

SLAP Type (V-XII)

- SLAP tear which extends to involve other ligaments or portions of labrum.
- Considered different lesion category than SLAP I-IV

Etiology

- Type V & IX: Anterior dislocation
 - Superior labrum also tears from traction by capsule and ligaments
 - » Circle principle of vulnerability of entire labrum with dislocation
- Type VI, VII, X, XI, XII: Fall, often on outstretched arm
- Type VIII: Posterior dislocation

Cont

■ Presentation

- **Most common signs/symptoms**
 - » Shoulder pain; popping, clicking; anterior instability: Type V & IX SLAP tears

■ Demographics

- **Age**
 - » 20-40 years old
- **Gender**
 - » $M > F$

■ Natural History & Prognosis

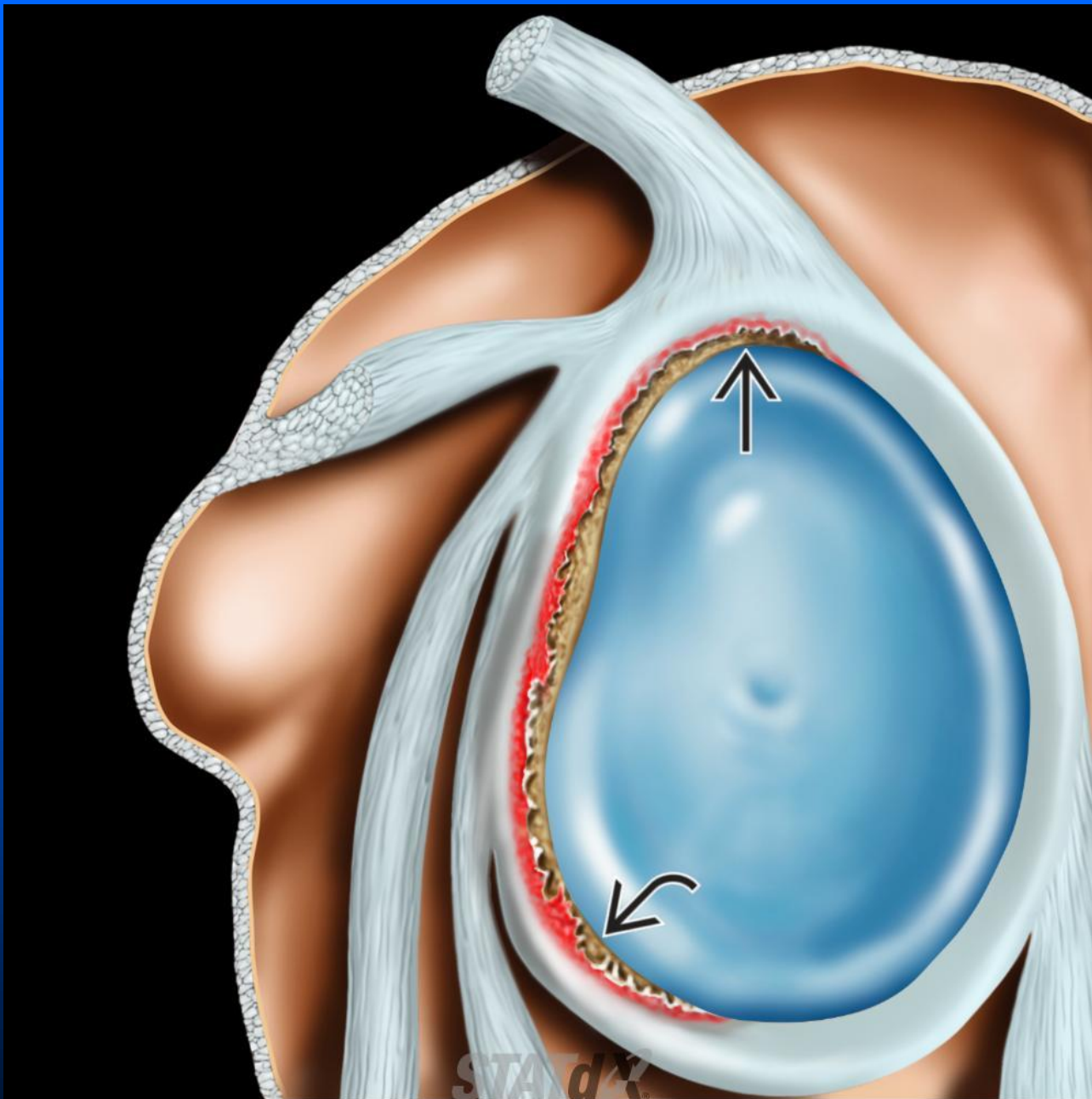
- Continued pain

■ Treatment

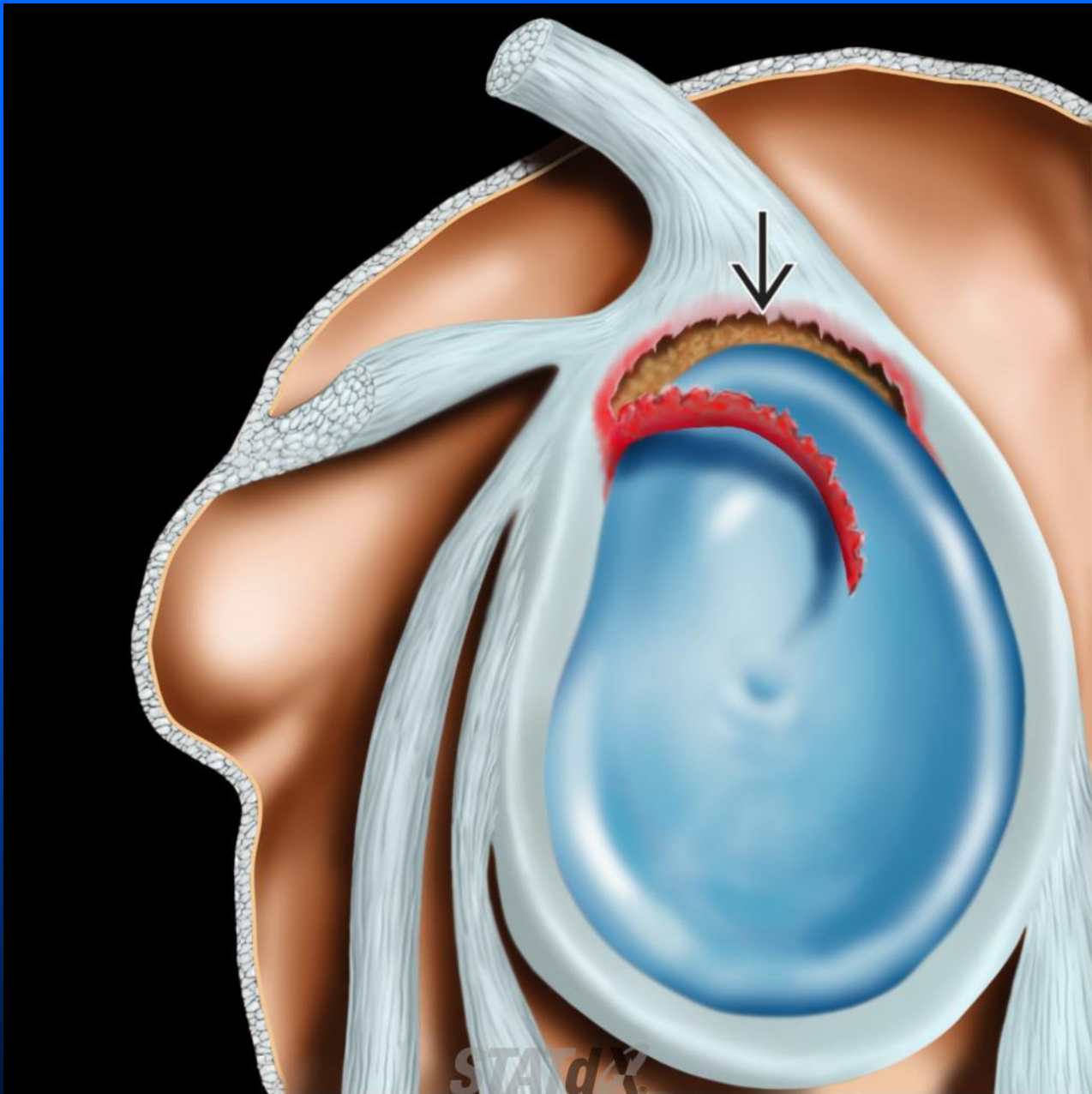
- Extensive labroligamentous repair

Types

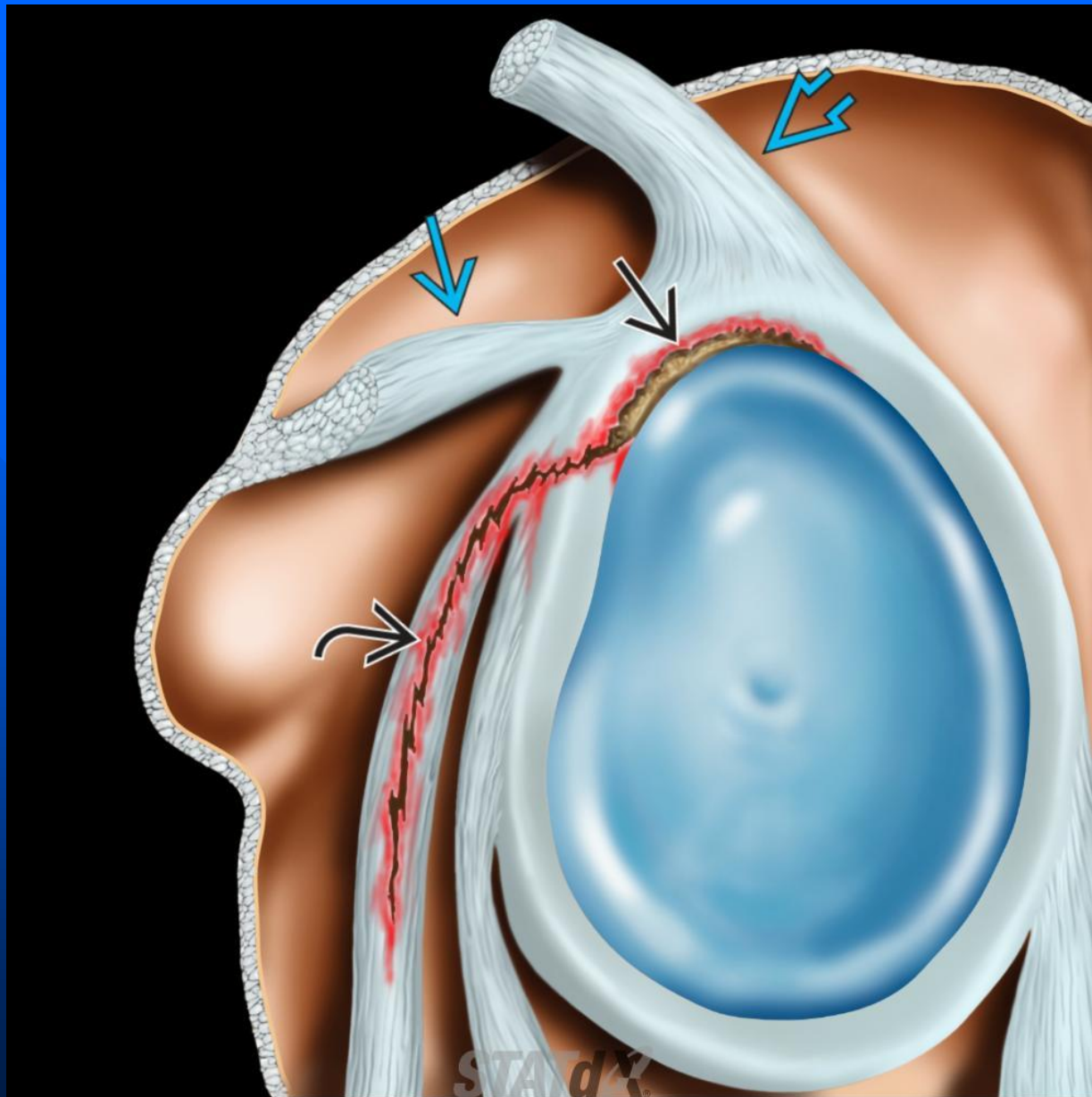
- Type V: Extends into Bankart tear
- Type VI: Flap tear where type III SLAP tear has 1 limb of bucket handle detached
- Type VII: Extends down into middle glenohumeral ligament
- Type VIII: Extends into reverse Bankart tear
- Type IX: With Bankart and reverse Bankart tears (360° or near 360° tear)
- Type X: Extends into rotator interval
- Type XI: Extends into superior glenohumeral ligament
- Type XII: Superior labrum anterior cuff lesion



