Rotator Cuff Calcific Tendonitis - A Retrospective Cohort Study -

Published: 16-06-2011
Last updated: 10-08-2024

1) To compare (long-term) results of patients treated for Calcific Tendonitis with barbotage, versus patients treated for Calcific Tendonitis with other conservative standard-treatments2) An analysis of group characteristics and risk factors for CaT...

Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Tendon, ligament and cartilage disorders
Study type	Observational non invasive

Summary

ID

NL-OMON36184

Source
ToetsingOnline

Brief title
CrossCaT

Condition

- Tendon, ligament and cartilage disorders

Synonym
Calcific depositions in the shoulder, Rotator Cuff Calcific Tendonitis

Research involving
Human

Sponsors and support

Primary sponsor: Leids Universitair Medisch Centrum
Source(s) of monetary or material Support: ZonMw en Reumafonds

Intervention

Keyword: Calcific Tendonitis, Retrospective, Risk factors, Rotator Cuff

Outcome measures

Primary outcome

Functional Disabilies of the Arm, Shoulder and Hand, Dutch version.

(Quick-DASH-DLV)

Western Ontario Rotator Cuff Index (WORC)

Illness perception questionnaire (IPQ)

Radiographical scores for calcifications (size, Gartner score)

Demographical data

Secondary outcome

none

Study description

Background summary

Calcifying tendinitis (CaT) of the shoulder is a common disorder, diagnosed in 6.8% of patients with shoulder complaints. It's frequently a self-limiting disease, but there is a lot of debate on whether or not to treat CaT, and which treatment methods to use. Many patients with CAT have chronic shoulder pain, and face restrictions in their daily lives, so in these cases treatment is indicated. Due to the self-limiting character of CaT, minimally invasive treatment methods with very few risks and complication rates are preferred. The first step in the treatment of CaT is expectative maqnagement. If the shoulder pain persists, there are conservative treatment options including physical therapy, shock-wave therapy, or a subacromial injection with corticosteroids. A next step in treatment is barbotage: using ultrasound or röntgen guidance, calcific depositions are punctured and washed out with saline. When conservative treatments or barbotage are unsuccesful, surgery can be considered.
There is much uncertainty on the effectiveness of the alternatives in the first steps in treatment of CaT, and on the long-term results of (conservative)

treatment of CaT. The choice of treatment often depends on physician or geographical region. A well-designed retrospective study comparing clinical and radiological outcomes of expectative management, common conservative treatments, and barbotage treatment, would provide more insight on the effectiveness of these treatment methods and their long-term effects. It also offers the opportunity to study a large group of CaT patients with regards to demographic and radiographical characteristics, in order to gain in insight in risk factors of symptomatic CaT.

Study objective

1) To compare (long-term) results of patients treated for Calcific Tendonitis with barbotage, versus patients treated for Calcific Tendonitis with other conservative standard-treatments
2) An analysis of group characteristics and risk factors for CaT (including age, gender, arm dominance and radiological scores).

Study design

Case-control study:
1) Comparing long-term clinical and radiological outcomes in CaT patients treated with barbotage, versus outcomes in CaT patients treated with other conservative treatments.

Cohort Study:
2) Analysis of risk factors and group characteristics in patients with symptomatic CaT.

Study burden and risks

Completing the questionnaire takes approximately 15 to 20 minutes in total. These questionnaires will be sent to the patients by regular mail and can be returned to the researcher in a included postage free eveloppe.

No additional risks are expected for participants in this study.

Contacts

Public
Leids Universitair Medisch Centrum

Postbus 9600
2300 RC Leiden
NL

Scientific
Leids Universitair Medisch Centrum

Postbus 9600
2300 RC Leiden
NL

Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adults (18-64 years)
Elderly (65 years and older)

Inclusion criteria

Patients diagnosed with Rotator Cuff Calcific Tendoniti and referred for treatment at Leiden University Medical Centre, between 1980 and 2009.

Exclusion criteria

No informed consent

Study design

Design

Study type:	Observational non invasive
Intervention model:	Other
Allocation:	Non-randomized controlled trial
Masking:	Open (masking not used)

Primary purpose: Basic science

Recruitment

NL

Recruitment status:	Recruitment stopped
Start date (anticipated):	01-11-2011
Enrollment:	530
Type:	Actual

Ethics review

Approved WMO

Date:	16-06-2011
Application type:	First submission
Review commission:	METC Leiden-Den Haag-Delft (Leiden) metc-ldd@lumc.nl

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
CCMO	NL36127.058.11