Hip Preserving Strategies

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Adult Hip Osteoarthritis

- Up to 90% of Young patients that develop DJD of the Hip have an underlying structural problem
- Primary hip arthritis is extremely rare



Adult Hip Osteoarthritis

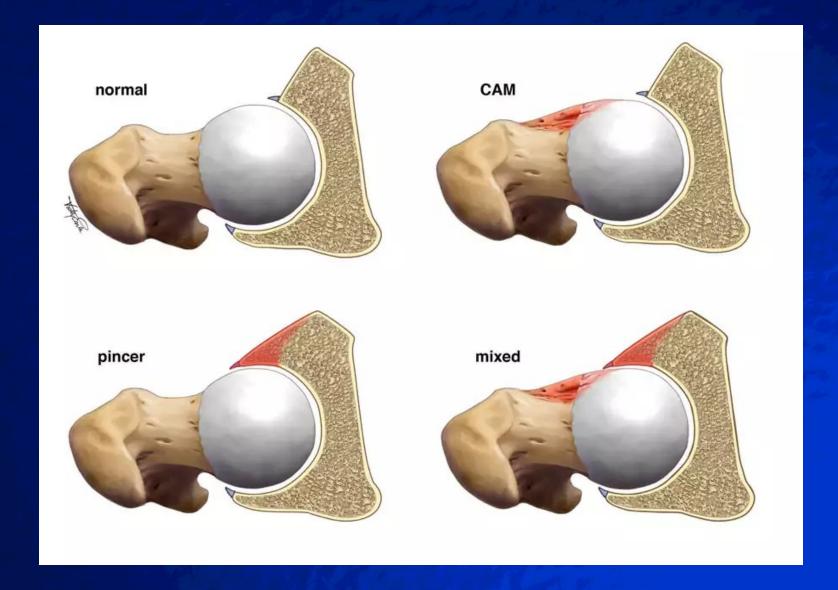




Hip Impingement

- the abutment between the proximal femur and the rim of the acetabulum
- at the end range of hip motion, particularly flexion



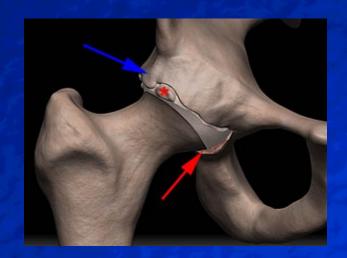


Silent SCFE 21 Year Old



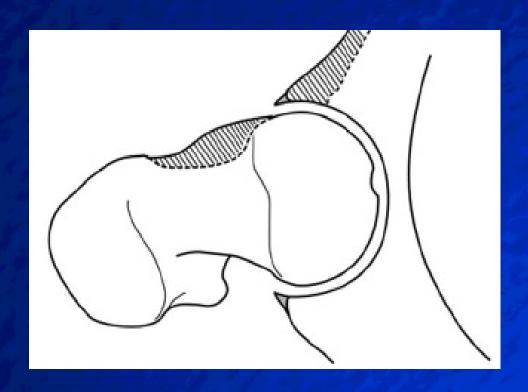
Cam FAI is most common

- 47.6% hips cam FAI
- 44.5% combined cam/pincer FAI
- 7.9% pincer FAI



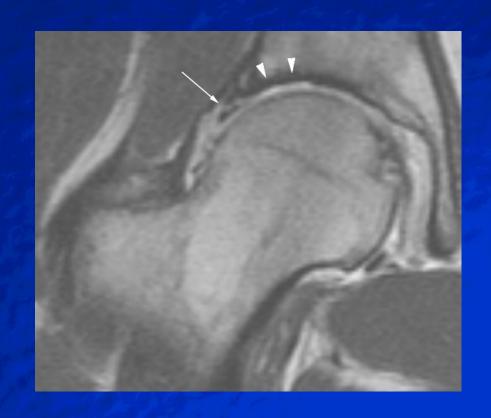
Types of FAI

Mixed type



Why does Impingement hurt?

