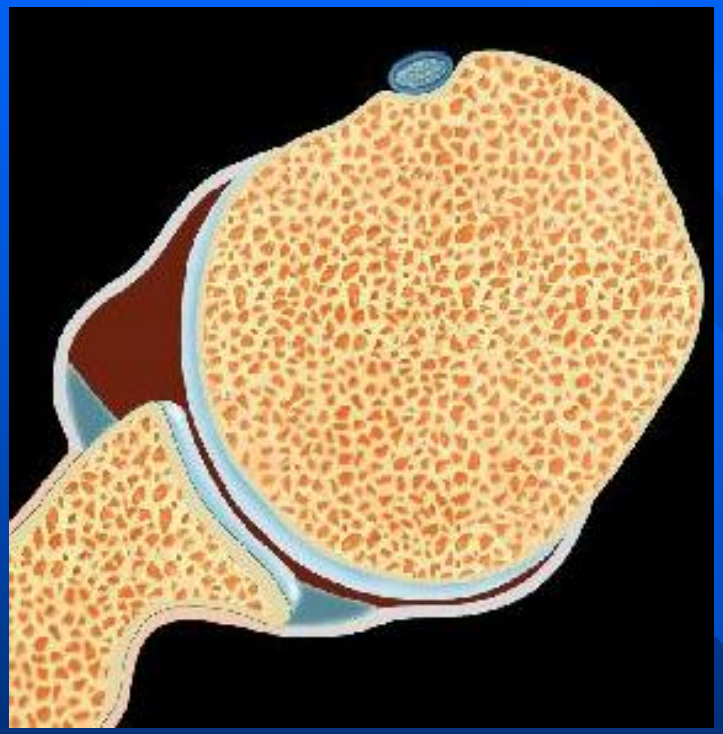
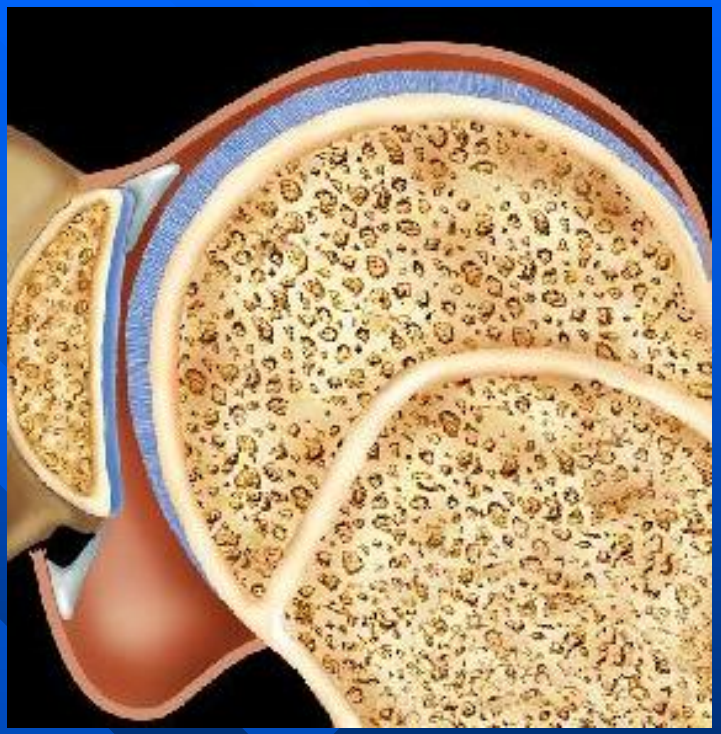
Anterior Labral Periosteal Sleeve Avulsion

- Usually due to anterior shoulder dislocation and involves the anterior inferior labrum.
- Unlike the Bankart lesion in which the labrum and glenoid periosteum is avulsed from the underlying glenoid, an ALPSA lesion involves mobilization of the labrum which remains attached to the periosteum overlying the glenoid (thus sleeve).
- The clue is the medial displacement and inferior shifting of the inferior glenohumeral ligament (IGHL) complex.
- A Hill-Sachs lesion may be seen in association.
- As a result, an ALPSA lesion may heal (as opposed to a Bankart lesion which does not), however it can do so in an abnormal position requiring identification and early surgical repair.

