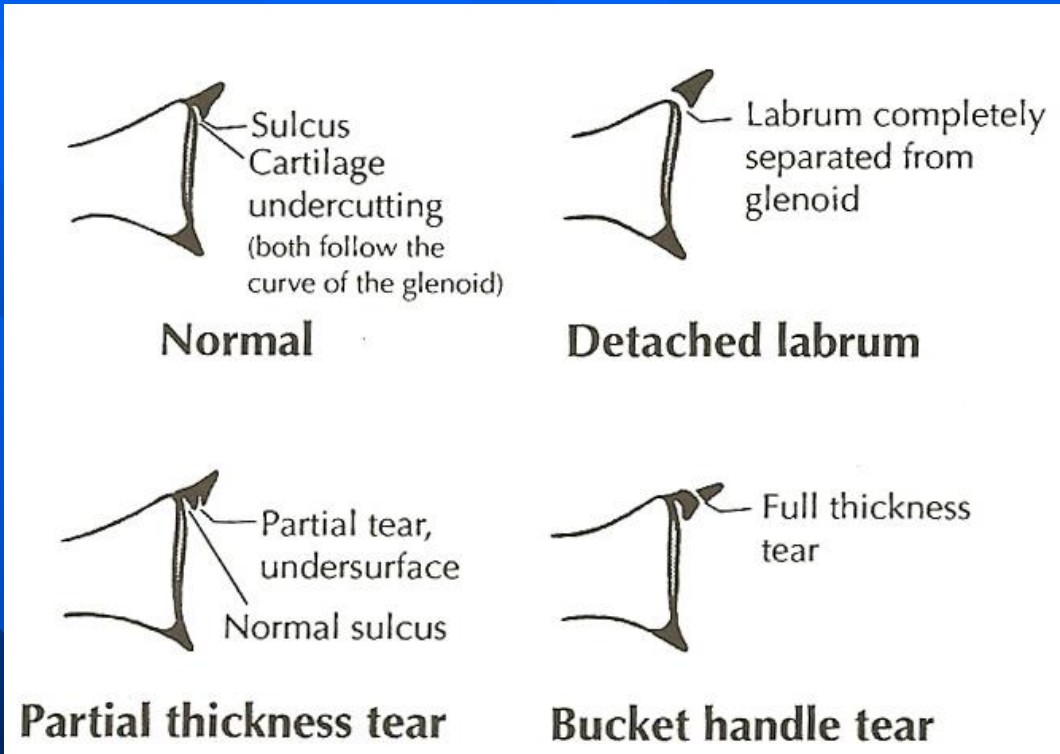
Superior labrum anterior to posterior (SLAP) lesions

- 9 types
- Don't try to determine which type; just access the integrity of the biceps tendon.
- Determine if partial, full thickness tear or if detached from glenoid.



Types

- Type I: Irregular fraying of tip of superior labrum
- Type II: Linear increased signal along long axis of superior labrum that extends to surface of labrum
  - Signs to differentiate from normal variant superior recess
    - » Lateral curving high signal
    - » Double Oreo sign: 2 high T2 signal lines (normal variant superior recess plus SLAP tear)
    - » Abnormally wide high signal on coronal images
- Type III: Linear increased signal extends across entire labrum so that superior labrum is detached
- Type IV: Linear increased labral signal + surfacing signal in biceps origin

Age

- Type I: > 50 years old
  - Common age related fidning
- Type II: 20-60 years old
- Type III-IV: 20-40 years old

Etiology

- Acute setting they are most frequently seen in falls onto an out-stretched arm
- Throwing sports-people
- Uncommonly (20%) associated with shoulder instability .

Clinical issues

- Common symptoms: Shoulder pain, clicking or popping
- Positive O'Brien test
- Epidemiology: 25-30% of shoulder arthroscopies
  - 75% of these are type I

Treatment

- Type I: Conservative or labral debridement
- Type II-IV
  - Small tears: Labral debridement
  - Large tears: Labral repair with reattachment to superior glenoid rim

