



Magellan Society Symposium Program

18:30 - 19:30	Badge Pick-Up and Reception	General Session
19:30 - 19:45	Welcome and Introductions	General Session
19:30 - 19:35	Lecture Presidential Welcome Christian Fink, Prof. AUSTRIA	
19:35 - 19:40	Lecture General Secretary Welcome Rainer Siebold, Prof. Dr. med. GERMANY	
19:45 - 20:57	Case Presentations	General Session
19:45 - 19:54	Case Presentations Professional Soccer Player with an Acute Patellar and Knee Dislocation Marc Safran, MD UNITED STATES Description ▼ 26 y/o male professional soccer goalie injured his right knee during a professional soccer game. He jumped to catch a ball, came down with his right knee in a valgus flexion position and an opposing player, who was also leaping, landed on the goalie / patient. The player heard a pop or 2 in his knee and had immediate right knee pain. When he was evaluated on the field, his patella was dislocated, and reduced by straightening his leg. Otherwise, the knee overall was reduced. He neurovascularly was intact. Had a positive Lachman, positive posterior sag and drawer and opening to valgus stress in both flexion and extension. An MRI confirmed ACL, PCL, and MCL injuries, as well as an MPFL soft tissue avulsion off the medial epicondyle. The patient underwent surgery. We will discuss this injury in professional athletes, particularly soccer players. Timing of surgery, graft type(s), consideration of augmentation, and other rehab specifics will be discussed.	
19:54 - 20:03	Case Presentations Patellofemoral Dislocation Rodrigo Maestu, MD ARGENTINA Description ▼ We present a case and its surgical resolution of a 7-year-old male patient with Marfan syndrome who came to our clinic due to pain and joint lock caused by recurrent episodes of bilateral patellofemoral instability during daily activities. The instability was both lateral and medial, and the patient had a patella alta. This case is presented for discussion of the surgical solution and to showcase the treatment performed by our team along with its results.	
20:03 - 20:12	Case Presentations Challenges in the Management of Recurrent Anterior Cruciate Ligament Injuries in a Young Professional Soccer Player: A Case Study Marcus Hofbauer, Prof AUSTRIA	
20:12 - 20:21	Case Presentations Not All Collision Shoulder Injuries are Instability: A Series of Scapula Neck Fractures in Elite Rugby Players Michael (Mike) Rosenfeldt NEW ZEALAND Description ▼ The finding of glenoid neck fractures in a cohort of elite rugby players in New Zealand. A pattern of glenoid neck fracture not previously described in this population. All athletes suffered a collision injury through either tackling or being tackled, with their affected shoulder being lead point of contact. Every player experienced a transient neuropraxia of the arm and was subsequently managed under the assumption of their pain being a result of either instability or AC joint injury. Delay to diagnosis was common. CT scan was the most useful imaging modality to identify the injury. Elite level rugby players are at risk of underrecognized glenoid neck fractures because of a collision injury. Surgeons caring for this population should have a high index of suspicion for if no other obvious cause for their patients symptoms has been found	

20:21 - 20:30	<div>Case Presentations</div> <div>Arthroscopy-Assisted Remplissage and Open Eden-Hybinette Procedure for Failed Latarjet and Off-Track Hill-Sachs Lesion</div> <div>Joe Chih-Hao Chiu, MD, PhD TAIWAN</div> <div> <div>Description ▼</div> <p>A 49-year-old former semi-professional judo player with recurrent right shoulder instability following his first dislocation in 2006. He underwent two unsuccessful arthroscopic Bankart repairs due to improper anchor positioning. In 2020, an open Latarjet procedure was performed to address his ongoing instability, but he suffered another dislocation in January 2023 after a fall. Physical examination revealed a full range of motion, normal rotator cuff strength, and a positive apprehension test. X-rays showed a broken coracoid bone block, screw displacement, and a significant Hill-Sachs lesion. CT confirmed resorption of the previous coracoid graft and an off-track Hill-Sachs lesion. The patient underwent revision surgery, combining an arthroscopic-assisted Remplissage with an Eden-Hybinette procedure. One year postoperatively, the patient reported improved outcomes. Managing recurrent shoulder instability after failed surgeries is challenging. While the Latarjet procedure has a 10% recurrence rate, revision options such as distal tibial allograft and Eden-Hybinette procedures offer promising results. This case emphasizes the importance of combined surgical approaches and individualized treatment plans, particularly for patients with significant humeral bone loss, to enhance stability and reduce recurrent instability.</p> </div>
20:30 - 20:39	<div>Case Presentations</div> <div>Lateral Opening Wedge Tibial Osteotomy Combined with Lateral Meniscus Transplantation</div> <div>Peter Myers, MBBS, FRACS, FAOrthA AUSTRALIA</div> <div> <div>Description ▼</div> <p>This is a case study and review of a small series. It is an uncommon combination of problems usually managed with a femoral osteotomy. This combined procedure has shown excellent results.</p> </div>
20:39 - 20:48	<div>Case Presentations</div> <div>Routine Primary TKR</div> <div>Parag Sancheti, FRCS (Ed), MS (Orth), DNB (Orth), MCh (UK), Ph.D (INDIA</div> <div> <div>Description ▼</div> <p>56 years old lady with a case of primary knee osteoarthritis was operated for left total knee replacement surgery. It failed in 12 months, landed up with aseptic loosening of left knee tibial component. Operated for revision total knee replacement for the same at 18 months post index surgery. She suffered a peri-prosthetic fracture at 6 months post revision surgery. Was operated for the same with fracture fixation with plate osteosynthesis. The plate fixation failed in 8 months after which the plate was revised and refixation done with shortening and bone grafting. This fracture went on to unite after 7 months after the refixation surgery. This case has multiple learning points which will be highlighted in the final presentation.</p> </div>
20:48 - 20:57	<div>Case Presentations</div> <div>Is Third Time a Charm: Failed Revision ACL and Cartilage Repair in a Military Athlete</div> <div>Seth Sherman UNITED STATES</div> <div> <div>Description ▼</div> <p>Patient is a 25 yo male, active duty military, who presents with insidious worsening of functional instability and medial pain. He had multiple prior surgeries at outside hospital including prior ACL allograft and hamstring autograft reconstructions, meniscectomy, and osteochondral allograft transplantation to his MFC. He presents with a 3B Lachman, Grade 3 pivot, >15 degrees of varus, >15 degrees tibial slope, failure of the OCA, and possible meniscus deficiency. Discuss points include root cause analysis of the multiple failures, additional work-up, and options for salvage knee joint preservation. Key considerations include single vs. two staged reconstruction, repeat revision ACL graft choices, management of alignment, treatment of failed cartilage restoration and possible meniscus deficiency, and additional of lateral extra-articular procedure. Other points include timing of surgical interventions, order of operations, rehabilitation, and counseling for return to military activity.</p> </div>
20:57 - 21:02	<div>Closing Remarks</div> <div>General Session</div>
20:57 - 21:02	<div>Lecture</div> <div>2026 Biennial Meeting Announcement</div> <div>Christian Fink, Prof. AUSTRIA</div>
21:02 - 21:05	<div>Lecture</div> <div>Thank you and Adjourn</div> <div>Rainer Siebold, Prof. Dr. med. GERMANY</div>