ISAKOS

International Society of Arthroscopy, Knee Surgery and Orthopaedic Sports Medicine

12th Biennial ISAKOS Congress • May 12-16, 2019 • Cancun, Mexico

Paper #112

Do Femoral Head Osteochondral Lesions Predict a Poor Outcome in Hip Arthroscopy Patients?: A Matched Control Study with Minimum Five-Year Follow Up

Lyall J. Ashberg, MD, UNITED STATES
Mary J. Close, BS, UNITED STATES
Itay Perets, MD, ISRAEL
Edwin O. Chaharbakhshi, BS, UNITED STATES
John P. Walsh, MA, UNITED STATES
Benjamin G. Domb, MD, UNITED STATES

American Hip Institute
Chicago, IL, UNITED STATES

Summary:
The finding of a femoral head chondral lesion at arthroscopy does not portend a worse clinical outcome.

Abstract:

Purpose

To determine whether an arthroscopic femoral head lesion finding affected the outcomes of patients undergoing hip arthroscopy.

Methods

Between April 2008 and March 2011, data were prospectively collected for all patients who underwent hip arthroscopy at our institution. Patients with femoral head (FH) lesions were matched to those without (control) for age, BMI, gender and lateral center-edge angle (LCEA). Patient reported outcome scores (PROs), including modified Harris hip score (mHHS), non-arthritic hip score (NAHS) and hip outcome score-sport specific subscale (HOS-SSS) were collected preoperatively and postoperatively at 3 months and annually thereafter. In addition, visual analogue scores (VAS) for pain and patient satisfaction were noted. Lastly, revision surgery, conversion to total hip arthroplasty (THA) and any complications were collected and compared.

Results

(mean difference and frequency)

All PROS, VAS, and patient satisfaction were significantly improved at latest follow up between groups (FH = 96, control = 96). There was no difference in the degree of improvement between groups. However, patients with FH lesions had a higher rate of conversion to arthroplasty (32% vs. 15%, p=0.0027 at an average of 39 and 30 months, respectively). Patients in the control group underwent more revision arthroscopies (24% vs 5%, p=0.05). Those who were converted to THA were older at the time of surgery, had higher BMI, higher Tönnis grade, larger acetabular chondral defect size, and larger femoral head chondral defect sizes.

Conclusion

ISAKOS

International Society of Arthroscopy, Knee Surgery and Orthopaedic Sports Medicine

12th Biennial ISAKOS Congress • May 12-16, 2019 • Cancun, Mexico

Paper #112

The finding of a femoral head chondral lesion at arthroscopy does not portend a worse clinical outcome. Factors such as older age at surgery, higher BMI, higher grade acetabular lesions, Tonnis grade I radiographic findings, lower preoperative NAHS, and larger alpha angles, lower outcome scores, and higher rates of conversion to arthroplasty can be expected.