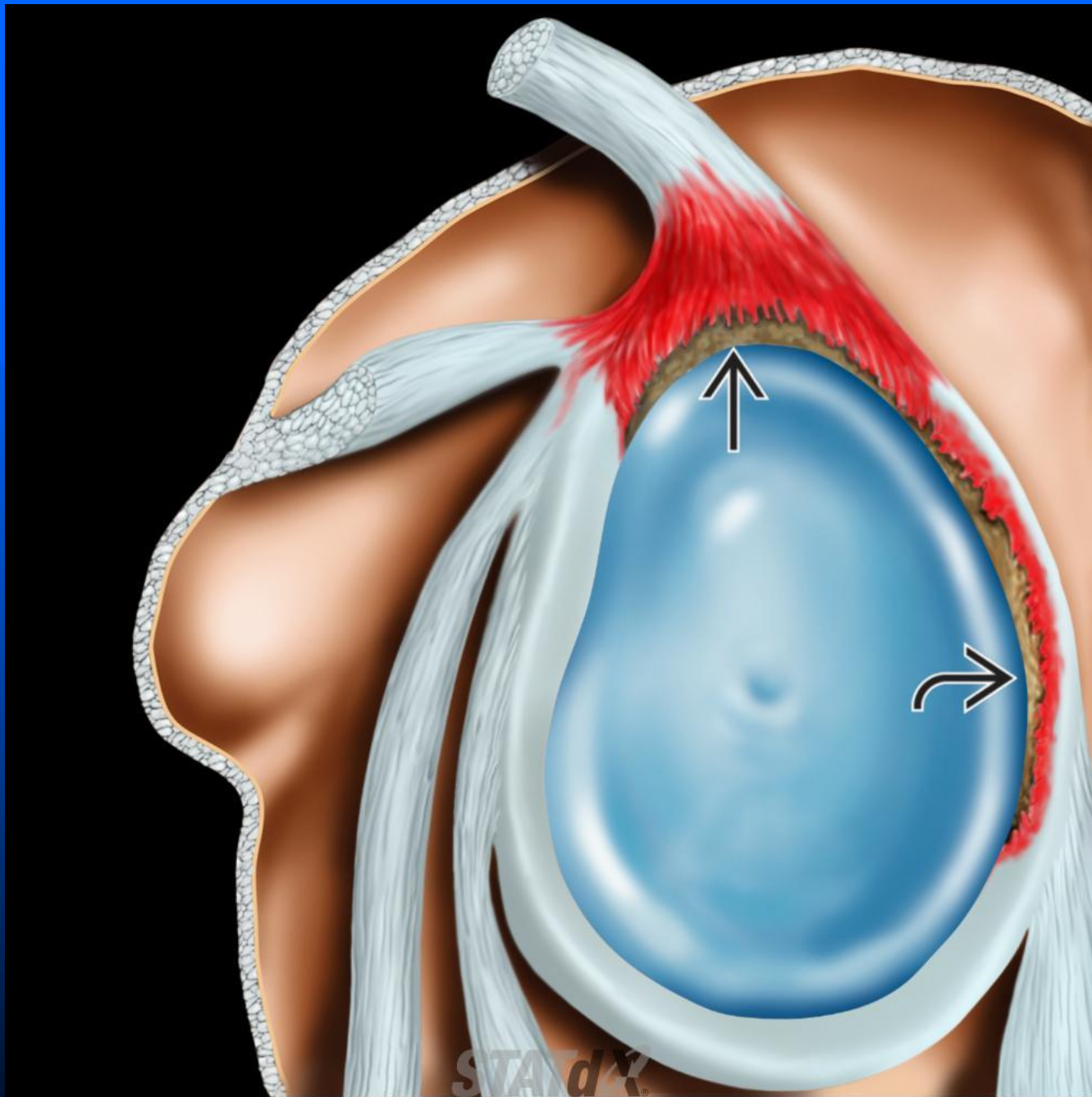
Lateral graphic shows a type **V SLAP tear**. There is a tear of the superior labrum (black solid arrow), which extends into a Bankart tear (black curved arrow). This is the most common type of extended SLAP tear, seen in about 20% of patients with a Bankart tear and 15% of patients with a type II-XII SLAP tear.