ALPSA

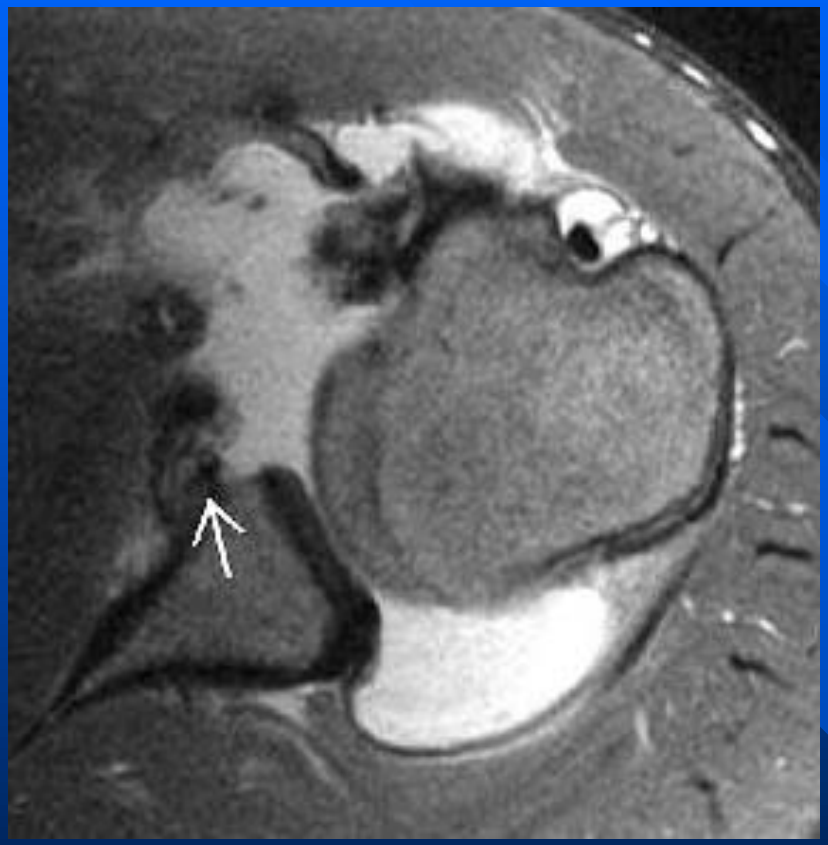


Medial displacement and inferior rotation of the IGHL attachment to the glenoid. This is the most important feature of an ALPSA lesion.



medial and inferior labral ligamentous displacement along the inferior neck of the scapula

