

Dansk Selskab for Skulder- og Albue Kirurgi

Annual meeting 2026

16. - 17. april 2026

Regionhospital Randers



**DSSAK Annual Meeting 2026
PROGRAM**

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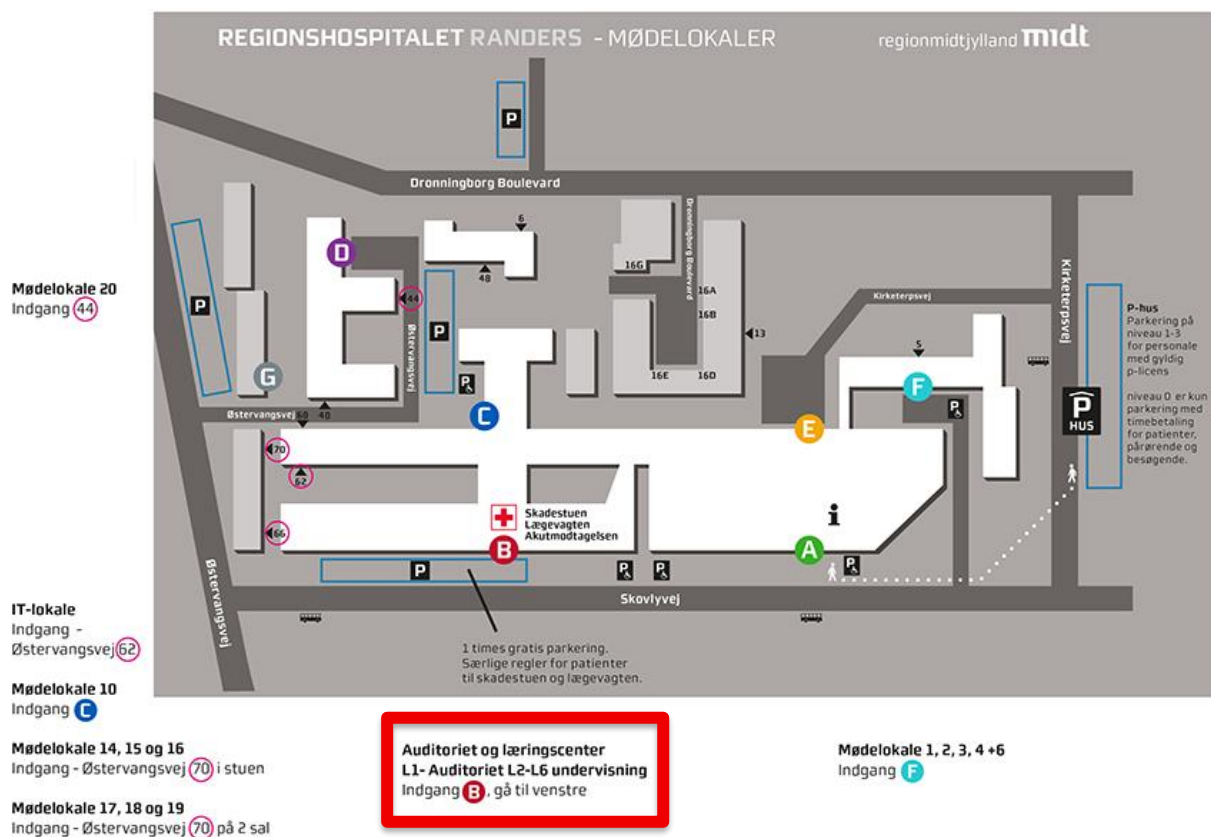


DSSAK Annual Meeting 2026 PROGRAM

Praktisk:

Mødet afholdes i læringscentret og Auditorierne på Regiohospitalet Randers, Skovlyvej 9, 8930 Randers NØ (se nedenstående kort). Der er muligheder for parkering i nærtliggende p-hus -mod behørig betaling.

Torsdag er der sideløbende programmer for både læger og fysioterapeuter i lokaler nær hinanden, og der er således god mulighed for at deltage i de sessioner I finder interessante. Frokost og udstilling er samme sted. Husk at besøge vores sponsorer i pauserne!



