

Does Duration of Symptoms Affect Outcomes After Hip Arthroscopy: A Systematic Review

Aprato et al. 2012

D. KIM¹, M. LEE², J. OWENS³, S. GILLINOV¹, R. MAHATME⁴, S. ABU¹, A. JIMENEZ¹

Department of Orthopaedics and Rehabilitation, Yale School of Medicine, New Haven, CT, 06519
Medical College of Wisconsin, Milwaukee, WI, 52336
Keck School of Medicine of the University of Southern California, Los Angeles, CA, 90033
University of Connecticut School of Medicine, Famington, CT, 06032

INTRODUCTION

There is a paucity of aggregate literature on the effect of the duration of symptoms before hip arthroscopy on patient outcomes.

AIM

The purpose of this study is to evaluate the effect of duration of preoperative hip pain symptoms on outcomes in patients undergoing primary hip arthroscopy for the treatment of femoroacetabular impingement syndrome (FAIS).

METHOD

A systematic review of current literature was performed with the following keywords: "hip arthroscopy," "femoroacetabular

impingement," "duration," "outcomes," "symptoms," "time," "delay," "earlier" and "timing" in PubMed and Cochrane in May 2022 using the Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) guidelines. Study and demographic variables such as title, author, publication date, study design, demographic, number of hips, follow-up time, study period, preoperative symptom duration, indications for hip arthroscopy, patientreported outcome scores (PROs), rates of secondary surgeries and conversion to total hip arthroplasty (THA), and clinical benefit were documented.





Kunze et al. 2019

Kunze et al. 2020

Basques et al. 2019 Jimenez et al 2021

Figure 1. PRISMA Flowchart

Table 1. Effects of Preoperative Duration of Symptoms on PROs

< 2 years		> 2 years			Std. mean difference		Std. mean difference				
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Rande	om, 95% Cl	
Basques 16	79.1	16.6	389	74	18.8	235	33.6%	0.29 [0.13 , 0.45]			
Kunze 22	81.3	21.5	190	72	24.7	120	16.7%	0.41 [0.18 , 0.64]			
Kunze 23	82.6	20.7	799	77.7	26.3	295	49.7%	0.22 [0.09 , 0.35]		-	
Total (95% CI)			1378			650	100.0%	0.27 [0.18 , 0.37]		•	
Heterogeneity: Tau ² = 0.00; Chi ² = 1.97, df = 2 (P = 0.37); l ² = 0%											
Test for overall effect:	Z = 5.71 (P	< 0.0000)1)						-1 -0.5	0 0.5	1
Test for subgroup diffe	rences: No	t applicat	ole						> 2 years	< 2 years	
	<	2 years		>	2 years			Std. mean difference	Std. mear	n difference	
Study or Subgroup	< Mean	2 years SD	Total	> Mean	2 years SD	Total	Weight	Std. mean difference IV, Random, 95% Cl	Std. mear IV, Rando	n difference om, 95% Cl	
Study or Subgroup Basques 16	< Mean 75	2 years SD 25.3	Total 389	> Mean 65.1	2 years SD 29	Total	Weight 34.9%	Std. mean difference IV, Random, 95% CI 0.37 [0.21 , 0.53]	Std. mear IV, Rando	n difference om, 95% Cl	
Study or Subgroup Basques 16 Kunze 22	< Mean 75 79.1	2 years SD 25.3 25.9	Total 389 190	> Mean 65.1 65	2 years SD 29 32.2	Total 235 120	Weight 34.9% 25.4%	Std. mean difference IV, Random, 95% CI 0.37 [0.21 , 0.53] 0.49 [0.26 , 0.73]	Std. mear IV, Rando	n difference om, 95% Cl	
Study or Subgroup Basques 16 Kunze 22 Kunze 23	Mean 75 79.1 75.5	2 years SD 25.3 25.9 44.6	Total 389 190 799	> Mean 65.1 65 66.7	2 years SD 29 32.2 34.2	Total 235 120 295	Weight 34.9% 25.4% 39.7%	Std. mean difference IV, Random, 95% CI 0.37 [0.21 , 0.53] 0.49 [0.26 , 0.73] 0.21 [0.08 , 0.34]	Std. mear IV, Rando	n difference om, 95% Cl	
Study or Subgroup Basques 16 Kunze 22 Kunze 23 Total (95% CI)	< Mean 75 79.1 75.5	2 years SD 25.3 25.9 44.6	Total 389 190 799 1378	> Mean 65.1 65 66.7	2 years SD 29 32.2 34.2	Total 235 120 295 650	Weight 34.9% 25.4% 39.7% 100.0%	Std. mean difference IV, Random, 95% Cl 0.37 [0.21 , 0.53] 0.49 [0.26 , 0.73] 0.21 [0.08 , 0.34] 0.34 [0.18 , 0.50]	Std. mear IV, Rando	n difference om, 95% CI	
Study or Subgroup Basques 16 Kunze 22 Kunze 23 Total (95% Cl) Heterogeneity: Tau ² = 1	Mean 75 79.1 75.5 0.01; Chi² =	2 years SD 25.3 25.9 44.6 = 5.10, df	Total 389 190 799 1378 = 2 (P = 0	> Mean 65.1 65 66.7 0.08); I ² = 0	2 years SD 29 32.2 34.2 61%	Total 235 120 295 650	Weight 34.9% 25.4% 39.7% 100.0%	Std. mean difference IV, Random, 95% Cl 0.37 [0.21, 0.53] 0.49 [0.26, 0.73] 0.21 [0.08, 0.34] 0.34 [0.18, 0.50]	Std. mear IV, Rando	n difference om, 95% CI	
Study or Subgroup Basques 16 Kunze 22 Kunze 23 Total (95% Cl) Heterogeneity: Tau ² = : Test for overall effect: :	Mean 75 79.1 75.5 0.01; Chi² = Z = 4.17 (P	2 years SD 25.3 25.9 44.6 = 5.10, df < 0.0001	Total 389 190 799 1378 = 2 (P = 0)	> Mean 65.1 65 66.7 0.08); I ² = 0	2 years SD 29 32.2 34.2 61%	Total 235 120 295 650	Weight 34.9% 25.4% 39.7% 100.0%	Std. mean difference IV, Random, 95% Cl 0.37 (0.21, 0.53) 0.49 (0.26, 0.73) 0.21 (0.08, 0.34) 0.34 [0.18, 0.50]	Std. mear IV, Rando	n difference om, 95% CI	

Figure 2. Forest plots for mHHS and HOS-ADL comparing >2- and < 2-year groups



RESULTS

•	Six studies	reporting on	3,343	hips	were
	included in	this study.			

• Four studies had level III evidence and 2 studies had level IV evidence.

• Follow-ups ranged from 1.5 months to 80 months.

 Femoroacetabular impingement syndrome (FAIS) was the most common surgical indication cited in all 6 studies.

• All 6 studies reported PROs and rates of achieving psychometric thresholds.

• The most common preoperative duration evaluated was 2 years.

Four out of 6 studies reported achieving at least one psychometric threshold at a rate of least 70% with a duration of symptoms less than 2 years.

Rates of secondary arthroscopy: 0.9% vs 10.1% at <2-year and >2-year, respectively, and 4% vs 13% at <6 months and >3 years

• Rates of conversion to THA: 0.6% vs 6.4% in the <2-year and >2-year cohort, respectively.

CONCLUSIONS

Patients with hip pain symptoms of less than 2 years before arthroscopic treatment of FAIS have better outcomes than those patients with a longer duration of symptoms. However, significant improvements can still be expected regardless of the time between the onset of symptoms and surgery.