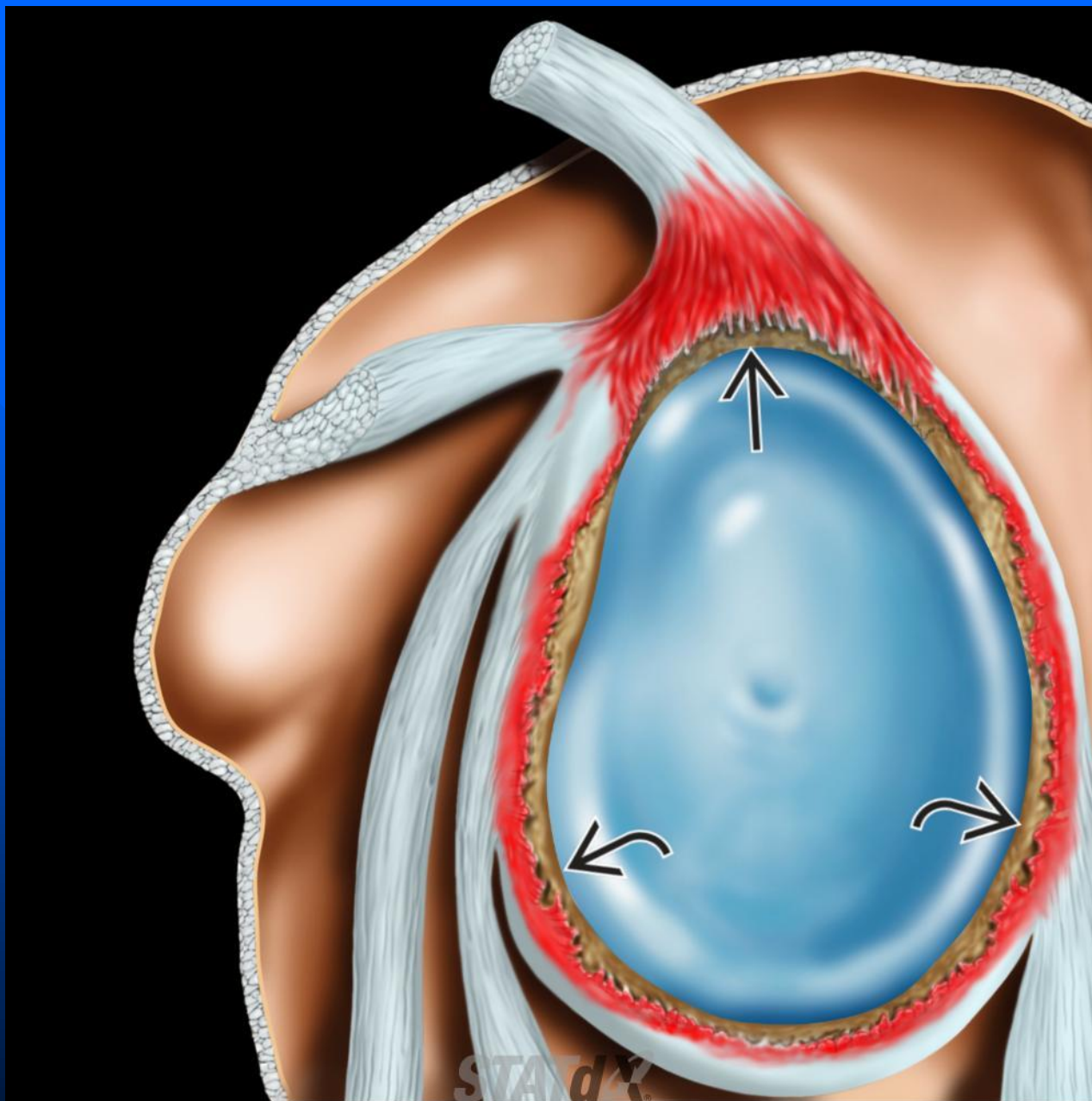
Lateral graphic shows a type **VI SLAP tear** (black solid arrow). This is a flap tear of the superior labrum in which the full-width SLAP tear is detached at one end. A type VI SLAP tear is not truly an extended SLAP tear involving an adjacent structure, but it was described after the original type I-IV SLAP tear classification and is therefore included here.