DSSAK Annual Meeting 2026 PROGRAM

Thursday, April 16th		
9-45-10:00	<i>Registration, coffee and light breakfast</i>	
10:00-10:15	Welcome	<i>Formand & Randers</i>
	Proximal humeral fractures	<i>Chairman Stig Brorson</i>
10:15-10:20	Introduction	<i>Stig Brorson</i>
10:20-10:55	Anatomy, biomechanics, and fracture stability	<i>Simon M Lambert BSc FRCSEdOrth Honorary Consultant Surgeon University College London Hospital</i>
10:55-11:30	Indications for surgery: “choosing wisely” in PHF management	<i>Stig Brorson</i>
11.30-11:45	<i>Short break</i>	
11:45-12:30	Surgery for proximal fractur Re-live surgery, reverse for Prox. Humerus	<i>Moderator: Simon M Lambert Zaid Issa/Kenneth Holtz</i>
12:30-13:30	<i>Lunch in the exhibition</i>	
	Humeral shaft fractures	<i>Chairman Dennis Karimi</i>
13:30-13:40	Epidemiology, anatomy and classification	<i>Dennis Karimi</i>
13:40-14:40	Primary and secondary treatment of humeral shaft fractures Discussion	<i>Andrew Duckworth professor, phd, Consultant Edingburg University Hospital</i>
	PROGRAM CONTINUES ON NEXT PAGE	

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14:40-15:30	Free papers 8 min. presentation, 2 min. discussion	<i>Chairman</i> <i>Ali Al-Hamdani</i>
14.40-10.50	Outcome following reverse shoulder arthroplasty for acute proximal humeral fractures with different humeral inclination implants versus non-surgical treatment	<i>Klaus W. J. Hanisch</i>
14.52-14.02	Analysis of rotator cuff muscle tissue plasticity in response to stem cell treatment using MR Dixon imaging. Four case reports	<i>Lars Henrik Frich</i>
15.04-15.14	Outcomes and Risk Factors for Recurrent Instability After Arthroscopic Bankart Repair: A Consecutive Series of 131 Patients	<i>Jørgen Friis</i>
15.16-15.30	Treatment of shoulder pain with cryoneurolysis - a single center follow up	<i>Prajahi Ketheeswaran Kumarasamy</i>
15.30-16.00	<i>Coffee and exhibition</i>	
16:00-16:30	Free papers, cont.	
16.00-16:10	Patient-Reported Outcome after Total Elbow Arthroplasty and Elbow Hemiarthroplasty for Acute Distal Humeral Fracture: A national multicenter study with 2 to 15 years of follow-up.	<i>Ali Al-Hamdani</i>
16:12-16:22	Adverse events following surgical treatment with suture fixation and tension-band wiring of olecranon fractures in adult patients	<i>Dennis Karimi</i>
16.22 – 16.30	Treatment of isolated greater tuberosity fractures: a scoping review	<i>Dennis Karimi</i>
16.30.-17:00	DSSAK General assembly	
19.00	Dinner at Hotel Randers	

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Friday, April 17th		
	Frozen shoulder	<i>Chairman: Thomas Falstie-Jensen</i>
08.30 – 08:45	Epidemiology and etiology, pathophysiology, definition, staging Differential diagnosis	<i>Anne Marie Nyholm</i>
8.45-9.10	Non-surgical and surgical treatment and prognosis	<i>Klaus Bak</i>
09.10-9.50	'Beyond the joint: what are we overlooking in the evaluation and treatment of individuals with frozen shoulder?	<i>Fabrizio Brindisino, Assoc prof., PhD, PT University of Molise, Italy</i>
9.50-10.10	Discussion	
10.10-10.50	<i>Coffee and exhibition</i>	
10:50-11:20	ASD update + discussion	<i>Thomas Falstie-Jensen</i>
11:20-11.30	Update on ICD10 codes	<i>Anne Marie Nyholm</i>
<i>11.30-12:15</i>	<i>Lunch in the exhibition</i>	
12:15-13:15	Irreparable cuff	
12.15–12:30	Treatment options Reverse, transfers, physio., SCR	<i>Theis Thillemann</i>
12:30-13:00	SCR update –Danish results	<i>Andreas Qvist (Aarhus) Jørgen Friis (Bispebjerg) Anton Ulstrup (Holbæk) Wisam Yousef (Hvidovre)</i>
13:00-13:15	SCR failures	<i>Andreas Qvist</i>
13:15 – 13:25	RSA for irreparable cuff tear without degenerative changes	<i>Mikkel Tøttrup/Theis Thillemann</i>
13:25-13.45	Discussion	
	Goodbye!	