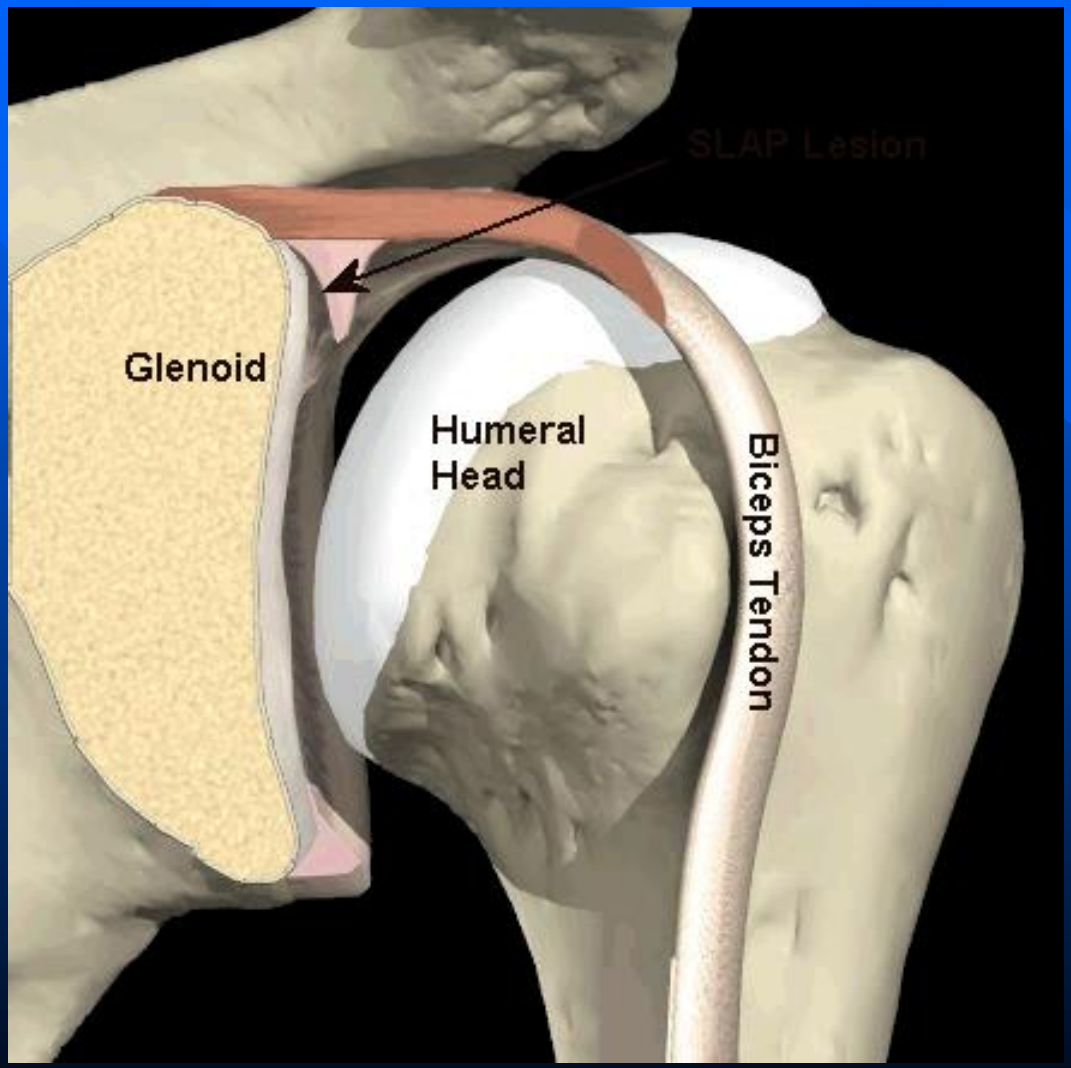
SLAP

- Sometimes impossible to distinguish type II SLAP from superior recess on MR
- Oblique coronal images show SLAP tear best.
- **SLAP Lesions V-X**
  - Extensive tear also involves adjacent structures
  - Considered different lesion category than SLAP I-IV

