

[Gluteal insufficiency: Pathogenesis, Diagnosis and Therapy]

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INTRODUCTION

Gluteal insufficiency is a common and challenging complaint. New concepts in pathobiomechanics and improved clinical understanding of chronic gluteal dysfunction have unmasked gluteus medius (GMed) tears as an underlying cause of enhanced trochanteric pain syndrome (GTPS). These tears are often missed or misdiagnosed as bursitis, but lead to prolonged chronic peritrochanteric pain. Clinic: The clinical signs are often dull pain on the lateral hip aspect, reduced hip abduction strength with positive Trendelenburg testing and a tendency for the leg to external rotation, as the internal rotation strength is reduced.

IMAGING

Radiography and ultrasound may be used to confirm the diagnosis, whereas MRI is the modality of choice for imaging. Compensatory hypertrophy of the tensor fascia latae muscle (TFL) and fatty involution (especially of the GMed) are also seen.

THERAPY

Conservative treatment regimens for partial thickness tears involve hip joint centering and strengthening of abductor muscles, sparing TFL. Failed conservative treatment and full thickness tears are treated surgically. Partial tears can be addressed endoscopically with suture anchors for tendon footprint reconstruction. Larger tears involving the anterior and/or lateral facets of the tendon or failed conservative treatment are repaired with minimally invasive open reduction techniques. Double row suture anchor techniques provide anatomical tendon footprint reconstruction. Postoperative rehabilitation is prolonged, due to high acting forces in the peritrochanteric region, and needs to be carried out under professional surveillance.

CONCLUSION

Reconstruction of gluteal tendon tears is often the only solution in the treatment of chronic hip pain due to gluteal insufficiency. Available data suggest that reduction in pain and restoration of abduction power can be achieved in mid-term follow-up.



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