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ABSTRACTS

ABSTRACT 1

Outcome following reverse shoulder arthroplasty for acute proximal humeral fractures with different humeral inclination implants versus non-surgical treatment

Klaus W. J. Hanisch

Introduction: The optimal treatment of proximal humerus fracture is controversial. Recently reverse total shoulder arthroplasty has gained expanding popularity in treating PHF. The aim of this study is to compare outcomes of two different designed rTSA's versus non-operative treatment in patients with PHF Neer type III or IV.

Aim: This RCT compares the outcome in patients with acute complex PHF treated non-operative versus rTSA. Subgroups differ in inclination of the humeral neck-shaft angle 135° versus 155°.

Method: Patients 60 to 90 years of age with PHF allocated and block randomized in this trial. The primary outcome is Western Ontario Osteoarthritis of the Shoulder Index at one-year; secondary outcomes include Constant Murley score (CMS) in total and adjusted, Subjective shoulder Value, DASH and Elevation. Radiographs had been evaluated to state union/displacement or resorption of the fracture. The rate of healing of the tuberosities in the surgical group has been defined.

Results: We included 40 patient's non-operative versus 40 rTSA's, at one year 35 versus 30 were analyzed. There was no significant difference between the groups in terms of age, gender, or fracture type. The mean age were 72.9 years, 89 % female. At one year we found WOOS in non-operative group 56.2 SD 23.4 versus 76.9 SD 19.3, p, 002 for rTSA (MCID for WOOS 12.4). The subgroups had superior outcomes with HI 135° 78.3 versus HI 155° 75.3 WOOS 1 year. The total and adjusted Constant-Murley score at one year was superior for rTSA versus non-operative total 51.1 SD 14.9 vs 36.7 SD 16.7. Adjusted 77.8 SD 17.6 versus 55.6 SD 24.5. Subjective shoulder volume rTSA versus non-operative 75.8 Sd 20.4 vs 42.4 SD 25.3. For Disability of Shoulder and Hand rTSA vs non-op 23.3 SD 20 vs 46.4 SD 19. The elevation was higher for rTSA 118,6 SD 38.5 vs 90 SD 30°.

In the non-operative group, most fractures healed with displacement; three non-unions occur. Tuberositas healing rate was 100% in rTSA 155°, 92.3% rTSA 135°. One periprosthetic joint infection underwent secondary surgery. Five crossovers in the non-operative were operated delayed.

Conclusion: For proximal humeral fractures Neer type III or IV / AO B&C in patients aged above 60 years, rTSA showed both clinically relevant and statistically significant superior outcomes compared with non-operative treatment. Anatomical neck/shaft inclination 135° was superior to HI 155°.

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ABSTRACTS

ABSTRACT 2

Analysis of rotator cuff muscle tissue plasticity in response to stem cell treatment using MR Dixon imaging. Four case reports

Samuel Rodriguez Dreis¹, Mariana Bichuette Cartuliales^{1,3}, Beat Fink¹, Hanne Birke-Sørensen², Harro Bitterling¹, Stephanie Wej Andkjær^{1,3}, **Lars Henrik Frich^{1,3}**
Hospital Sønderjylland¹, Hospital Lillebaelt², Dept. of Regional Health Research, SDU³

Introduction: Rotator cuff tears (RCT) often lead to persistent muscle weakness and fatty infiltration (FI) despite successful surgical repair. Severe FI is associated with high retear rates and poor functional outcomes, and yet no effective treatments currently target post-RCT muscle degeneration. Adipose-derived stem cells (ADSCs) have demonstrated regenerative potential across multiple tissues and may offer a biological approach to improving postoperative muscle quality

Aim: This study investigates whether implantation of ADSC-rich micro-fragmented adipose tissue (MFAT) at the time of supraspinatus (SSP) repair can improve postoperative muscle plasticity. Specifically, it evaluates progression or regression of SSP-FI using Dixon MRI

Method: Assessment of fatty infiltration (FI) using the Goutallier–Fuchs classification has important limitations. New MRI techniques now enable quantitative measurement of muscle fat fraction (FF) using Dixon-2 sequences. Additional parameters include muscle volume (MV), tear location, tear size, and Goutallier grade. Fifteen shoulders undergoing RCT repair will be enrolled in this study. SSP-FI is quantified as the mean FF from three sagittal 2-point Dixon slices (scapular Y-view and two adjacent slices). Identical MRI scans are obtained for each participant 6 and 12 months after RCT surgery. Normal SSP-FI is defined as <12%, advanced SSP-FI as ≥12%, pathological SSP-FI as ≥18%, and relevant progression or regression as a ≥6% change in mean SSP-FF.