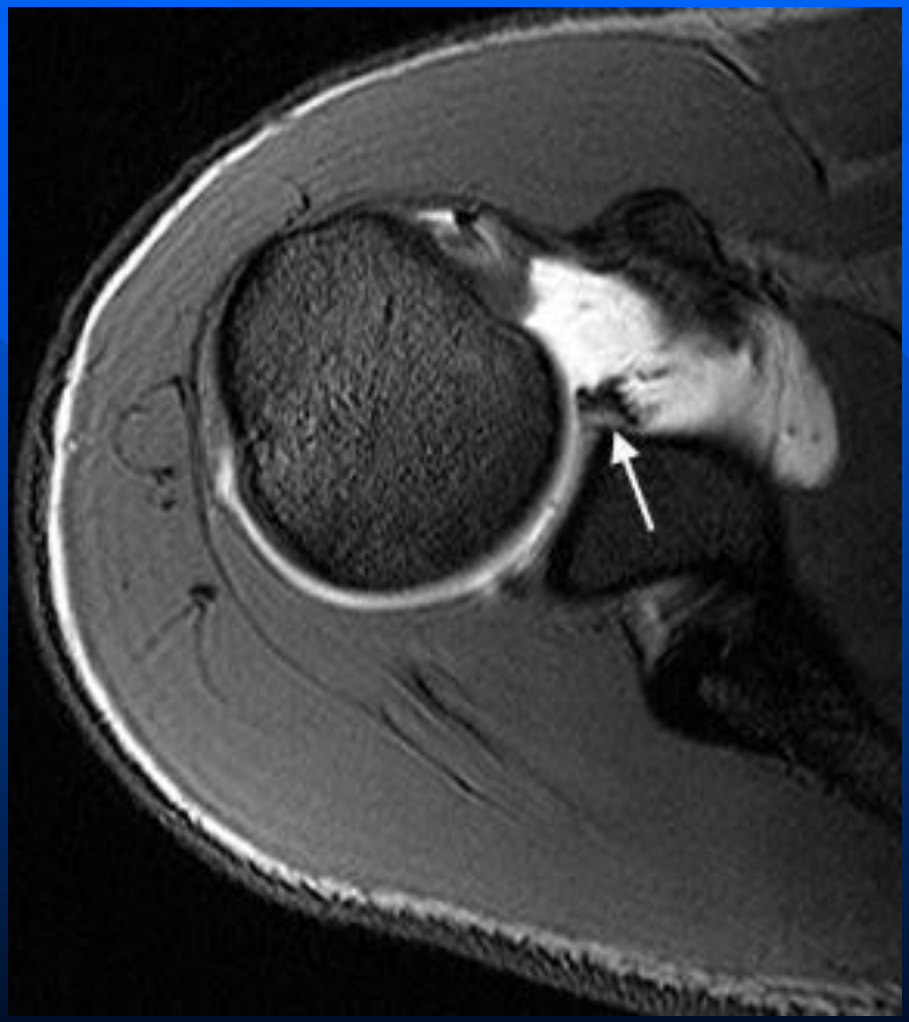
SLAP

SLAP

SLAP

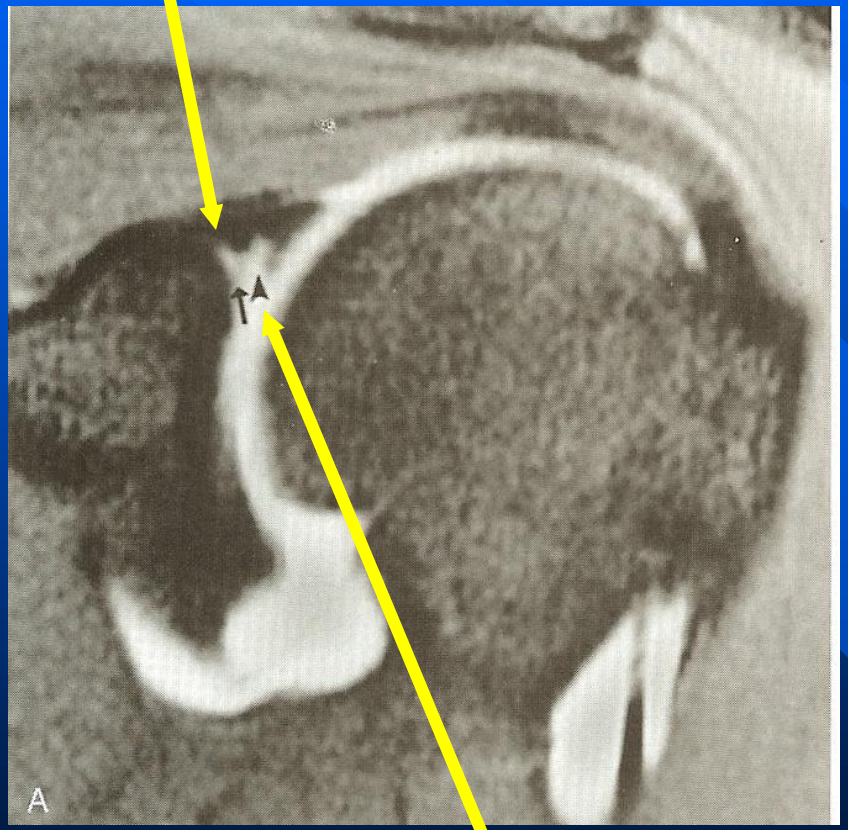


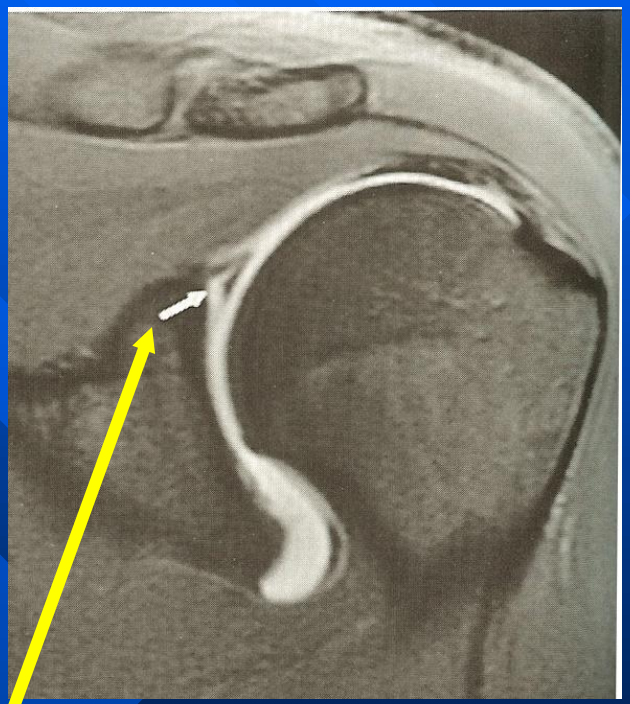
SLAP



Partial Tear

Normal Undercutting, oriented medially





Partial Tear does not follow contour, oriented laterally

Full Thickness Tear