Arthroscopic Iliopsoas Tendon Release in Patients with Iliopsoas Tendinopathy Following Total Hip Arthroplasty: A Multicenter Arthroscopic Study of the Hip (MASH) Group Study

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Disclosures

• Steven B. Cohen, MD
  • I am a paid employee of Zimmer Biomet and receive royalties from Slack, INC.

• Nirav K. Patel, MD FRCS
  • I have no financial conflicts to disclose.

• Zaira S. Chaudhry, MPH
  • I have no financial conflicts to disclose.

• Benjamin Kivlan, PhD, DPT
  • I have no financial conflicts to disclose.

• John Christoforetti, MD
  • I receive royalties and am a paid consultant for Arthrex Inc, and Breg.

• Dominic S. Carreira, MD
  • I am a paid consultant for Biomet and receive royalties from CONMED Linvatec.

• Andrew B. Wolff, MD
  • I am a paid consultant for Stryker.

• Shane Nho, MD
  • I am a paid consultant for Ossur and Stryker, receive publishing royalties from Springer and research support from Allosource, Arthrex, Inc., Athletico, Linvatec, Miomed, and Smith & Nephew.

• John P. Salvo Jr., MD
  • I am a paid consultant for Stryker.
Introduction

• Iliopsoas impingement and tendinopathy can cause pain after total hip arthroplasty (THA).

• Open release of the pathological iliopsoas tendon may alleviate pain, although there may be complications associated with the open approach.

• Few studies have examined the outcomes of arthroscopic release.

• We assessed the outcome of arthroscopic iliopsoas release following THA from the registry of a large multi-center hip arthroscopy group.
Materials and Methods

• This was a multi-center retrospective review of prospectively recorded data from the MASH (multicenter arthroscopic study of the hip) group.

• All consecutive patients with a THA undergoing arthroscopic iliopsoas tendon release for impingement were included.

• Medical records were examined for baseline demographics, intra-operative details and shortterm post-operative outcomes including complications.

• Clinical outcomes were obtained via telephone including the Harris Hip Score (HHS), visual analog scale (VAS) for pain and subjective hip flexion strength (out of 10). Mean follow-up was 27 months (range, 11-62).
Patient Demographics

• There were 25 patients: 12 (48%) male and 13 (52%) female with a mean age of 57.5 years (30 to 83) and body mass index of 28.1 kg/m² (18.8-39.7).

• The mean time between THA and iliopsoas release was 28.6 months (6 to 60).

• Twenty-three (92%) of patients had a steroid injection in to the iliopsoas region: 12(48%) had a transcapsular and 13(52%) had a distal iliopsoas release from the lesser tuberosity.

• Concomitant procedures were performed in 9(36%) patients: 4(16%) synovectomy, 3(12%) debridement, 1(4%) removal of loose body and 1(4%) osteophyctectomy.
Results

• There were no complications, although 3(12%) had persistent pain. All patients were discharged on the same day of surgery.

• There were no short-term complications or further surgeries.

• Of the 18 patients available for follow-up, the mean Harris Hip Score was 54.1 (29.7-93.5) pre-operatively and 73.3 (40.7-100) post-operatively (p=0.02).

• The mean VAS pain score was 2.8 (0-8) with 14 (61.1%) satisfied or very satisfied, 3(16.7%) neutral, and 4 (22.2%) dissatisfied or very dissatisfied with the outcome.

• The mean hip strength was 6.8 (0-10) and 10 (55.5%) patients stated they would have the procedure again.
Discussion

• Arthroscopic iliopsoas tendon release in THA patients with impingement is overall a successful outpatient procedure with minimal morbidity and no complications.

• It leads to a significant improvement in functional outcomes although some patients have persistent pain with dissatisfaction.

• It is a valuable option for managing painful THA and when diagnosed appropriately may avoid unnecessary revision procedures.
References


THANK YOU.