Results: Results from four selected cases treated with Adipose-derived stem cells are presented. At baseline, two shoulders demonstrated normal SSP-FI while two shoulders show advanced SSP-FI. Three shoulders with healing of the SSP tendon show either no change (one case) or a decrease in SSP-FI (two cases) at 6 and 12 months. All three shoulders also demonstrate an increase in muscle volume at both time points. The fourth shoulder with initial advanced SSP-FI sustained a partial retear and progressed to pathological FI but no decrease in MV.

Conclusion: A notable finding is the regression of SSP-FI in two of the four selected cases at 6 and 12 months after stem cell treatment. These preliminary observations are promising and suggest that rotator cuff muscle tissue may possess a degree of plasticity following RCT. This approach may represent a potential strategy to improve outcomes after RCT repair.

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ABSTRACTS

ABSTRACT 3

Outcomes and Risk Factors for Recurrent Instability After Arthroscopic Bankart Repair: A Consecutive Series of 131 Patients

Jørgen Friis MD, Copenhagen University Hospital, Bispebjerg and Frederiksberg, Section for Sportstraumatology, Copenhagen NV, Denmark

Background: Arthroscopic Bankart repair is a widely used procedure for treating recurrent anterior shoulder instability. However, re-dislocation remains a relevant complication. Identifying risk factors for failure may improve patient selection and surgical planning.

Purpose: To investigate the rate of recurrent shoulder dislocation after arthroscopic Bankart repair and identify potential risk factors associated with re-dislocation.

Methods: A consecutive series of 131 patients undergoing arthroscopic Bankart repair for anterior shoulder instability between 2021 and 2024 was retrospectively analyzed. Patients were followed prospectively for 1–5 years, with 90 patients having more than 2 years of follow-up. The cohort included 105 men (80%) and 26 women (20%) with a mean age of 28.0 years (range 15–57). Sixty-three percent had experienced more than one prior dislocation. Rates of recurrent dislocation and reoperation were recorded. Kaplan–Meier analysis was used to estimate the cumulative risk of re-dislocation. Potential risk factors including age, sex, number of prior dislocations, previous Bankart repair, Instability Severity Index Score (ISIS), and MRI findings, and were analyzed. Functional outcome was assessed using the Western Ontario Shoulder Instability Index (WOSI).

Results: Re-dislocation occurred in 15 patients (11.5%), and 9 (6.8%) required revision surgery. Kaplan–Meier analysis demonstrated a cumulative risk of re-dislocation of 6% at 1 year and 9% at 2 years postoperatively. Higher recurrence rates were observed in women (23.1%) compared with men (8.5%), in patients with a previous Bankart repair (26%) compared with those without prior surgery (8.3%), and in those with MRI-demonstrated Hill-Sachs lesions larger than 20 mm (41%) or a distance-to-dislocation (DTD) < 0 mm (33%). Age, number of previous dislocations, ISIS score, and presence of osseous Bankart lesions were not significantly associated with recurrence. WOSI scores demonstrated substantial improvement in patients without recurrent instability but not in those who experienced re-dislocation. Overall, 81% reported a significant improvement in stability, and 92% were satisfied with the operation.

Conclusion: Arthroscopic Bankart repair showed a relatively low re-dislocation rate in this cohort. Female sex, prior Bankart repair, and large Hill-Sachs lesions or unfavorable distance-to-dislocation measurements on MRI were associated with increased risk of recurrent instability. Patients without re-dislocation experienced significant functional improvement, whereas those with recurrence did not.