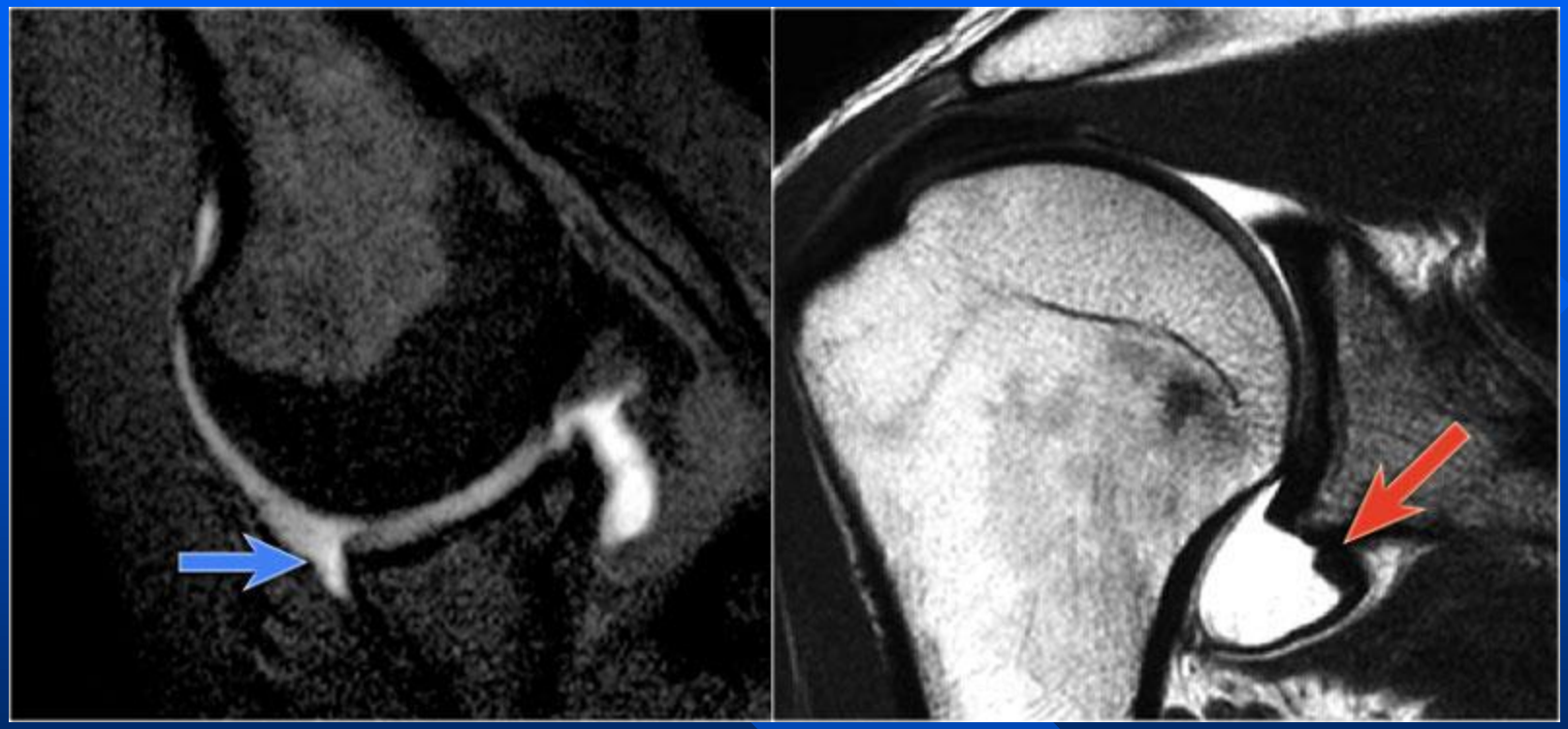
ALPSA



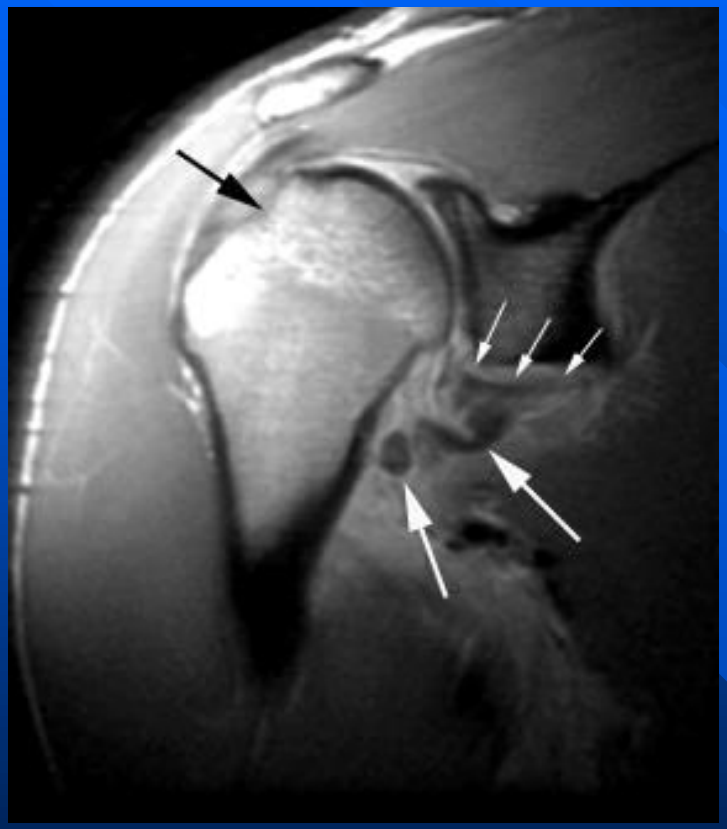
- Best diagnostic clue
  - Medial displacement of IGHLC on axial and coronal MR images in patient with history of anterior dislocation
    - » Acute cases: Edema/hemorrhage
    - » Chronic cases: Variable degrees of fibrosis, fibrous mass
- Variation of bankart

