

*Excerpt from*

## **The Journal of Shoulder and Elbow Surgery**

### **Identification and management of "floating" posterior inferior glenohumeral ligament lesions.**

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*Mississippi Sports Medicine & Orthopaedic Center, Jackson, MS, USA.* Recurrent posterior glenohumeral instability, although a less common clinical entity than anterior instability, must be recognized and appropriately treated for a successful outcome. Pathologic findings that may need to be addressed include posterior Bankart lesions, humeral avulsion of the posterior inferior glenohumeral ligament (PIGHL), intrasubstance ligament attenuation, and combined lesions. In this review, we present 2 patients with the same pathoanatomic findings of recurrent posterior shoulder instability secondary to posterior humeral avulsion of the glenohumeral ligament with an associated posterior Bankart lesion. This combination of pathology is referred to as a "floating PIGHL" lesion. We review both patient's preoperative clinical findings and imaging studies and detail the necessary steps for a successful repair.

**Dr. Christopher M. Pokabla** earned his medical degree from from Northeastern Ohio Universities College of Medicine. He completed his Orthopaedic Surgery residency at The Ohio State University School of Medicine in Columbus, Ohio. He then completed a fellowship in sports medicine and shoulder surgery at Mississippi Sports Medicine and Orthopaedic Center in Jackson, Mississippi and the Tulane Institute of Sports Medicine in New Orleans, Louisiana. During his fellowship training, Dr. Pokabla served as a team physician for Tulane University and Mississippi Valley State University as well as several high school athletic programs. He is a member of the American Academy of Orthopedic Surgeons, Arthroscopy Association of North America and American Orthopedic Society for Sports Medicine. His specialties include sports medicine, arthroscopic shoulder surgery, and shoulder replacement.