- Chondral Wear
- ChondralDelamination
- Labral tear



FAI Pathoanatomy

Labral tear90%

Acetabular cartilage lesion 80%

Femoral cartilage lesion 15%



Clinical Symptomatology



The Patient



C-sign

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Clinical Examination





Clinical Examination

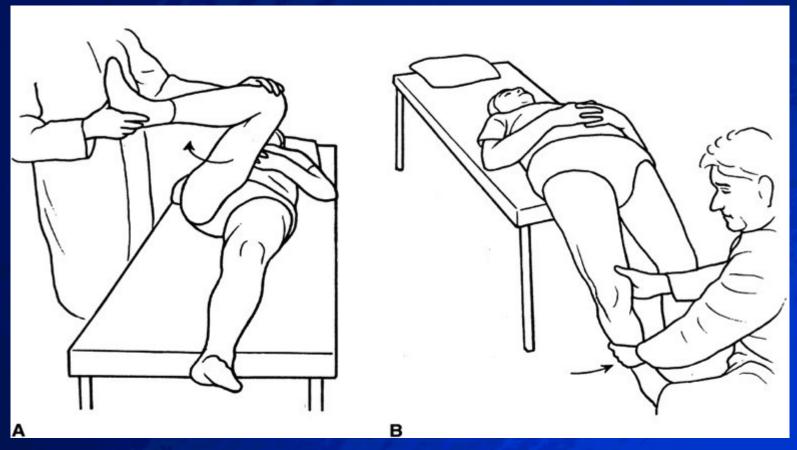
- Inspection
- Palpation
- ROM
- Tests





Anteroposterior impingement test

Posteroinferior impingement test

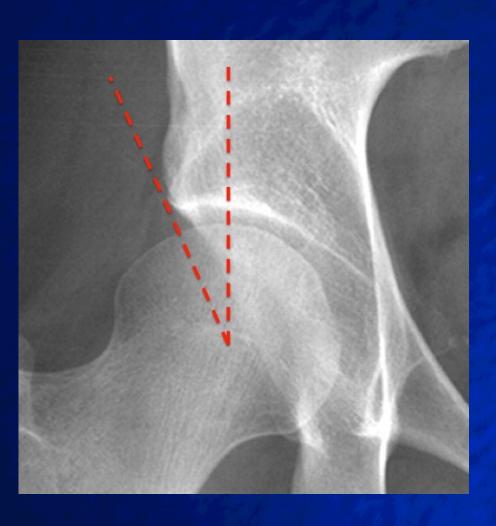


Imaging



in patients in whom the history and physical examination are consistent with FAI

Lateral Centre Edge Angle



Measures the acetabular depth

Normal angle 25-40 degrees

< 25 = dysplasia

Acetabular Retroversion



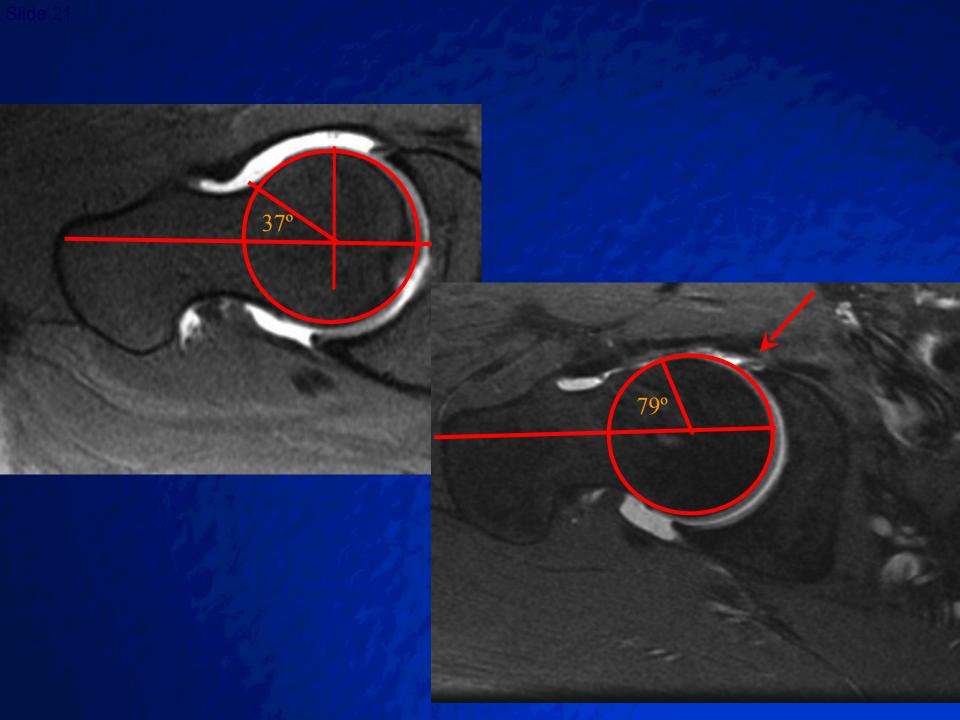
Cross-over sign: Focal acetabular overcoverage.

