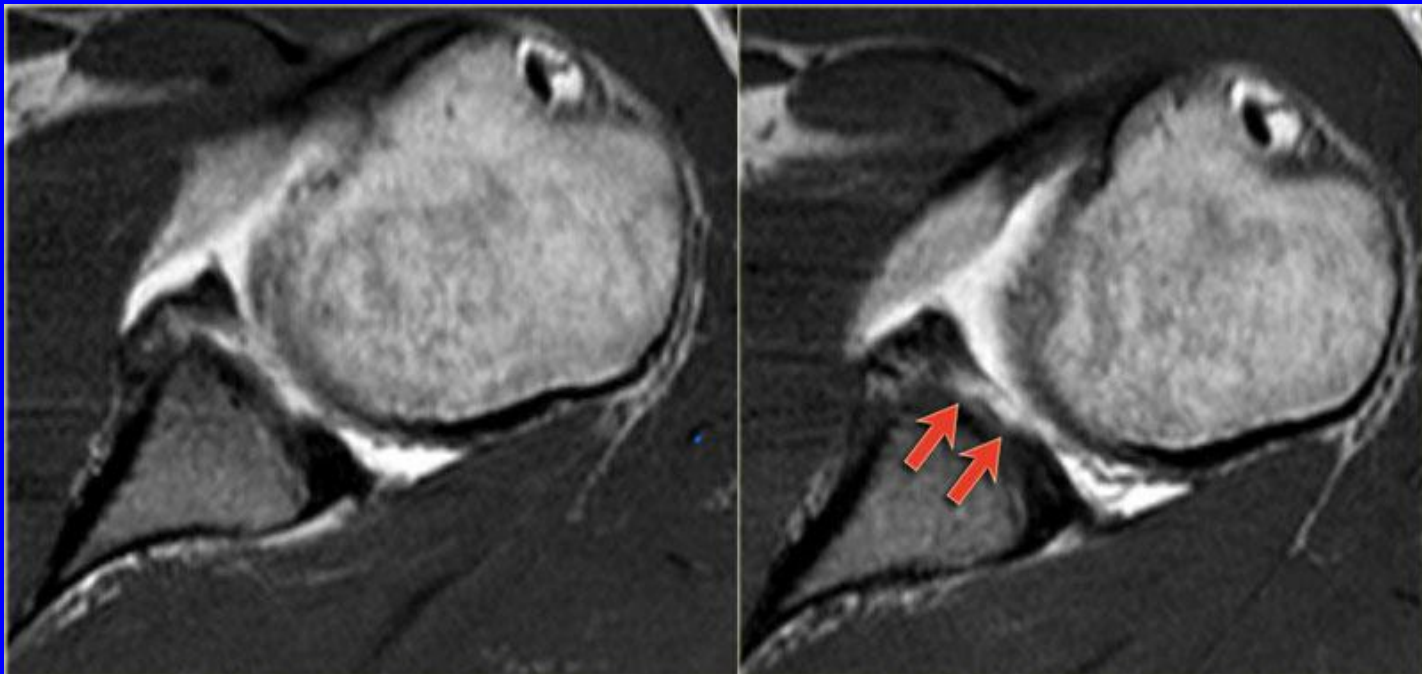
Rotate 90 degrees



# GLAD

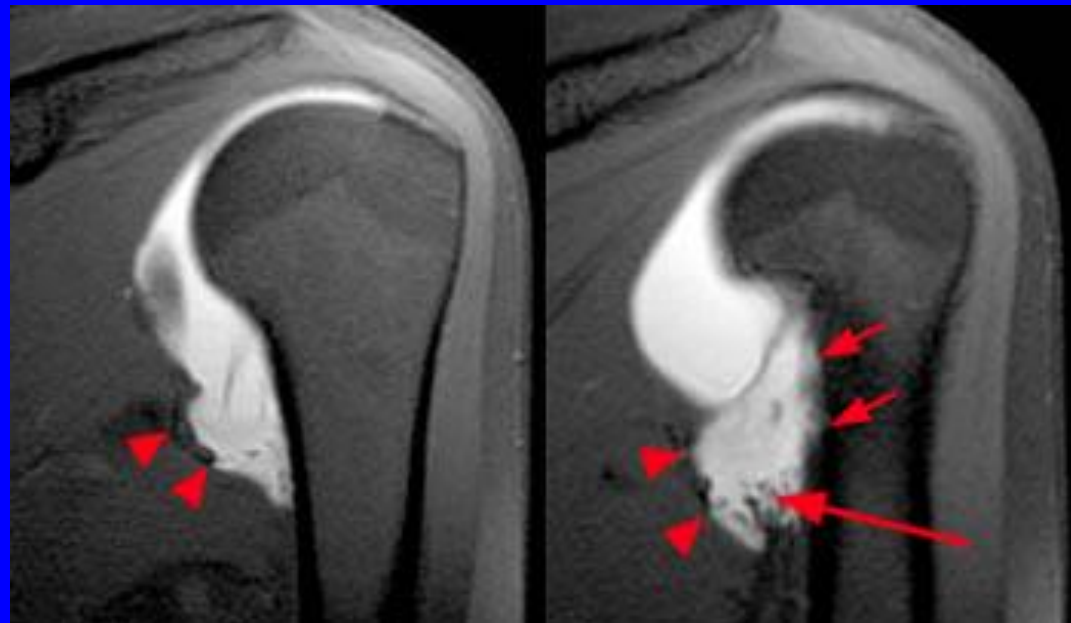


- GlenoLabral Articular Disruption
- Partial tear of the anteroinferior labrum with adjacent cartilage damage



# HAGL

- Humeral Avulsion of the Glenohumeral Ligament that occurs from shoulder dislocation, with avulsion of the inferior glenohumeral ligament from the anatomic neck of the humerus.



# TIPS

- MRI vs MR arthrogram
  - Acute or severe symptoms, unstable, pathologic lesions more likely to have intrinsic image contrast from effusion or soft tissue changes that allow diagnosis and characterization without an invasive procedure
  - Chronic symptoms or pathologic abnormality suspected to be more subtle on the basis of clinical assessment more often require MR arthrography
- Most normal labral variants occur in the anterior and anterosuperior labrum at an occurrence rate of 13.5% so be careful calling tears in this region
- Studies have shown that labrum is actually neither full fibrocartilaginous nor homogenous, which explains why a normal labrum can demonstrate linear or globular regions of increased signal intensity, especially on intermediate weighted images and in older individuals.
  - Clinical significance of high internal labral signal intensity is unclear, especially if the morphologic appearance of the labrum is normal.
  - Increased signal could be a normal variant or represent early degenerative or posttraumatic changes.
  - “Magic angle” effect in the posterosuperior labrum most pronounced in short echo times.

# References

De Coninck et al. Imaging the GlenoidLabrum and Labral Tears. Radiographics 2016; 36: 1628-1647.

Radiology Assistant.

Radsource

Animations adopted from Tetyana Gorbachova, MD.