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Endoscopic Repair of Hip Abductor Tears: Outcomes With One to Two-Year Follow-Up

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Summary:
Abductor tears tend to affect older females and can respond well to endoscopic repair as reflected by significant improvement in modified Harris Hip and iHOT scores.

Abstract:
INTRODUCTION
Abductor tears of the hip cause significant pain and disability and may be amenable to repair. Advantages of endoscopic repair include the less invasive nature compared to open methods and the ability to assess/address other intra-articular pathology and peritrochanteric structures. This study reports outcomes of endoscopic abductor repair.

METHODS
Twelve patients underwent endoscopic abductor repair and had minimum one-year follow-up. All were prospectively assessed (modified Harris hip and iHOT scores) preop and postop at 3, 12, 24 months. Indications for surgery were clinical and MRI findings of symptomatic abductor tears that had failed conservative treatment including activity modification, physical therapy, and corticosteroid injections. No surgical cases were excluded. All patients underwent concomitant or prior arthroscopy of the joint. Repair with suture anchors using an iliotibial band-sparing endoscopic technique was followed by a 4-month structured rehab.

RESULTS
All patients were females. The average age was 56 years (range 39-77 years). Follow-up averaged 15 months (range 12-24 months). Modified Harris hip scores improved in all cases (preop 42; postop 90). Eleven (92%) demonstrated improved iHOT scores (preop 21; postop 73). Ten patients had accompanying intra-articular pathology (9 labral tears, 6 chondral lesions, 6 synovitis, 1 pincer impingement). There were no complications. None underwent further surgery.

DISCUSSION & CONCLUSION
Hip abductor tears can be clinically relevant and respond well to endoscopic repair. This is common in older females who present with severe disability as reflected by low preoperative modified Harris hip scores. Endoscopic treatment can result in significant, although incomplete, improvement.