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The Role of Hip Arthroscopy in Investigating and Managing the Painful Resurfacing Hip Arthroplasty

Cecilia Pascual-Garrido, MD, USA
David Alexander Young, MB, BS, FRACS (Ortho), AUSTRALIA
Lori A. Nacius, PA, USA
Brett Moreira, MD, AUSTRALIA
Omer Mei-Dan, MD, USA

Melbourne Orthopedic Group
Melbourne, AUSTRALIA

Summary:
Hip arthroscopy after HRA is a valuable diagnostic and treatment tool for patients with hip pain. Only 10% of those patients with an accurate diagnosis before arthroscopy required a revision to THR. On the contrast, 40% of patients with no diagnosis before arthroscopy were later revised to a THR due to consistent pain. All patients with MOM reaction were converted to a THR.

Abstract:
INTRODUCTION
Treatment of persistent groin pain after hip resurfacing arthroplasty (HRA) can be challenging. Purpose: Evaluate the use of hip arthroscopy as a diagnostic and therapeutic tool for the painful hip following resurfacing arthroplasty.

MATERIALS & METHODS
978 consecutive hip resurfaced arthroplasties (HRA) were performed at our institution. From this cohort, 68 underwent a subsequent hip arthroscopy after resurfacing and were included in this study. In all patients, nonsurgical diagnostic investigations such as ultrasound, radiography and blood sample analysis were performed. Included in the study were 68 subjects, (26 males and 42 females). The average age was 58 years old (range 37-78). Mean time from initial HRA and hip arthroscopy was 5 years (±2). Two main groups of patients were thought to yield a benefit from the procedure. The first group included 41 patients with an established diagnosis where arthroscopy was aimed at confirming the diagnosis and addressing the pathology. The second group included 27 patients. In none of these patients an established diagnosis was made before hip arthroscopy. The arthroscopy was the last tool used in order to establish a diagnosis and treatment strategy.

RESULTS
From the 41 patients with a diagnosis before surgery, 17 patients suffered from IP (iliopsoas) tendinopathy, 17 patients exhibited excessive metal wear, 4 patients showed evidence of osteoarthritis progression and 3 presented with femoral neck impingement. This entire group was treated arthroscopically with IP release, synovial debridement, osteophytes resection, and PINCER type resection, respectively. A total of 4 patients (10%) required a revision to THR after the hip arthroscopy. All 4 of these patients had MoM (metal on metal) excessive wear reaction. From those 27 patients where no diagnosis was established before surgery: all presented with dull hip pain. A total of 11 patients (40%) were revised to a THR. Intra-operative findings revealed excessive synovial reaction in 13 patients and were treated with synovial debridement. Three of these patients were later revised to a THR. Three patients presented with IP tendon inflamed and were treated with IP release. In 7 patients, no abnormalities were found intra operative. Three of these patients were revised later to a THR. Four patients were considered as a MoM reaction and were revised to THR.

CONCLUSION
Hip arthroscopy after HRA is a valuable diagnostic and treatment tool for patients with hip pain. Only 10% of those

patients with an accurate diagnosis before arthroscopy required a revision to THR. On the contrast, 40% of patients with no diagnosis before arthroscopy were later revised to a THR due to consistent pain. All patients with MOM reaction were converted to a THR.