

Labral Revision Reconstruction In The Hip: Minimum 2-Year Outcomes



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Disclosures

I (and/or my co-authors) have something to disclose.

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Purpose

To compare minimum 2-year patient-reported outcomes of labral reconstruction in revision arthroscopy following failed primary hip arthroscopy with those of matched primary labral reconstruction cases.

Methods

Study Period: April 2010 – November 2024, retrospective review

Inclusion:

Revision hip arthroscopy with labral reconstruction

Minimum 2-year follow-up

PROs: mHHS, NAHS, HOS-SSS, iHOT-12, VAS, and patient satisfaction

Methods

Exclusion:

Tönnis grade >1

Pre-existing hip conditions

LCEA <20° or >40°

Active workers' compensation claims

Cohort:

75 revision patients

Matched 1:1 with 75 primary labral reconstruction controls

Results: Demographics

Table 1. Patient Demographic Data

Demographic	Primary Reconstruction	Revision Reconstruction	<i>p</i>
Age (years)	32.7 ± 10.6	33.4 ± 10.8	0.36
BMI (kg/m ²)	25.6 ± 5.0	25.2 ± 4.5	0.53
Sex (n, %)			
Female	44 (58.7%)	44 (58.7%)	>0.99
Male	31 (41.3%)	31 (41.3%)	>0.99
Laterality (n, %)			
Left	34 (45.3%)	39 (52.0%)	0.41
Right	41 (54.7%)	36 (48.0%)	0.41
FU Time (months)	54.5 ± 31.0	50.4 ± 27.5	0.08

NOTE: Values presented as mean ± standard deviation unless otherwise noted.
SD, standard deviation; BMI, body-mass index; FU, follow-up.

Results

Table 4. Minimum 2-Year Patient Reported Outcomes

Outcome	Primary Reconstruction	Revision Reconstruction	<i>p</i>
mHHS			
Pre-operative	64.3 ± 17.2	58.0 ± 14.7	0.01
Post-operative	83.1 ± 16.6	73.6 ± 22.3	0.01
Delta	19.2 ± 18.7	15.5 ± 22.8	0.3
<i>p</i>	<.01	<.01	
NAHS			
Pre-operative	62.9 ± 17.4	58.0 ± 13.8	0.04
Post-operative	83.4 ± 16.8	74.9 ± 20.1	0.01
Delta	20.5 ± 17.6	17.1 ± 20.2	0.3
<i>p</i>	<.01	<.01	
iHOT-12			
Pre-operative	34.3 ± 20.5	29.4 ± 15.8	0.14
Post-operative	71.7 ± 24.9	59.5 ± 28.7	0.01
Delta	37.2 ± 25.9	31.2 ± 29.4	0.25
<i>p</i>	<.01	<.01	
HOS-SSS			
Pre-operative	43.1 ± 24.5	37.7 ± 19.5	0.17
Post-operative	74.9 ± 23.9	58.4 ± 28.4	<.01
Delta	30.6 ± 31.9	21.7 ± 30.6	0.12
<i>p</i>	<.01	<.01	

Conclusion

Both primary and revision labral reconstructions lead to significant clinical improvement. However, primary reconstruction achieves superior outcomes, with a higher percentage of patients reaching clinically meaningful thresholds.

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Thank You

