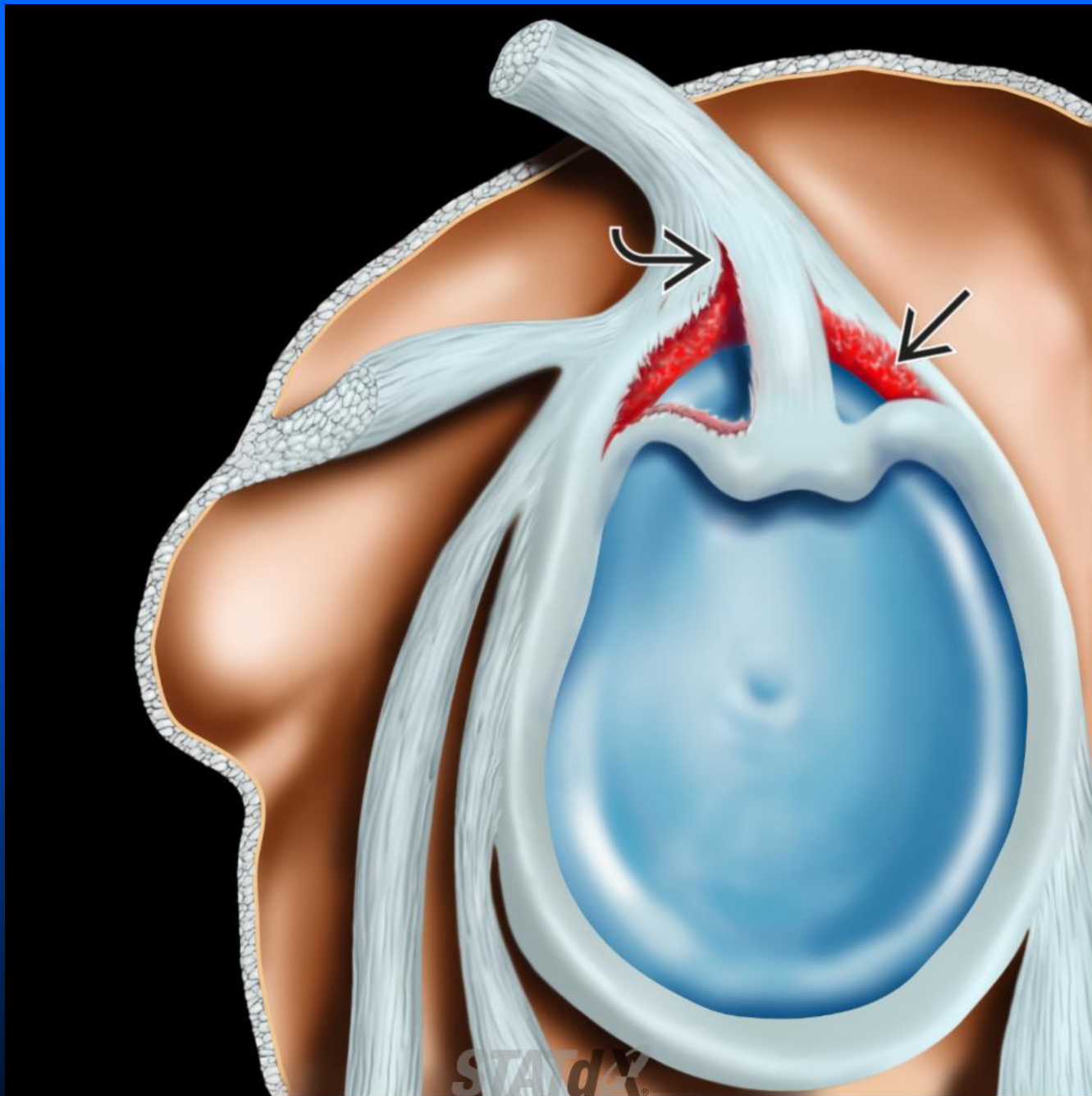


# Type 4 Tear

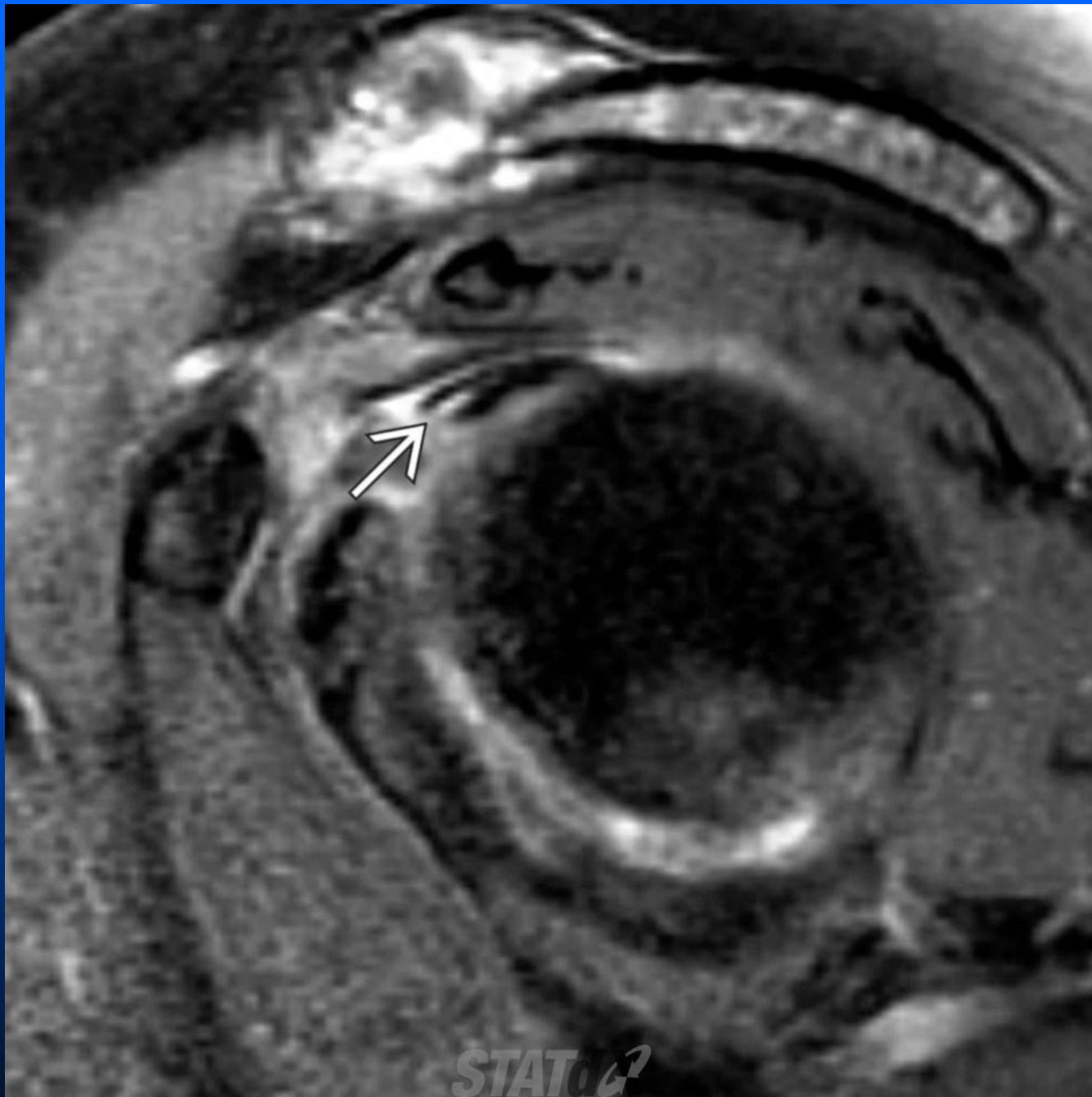
- Linear increased labral signal + surfacing signal in biceps origin
- Type III-IV: 20-40 years old
- Treatment
  - Small tears: Labral debridement
  - Large tears: Labral repair with reattachment to superior glenoid rim
- SLAP tear seen best on oblique coronal images
- Biceps origin tear seen best on oblique sagittal images
  - Some biceps tears appear only as enlarged tendon with intratendinous signal
  - Biceps may instead be completely torn and avulsed from labral attachment



Lateral graphic shows a type IV SLAP tear. There is a longitudinal tear of the superior labrum (black solid arrow), which extends into the biceps root (black curved arrow). Type IV SLAP tears are an "extended SLAP" tear but were 1 of the 4 original subtypes described, so are included here.