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ABSTRACTS

ABSTRACT 4

Treatment of shoulder pain with cryoneurolysis - a single center follow up

Prajahi Ketheeswaran Kumarasamy MD, Gentofte & Herlev hospital

Introduction: Patients with shoulder pain and no option of surgical treatment at the Department of Orthopaedics at Gentofte Hospital were offered cryoneurolysis as a treatment.

Aim: This study aims to investigate the effect reported by patients treated with cryoneurolysis at 3-week follow-up.

Methods: Between 2020 and 2025, 97 patients were referred to cryoneurolysis. 71 patients received a total of 107 treatments. Data on diagnoses, previous treatment, physical status, age, etiology and cryotreatment was collected from the medical chart. Outcome 3 weeks posttreatment was divided into three domains: Pain, functionality and life quality. If available, data on outcome at longer follow up was collected. Results are given for each treatment.

Results: Referral diagnoses were: glenohumeral osteoarthritis (43), degenerative disorders (41), shoulder pain with no structural cause (12), postoperative pain (10), traumatic pain (10), instability (6), frozen shoulder (6), neurogenic pain (3) and lateral epicondylitis (3).

26 patients did not receive treatment due to; no effect of diagnostic block, other health problems, spontaneous improvement, other treatment, no contact, or were not interested.

52 (48.6 %) 1 treatments led to decreased pain 3 weeks after treatment. 37 (34.6 %) had no change of pain and 5 (4.7 %) led to worsening. 13 (12.1 %) were lost to follow up. Treatment due to degenerative disorders resulted in decreased pain in 17 of 30 (56.7 %) cases. 43 (40.2 %) had improved functionality. 39 (36.4 %) had no change in functionality and 1 (0.09 %) led to worsening. 24 (22.4%) were lost to follow-up. 39 (36.4 %) reported with improved life quality. 34 (31.2 %) experienced no change, 3 (0.03) experienced worsening, and 31 (29.0 %) had no follow-up.

No systematic long-term follow-up was done. 55 had follow-up longer than 3 weeks. 30 (54.5 %) patients had beneficial effect for more than four weeks and up to 4 years.

Conclusion: Results show that 48.6 % benefit from cryoneurolysis at three weeks posttreatment. Results indicate that patients with degenerative disorder benefit most from cryoneurolysis. Approximately one third benefit from cryoneurolysis more than four weeks. Further study must be done to determine long term effect of the treatment

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ABSTRACTS

ABSTRACT 5

Patient-Reported Outcome after Total Elbow Arthroplasty and Elbow Hemiarthroplasty for Acute Distal Humeral Fracture: A national multicenter study with 2 to 15 years of follow-up.

Andreas Falkenberg Nielsen, Theis Muncholm Thillemann, **Ali Al-Hamdani**, Bo Sanderhoff Olsen, Jeppe Vejlgaard Rasmussen

Background: Elbow hemiarthroplasty (EHA) is used as an alternative to total elbow arthroplasty (TEA) in the treatment of unreconstructable acute distal humeral fractures, but there are only few studies comparing outcomes after the two arthroplasty types and very few with long-term follow-up.

Purpose: To compare the Oxford Elbow Scores (OES) of patients with acute distal humeral fractures treated with primary TEA or EHA.

Materials & Methods: This study was a national retrospective cross-sectional study. Data was collected by review of electronic health records. A logistic regression model was fitted to assess the association between the type of primary arthroplasty (TEA/EHA) and the odds of reaching the patient acceptable symptom state (PASS) for the OES, adjusted for sex, age, and BMI.

Results: We included 88 primary TEAs and 88 primary EHAs. Median follow-up was 5 years in both groups. Mean OESs were 36.7 (SD 9.4) in TEA-patients and 38.5 (SD 10.6) in EHA-patients. The mean difference in OES was 2.8 (95% CI -0.5, 6.1) in the EHA-group with the TEA-group as reference. At follow-up 59 (67%) TEA-patients and 71 (81%) EHA-patients had reached PASS. The odds ratio of reaching PASS was 2.28 (95% CI 1.42, 5.54) in the EHA-group with the TEA-group as reference.

Conclusion: The mean OESs were similar for patients treated with primary TEA or EHA due to acute DHF. However, primary EHA was associated with higher odds of reaching the PASS-value for the OES. External validation of the PASS-value for the OES, and evaluation of long-term functional and radiographic outcomes, would be valuable for further evaluation of primary TEA and EHA due to acute DHF.