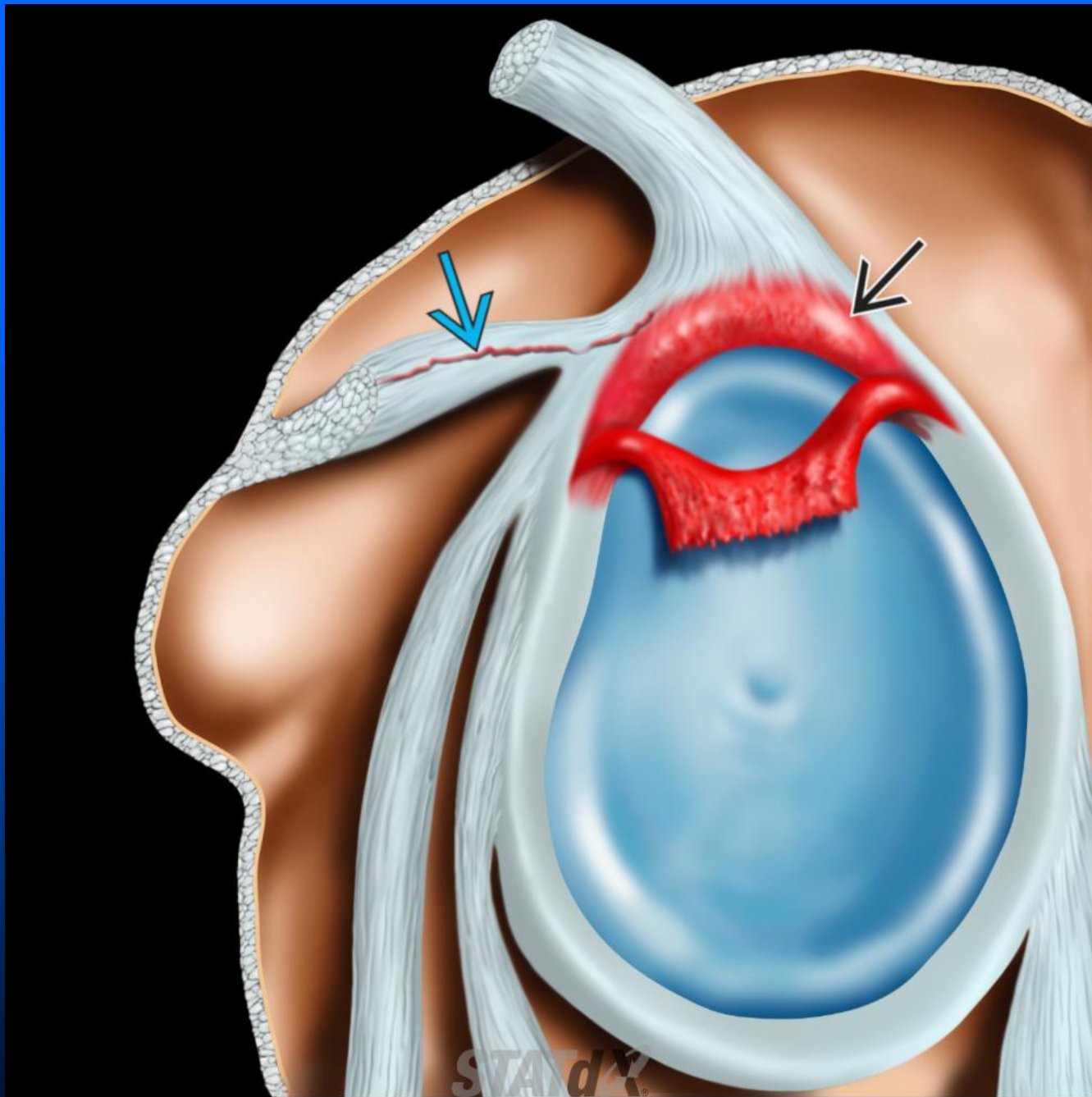
Lateral graphic shows a **type VII** SLAP tear (black solid arrow) that extends down into the middle glenohumeral ligament (MGHL) (black curved arrow). The MGHL arises from the anterosuperior labrum inferior to the superior glenohumeral ligament (cyan solid arrow) and biceps (cyan open arrow) and then inserts on the anterior capsule inferiorly (not shown).



Lateral graphic shows a **type VIII SLAP tear** (black solid arrow) extending into a reverse Bankart tear (black curved arrow). Type VIII SLAP tears are about 5% of all type II-XII SLAP tears and usually result from a posterior dislocation.



Lateral graphic shows a **Type IX** superior labrum anterior and posterior (SLAP) tear, also called a 360° labral tear or triple labral lesion. The tear not only involves the superior labrum (black solid arrow) but extends around the entire labrum (black curved arrow). These tears usually occur after an anterior dislocation and result from the circle principle, in which the entire labrum is partially avulsed due to traction by the capsule and ligaments.



Lateral graphic shows a **type XI SLAP tear** (black solid arrow) extends out into the superior glenohumeral ligament (cyan solid arrow). Some of these tears may also have a tear in the rotator interval capsule, which would then be a type X/XI SLAP tear.