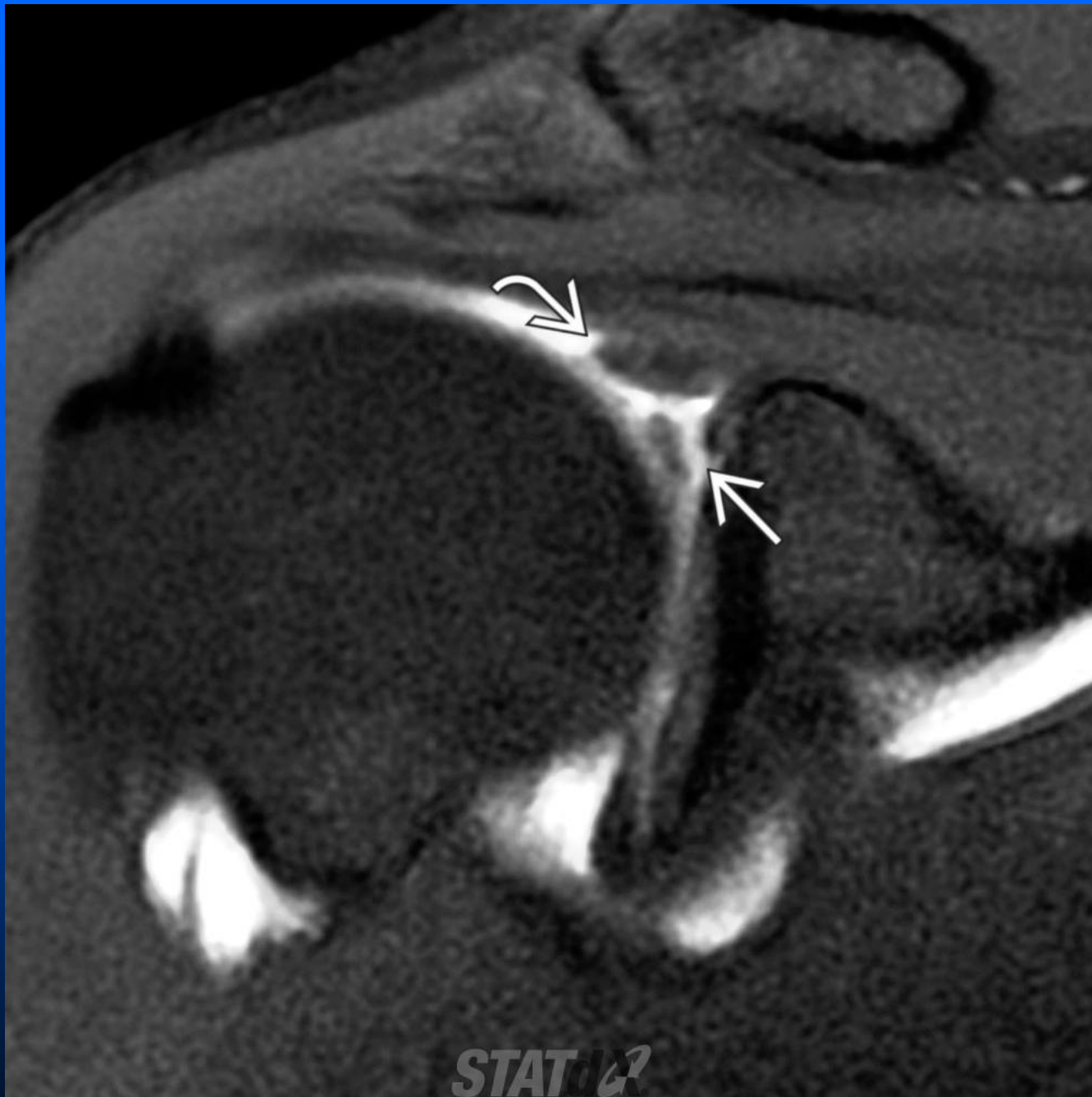


Coronal oblique T2WI FS MR shows a type IV SLAP tear. There is high signal in the tear (white solid arrow) with a thin strip of intact labrum (white curved arrow) adjacent to the glenoid cartilage. Although the signal in this patient curves medially, a superior recess occurs at the labral-chondral junction.



Sagittal T2WI FS MR in the same patient shows a biceps tear (white solid arrow) also. The combination of a longitudinal tear of the superior labrum with extension into the biceps anchor is a type IV SLAP tear.





Coronal oblique T1 FS MR arthrogram shows a type IV SLAP tear. There is a tear of the superior labrum (white solid arrow) and a stump where the biceps tendon is completely torn (white curved arrow).