Are managed surgically, bankart are not.

Aber View

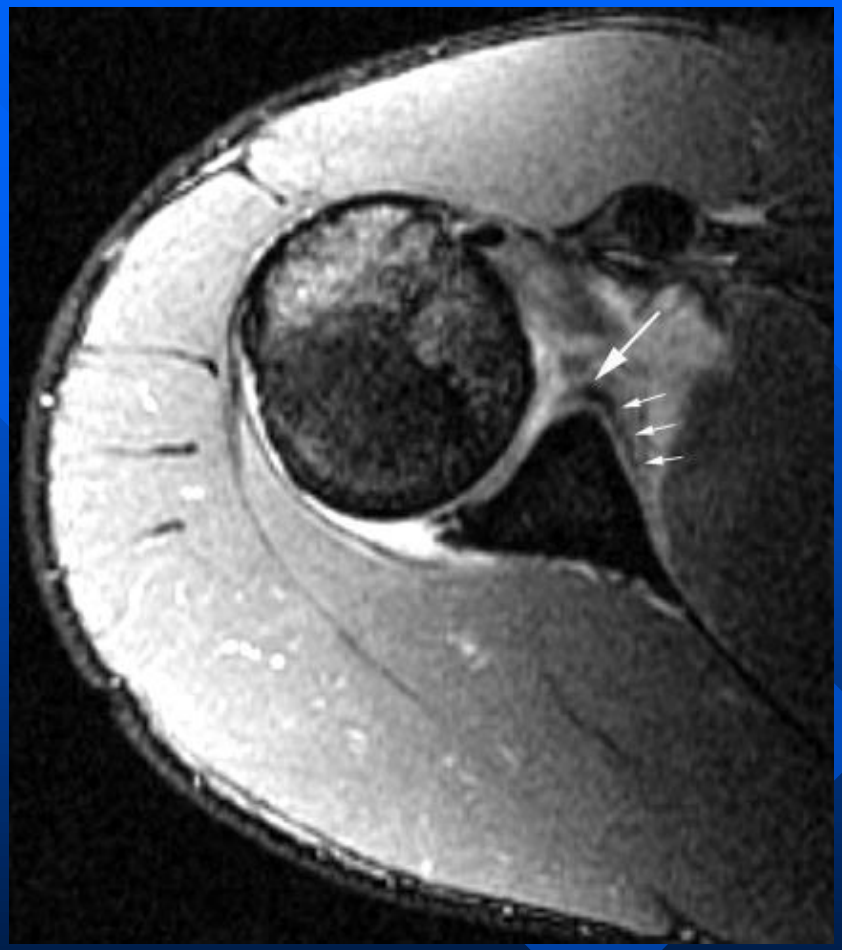


ALPSA lesion: (anterior labroligamentous periosteal sleeve avulsion)



black arrows= Hill-Sachs lesion
large white arrows= torn capsule and inferior glenohumeral ligament
small white arrows= avulsed labrum with attached periosteum

ALPSA lesion: (anterior labroligamentous periosteal sleeve avulsion)



large white arrow= avulsed labrum
small white arrows= attached periosteum