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EDITORIAL

Acromio-clavicular dislocation—let's move further

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The KSSTA Journal is a continuously evolving sports medicine and arthroscopic journal with an increasing impact factor over the last 4 years, currently at 3.053. The majority of the papers are related to the knee, which is implied in the journal title, but luckily many colleagues submit articles in other joint categories too as they are aware that the journal publishes arthroscopic surgery of all kind. Within the last 12 months, two theme issues on the shoulder were published. The field of shoulder is growing and as is the number of manuscripts being submitted—1524 in 2015 alone. We receive high-quality papers from across the world. Most fields in arthroscopic surgery of the shoulder are under rapid development with new techniques and treatment approaches. The treatment of acute dislocation or chronic instability of the acromio-clavicular joint is continuously developing, and along with stronger implants addressing biomechanics, arthroscopic techniques are increasingly favoured.

More than 100 methods have been published, which is kind of scary from a scientific point of view. Nevertheless, new treatment approaches may result in better functional and radiographic outcomes and higher patient satisfaction. Looking at it scientifically, however, we have to evaluate whether the surgical technique is reported to add a new revolutionary approach, or whether it is simply a product control series to prove that surgical treatment can restore anatomy and not necessarily with a better functional outcome than conservative treatment. Furthermore, surgical treatment, as opposed to non-operative treatment, is associated with possible complications and a relatively long period of rehabilitation before sports activity can be resumed. We tend to aim at publishing successful results compared to poor outcomes except if this is compared to a newer technique with a superior outcome. At KSSTA, we receive a large number of articles on the results of surgical treatment of AC dislocation every year. Some are of high quality: prospective, long-term follow-up and critical discussion on the limitations of the study. Others are retrospective, small numbers, short follow-up and a lack of criticism on its limitations. The latter is difficult to accept for publication because the quality is too low to give the reader a sound impression of the advantages and disadvantages of the technique. The varying outcomes of different techniques, however, tell us that whereas the attempts of anatomical restoration may succeed in the majority of patients, the biomechanics is a much more difficult task to reestablish. Furthermore, publication of the results of non-operative treatment of the acute dislocated AC joint is rare.

Some months ago, I participated in a work group in Denmark trying to put together a Best Clinical Practice guideline on the treatment of acute acromio-clavicular dislocation. The criteria for creating these guidelines are based on the Grading of Recommendations Assessment, Development and Evaluation (GRADE) system implying that only high-level scientific studies—level 1 or 2 evidence or similar high-level meta-analyses—can be used as the base for recommendation of treatment. Of the 1230 publications on PubMed on the treatment of acute AC dislocation, only three studies are prospective controlled randomized trials, and the newest is from 1984! Now more than 30 years later, the techniques used in the 1970s–1980s are no longer used regularly, and the understanding of more specialized rehabilitation has improved. On this basis, it is difficult to propose proper evidence-based guidelines. In 2010, I hosted a

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Consensus Meeting on AC joint disorders. After 2 days of intense discussions, we speculated that the current consensus should instead be named current concerns, and that the AC joint was like the ACL in the 1970s. Six years later, I think that controversies in the treatment of acute AC dislocations are much more complicated than controversies in ACL surgery were back then. After all these years, it is a great pity that no group in the world has had the courage to design a new prospective randomized study on the acute surgical treatment of the dislocated AC joint comparing surgical and non-operative treatment, acute and delayed surgical treatment, open versus arthroscopic techniques and evaluating the natural history of non-operative treatment, etc.

So this is a call-out to all the large arthroscopic and trauma centres in the world. We, at KSSTA,very much welcome such high-level scientific studies and are willing to wait 2–3 years to see these studies being submitted so long as we do not have to wait for 30 years and for another 200 new techniques to be published.