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ABSTRACTS

ABSTRACT 6

Adverse events following surgical treatment with suture fixation and tension-band wiring of olecranon fractures in adult patients

Dennis Karimi, MD

Background: Tension band wiring (TBW) is used to treat displaced olecranon fractures. However, it is associated with a high risk of reoperation. To address this limitation of TBW, an all-suture fixation procedure was introduced, also known as tension band suture fixation (TBSF). Yet, comparative studies evaluating the safety of the 2 procedures remain sparse.

Aim: The aim was to compare the risk of reoperation within two years of surgery following TBW or TBSF.

Methods: This is a retrospective multicenter cohort study including patients ≥ 18 years who sustained a displaced olecranon fracture (Mayo type 2) and were treated with TBW or TBSF between January 2018 and January 2024. Data on reoperations were obtained through retrospective chart review. Primary outcome was reoperation within two years of surgery. Logistic regression was used to estimate odds ratios (ORs) with 95% confidence interval [CI] for reoperation. Adjustments were made for age, sex, fracture type and wound.

Results: In total, 192 patients were treated with TBW and 162 with TBSF. The two groups were similar regarding demographics and fracture type. The proportion of reoperation was 41% for TBW and 9% for TBSF. Reasons for reoperation included: Infection (4 vs 2%), implant complication 14 vs 1%), nerve palsy (2 vs 1%), elbow stiffness (2 vs 2%), and implant discomfort (20 vs 2%).

TBW was associated with an increased risk of reoperation compared with TBSF (adjusted OR 7.6 [95% CI 4.1-14.2]). After excluding implant discomfort, TBW remained associated with an increased risk of reoperation (adjusted OR 3.7 [95% CI 1.8-7.6]).

Conclusion: TBW was associated with an increased risk of reoperation compared with TBSF in the treatment of Mayo type 2 olecranon fractures. After exclusion of reoperations for implants discomfort, TBW was still associated with a nearly fourfold increased risk of reoperation.

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ABSTRACTS

ABSTRACT 7

Treatment of isolated greater tuberosity fractures: a scoping review

Mathilde Abildgaard, MD, David Karimi, MD, Kristine Rask Andreasen, MD, **Dennis Karimi, MD, PhD**, Tazio Maleitzke, MD, Per Hölmich, MD, DMSc and Adam Witten, MD, PhD

Introduction: There are no evidence-based guidelines to support the management of isolated greater tuberosity fractures. While the choice between non-operative and operative treatment is generally based on the degree of fracture displacement, the definition of an acceptable displacement continues to be debated. Consequently, the ideal management of these fractures can be a therapeutic challenge.

Aim: The objective of this study was to create an overview of the literature investigating the treatment of isolated greater tuberosity fractures.

Method: A scoping review was conducted following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension guidelines for scoping reviews (PRISMA-ScR). Electronic databases MEDLINE, EMBASE, SPORTDiscus, and CINAHL were systematically searched from inception to Sep. 2024. Original studies investigating the treatment of isolated greater tuberosity fractures were eligible for inclusion. Screening of studies were independently performed by three reviewers. Data items were extracted using a standardized charting form. Risk of bias of the included studies were assessed by two independent reviewers using the Newcastle-Ottawa Quality Assessment Scale (NOS).

Results: 3.788 records were identified in the search, 296 were retrieved for full-text screening, and 59 were included. No randomized controlled trials were identified. 88% of the included studies were retrospective and 98% had a moderate or high risk of bias. Most of the included studies investigated operative treatment of displaced fractures (defined as >5 mm) in patient populations with a mean age between 40 and 60 years. Few studies investigated non-operative treatment and treatment in young (<40 years) or elderly (>60 years) patients. Detailed fracture characteristics were not consistently reported. Accordingly, the size of the fragment was reported in 8% of the included studies, fractures were subclassified into avulsion, split or depression type in 29% of the included studies, and the direction of fragment displacement was reported in 34% of the included studies.

Conclusion: The literature regarding the treatment of isolated greater tuberosity fractures is comprised of studies with a moderate to high risk of bias and a lack of randomized controlled trials. A 5 mm fracture displacement threshold is often used to guide treatment, though it has not been validated in clinical studies. High-quality studies are needed to establish evidence-based guidelines and improve clinical decision-making.