

Clinical and radiological outcome at mean follow-up of 11 years after hip arthroscopy

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INTRODUCTION

The use of hip arthroscopy (HA) has substantially increased over the last decade. However, while the benefits of HA after 1 year in patients with femoroacetabular impingement (FAI) are well documented, long-term data on the progression of osteoarthritis (OA) or patient-reported outcomes (PROMs) are lacking.

OBJECTIVES

To evaluate long-term clinical and radiological outcomes after HA.

MATERIALS AND METHODS

Preoperative clinical records, operative notes, and radiographs from all patients who underwent HA at our hospital between 1998 and 2006 were reviewed. Exclusion criteria were previous hip surgery or diagnostic HA. Primary endpoints were subsequent total hip arthroplasty (THA) or other hip surgery. Secondary endpoints were OA progression and PROMs.

RESULTS

HA was performed in 92 consecutive patients from 1998 to 2006. Indications for HA were FAI, labral lesions, early OA, and focal osteochondral defects. Mean follow-up was 11.2 years (SD 2.5, range 7.9-16). Data from 43 patients were available for analysis; 38 patients were excluded, and 11 were lost to follow-up. 20 patients had subsequent hip surgery, of which 11 patients required THA. 33 patients (77%) stated that they would undergo HA again under the same circumstances. Longitudinal radiological analysis showed no significant OA progression in patients without THA. The Forgotten Joint Score-12 was the only PROM to significantly differ between patients who had no further surgery and patients who had undergone revision ($p = 0.037$).

CONCLUSION

There was no significant OA progression on plain radiography at an average of 11 years post-HA. Sound indication criteria is essential, as 45% of patients required subsequent surgery.

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