

Minimum Five-Year Outcomes Of Isolated Endoscopic Gluteus Medius Repair



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Disclosures

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

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Introduction

- Gluteus medius (GM) tears are a common cause of peri-trochanteric regional pain, often misdiagnosed as trochanteric bursitis.
- Surgical repair is recommended for symptomatic GM tendon tears refractory to conservative treatment.
- Previous studies have shown favorable outcomes in the short-term from endoscopic and open techniques
- However, the durability of isolated endoscopic GM repair procedures are still unknown.



Purpose and Hypothesis

- The current study aims to evaluate the mid-term outcomes of endoscopic isolated GM repairs with a minimum 5-year follow-up
 - With a secondary comparison between short-and mid-term functional outcomes.
- Hypothesis: It was hypothesized that this population would show significant improvement in PROs at mid-term follow up

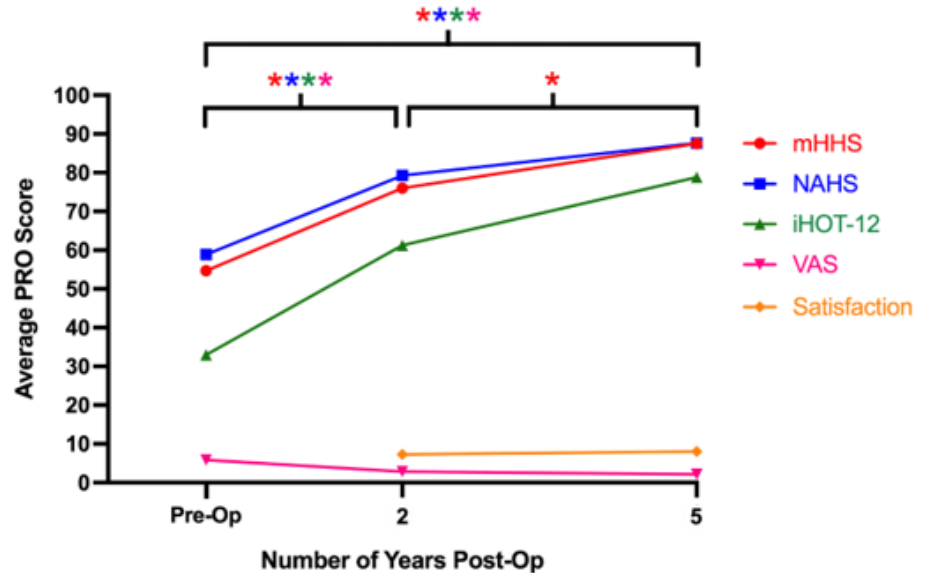
Methods

- Looking at patients who underwent isolated endoscopic GM repairs from a single surgery center between May 2009 and December 2018
- Included patients had completed preoperative and minimum of 5-year postoperative questionnaires for at least one of the following patient-reported outcomes (PROs): mHHS, NAHS, iHOT-12, or VAS pain or had a documented endpoint surgery
- Looking at patient demographics, intraoperative findings, procedures, PROs, PRO durability from 2 to 5 years, secondary surgeries and complications

Results

- 26 patients (23 females (88.5%)) were included in the study
- Significant improvement was shown in mHHS, NAHS, iHOT-12, and VAS with a high patient satisfaction score observed at the latest follow-up ($p < 0.05$)
- A high percentage of patients achieved MCID across all evaluated PROs

Durability of mHHS, NAHS, iHOT-12, VAS, and Satisfaction



Conclusion

- Endoscopic GM repairs yield significant improvement in functional PROs at 5-year minimum follow-up with a high percentage of patients meeting clinically relevant thresholds.
- Patients showed continued improvement over time, with score enhancements observed from 2 to 5 years post-surgery.

References

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