

Surgical Treatment of Rotator Cuff Tears: A Retrospective Study of 40 Cases and Literature Review

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Abstract

Rotator cuff tears represent a leading cause of shoulder pain and disability, particularly in older adults. Surgical repair aims to restore function and reduce pain when conservative management fails. This retrospective study reports outcomes from 40 patients treated surgically for rotator cuff tears at the Orthopedic and Traumatology Department of Avicenne Military Hospital in Marrakech between January 2018 and December 2023. Clinical evaluation included the Constant score with a one-year follow-up. Results confirm the effectiveness of surgical repair in improving pain and function, aligning with published data emphasizing early surgical intervention in complete tears.

Keywords: Rotator cuff tear; Shoulder pain; Surgical Treatment

1. Introduction

Rotator cuff rupture is a common source of chronic shoulder pain, often leading to progressive functional impairment and glenohumeral joint disorganization. Complete tendon tears typically necessitate surgical intervention. The objective of this study is to highlight the clinical outcomes and relevance of surgical management for rotator cuff tears based on the experience of the Orthopedic and Traumatology Department Avicenne Military Hospital, Marrakech.

2. Materials and Methods

This retrospective study was conducted at the Orthopedic Department of Avicenne Hospital between January 2018 and December 2023. Forty patients were included, with a mean age of 59 years (range 20–79). The cohort consisted of 26 females (65%) and 14 males (35%). All patients underwent postoperative evaluation using the Constant score at one-year follow-up.

Surgical techniques varied according to lesion type and severity. Complete transfixing ruptures were managed with tendon reinsertion using transosseous fixation or deltoid flap advancement. In partial tears exceeding 50% of tendon thickness, repair was recommended early, whereas less severe cases underwent medical management initially. Acromioplasty was performed systematically, and in selected cases, distal clavicle resection was added to treat symptomatic acromioclavicular arthrosis.

3. Results

Among the 40 patients, all underwent acromioplasty. Tendon suturing was performed in 35 cases, and three patients received surgery for palliative pain relief. One patient required resection of the lateral quarter of the clavicle. At one-

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year follow-up, most patients showed significant improvement in pain and shoulder mobility. Constant score evaluation demonstrated good to excellent outcomes in the majority of cases.

4. Discussion

Rotator cuff repair remains the gold standard for managing full-thickness tears, particularly when functional impairment and pain are pronounced. Our findings corroborate published results, such as those of Nové-Josserand, confirming that early surgical repair of transfixing tears yields optimal outcomes. Partial tears involving more than 50% of tendon thickness warrant repair, ideally within three months of symptom onset if conservative treatment fails. In elderly or low-demand patients, palliative surgical options may provide satisfactory pain relief and partial functional recovery.

In our series, outcomes are comparable to those in international studies, demonstrating the benefit of surgical repair in improving pain, restoring motion, and enhancing patients' quality of life. Patient expectations should guide the therapeutic approach, as the functional goals of an elderly individual differ significantly from those of a younger, athletic patient.

5. Conclusion

Surgical management of rotator cuff tears provides excellent pain relief and functional improvement, supporting its essential role in the treatment strategy. Early intervention and individualized surgical planning remain key to optimizing recovery and quality of life. Our experience reinforces the importance of timely surgical decision-making in patients with complete or large partial tears.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

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