# Distal Biceps Tendon Injuries

w/ Dr. Ilyas

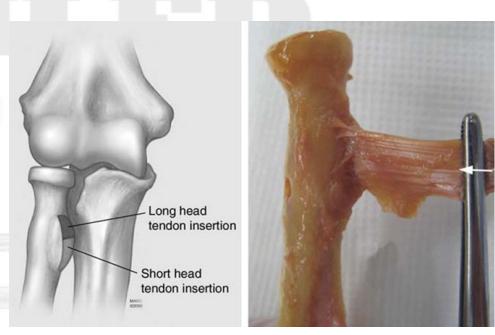
# Epidemiology

- Dominant extremity of middle aged men
- Possible associated w/ steroids, smoking, obesity



## Anatomy

- Short + long head of biceps have two insertions on
  - radial tuberosity Tendon rotate 90deg, short head inserts distal (elbow
  - flex) Long head (elbow supination) Lacterus fibrosus originates from distal end of short head biceps> blends w/ fascia of ulnar aspect of arm



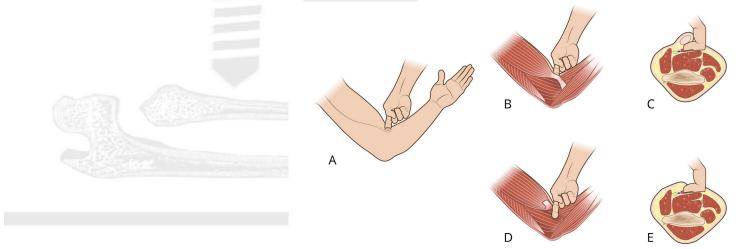
#### Mechanism

- Eccentric load to biceps
- Distal biceps tendon is hypovascular



#### **Evaluation/ PE**

- History: pop, pain, ecchymosis
- Physical:
  - Swelling, + hook test (if lacterus is disrupted- retraction of tendon into arm), weakness of supination



#### Imaging

- Xray, ultrasound, MRI

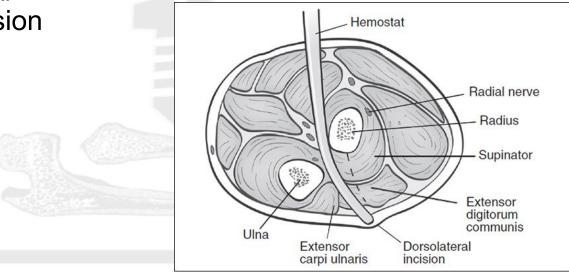


#### Treatment

- Non-op:
  - Low demand patients, non dominant arm, medical comorbidities
  - Loss of supination strength > flexion
- Operative tx:
  - Distal biceps tendon rupture

# **Surgical Options: Approaches**

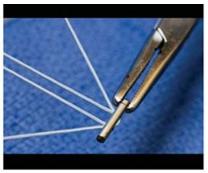
- Anterior single incision
  - Horizontal (at elbow crease, 3cm distal to elbow crease)
  - Vertical
- Dual incision



#### **Fixation options**

- Suture through dril holes
- Suture anchors
- Buttons
  - Intra osseous
  - Extra osseous
- Interference screw
- Similar clinical results with all



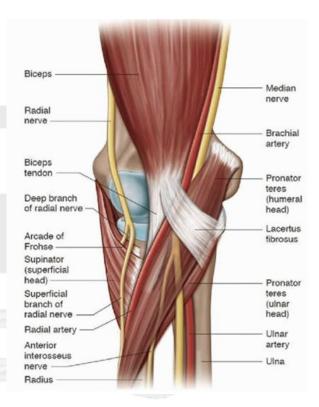




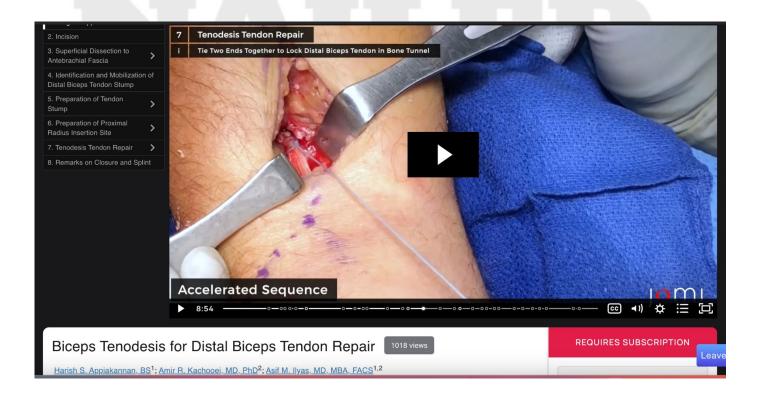


# **Surgical technique**

- Muscle interval between BR and PT
- Injury to LABCN is common
- Use of army navy instead of retractors around radial sidedec injury to PIN
- Position tendon as ulnar as possible to help w/ supination strength (i.e place screw more radial)



#### **JOMI Technique video**



#### Outcomes

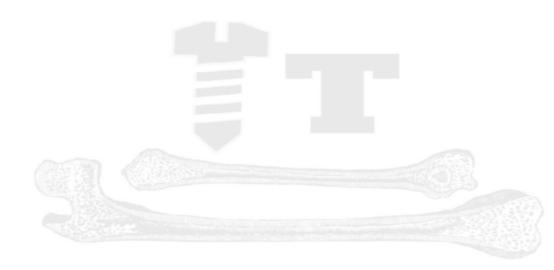
- Most get back to sport
- 90% supination strength achieved
  - Loss of supination- anterior placement of tendon, fatty infiltration of supinator muscle, decrease in radial tuberosity height

# Chronic tears (>2 mo)

- Typically direct repair still possible, elbow may need to be flexed to 90 deg
  Allograft reconstruction may
  - be needed if
    - Poor quality tendon
    - Inability to do primary repair w/ <70 deg flexion, tendon length <4cm</li>



# Post-op protocol?



#### Thank you Dr. Ilyas!

- Resources:
  - AAOS ROCK