Coxa Profunda



Centre of femoral head lies medially to the posterior wall Acetabulum

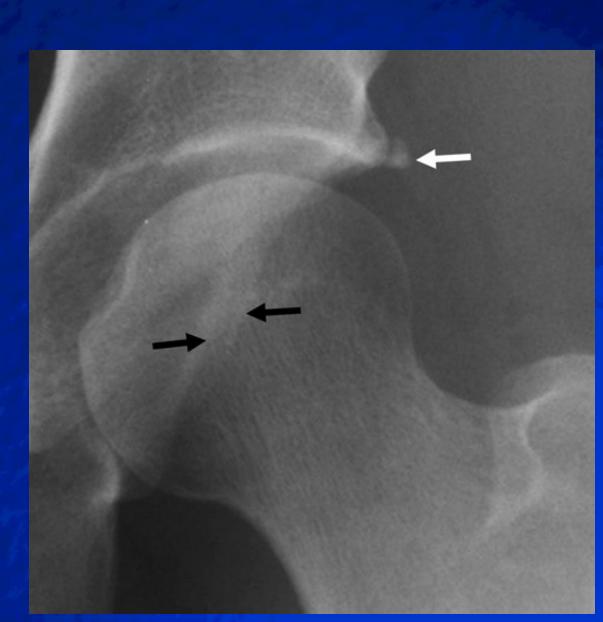
- Tear drop looks a straight line
- Visible ischial spines



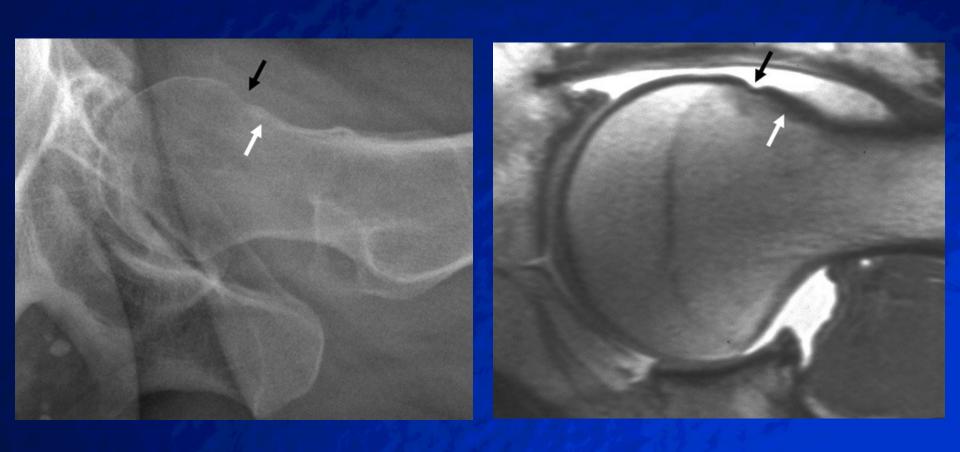
Secondary radiologic signs of FAI

Ossification of labrum

1st structure to be involved



Secondary radiologic signs of FAI

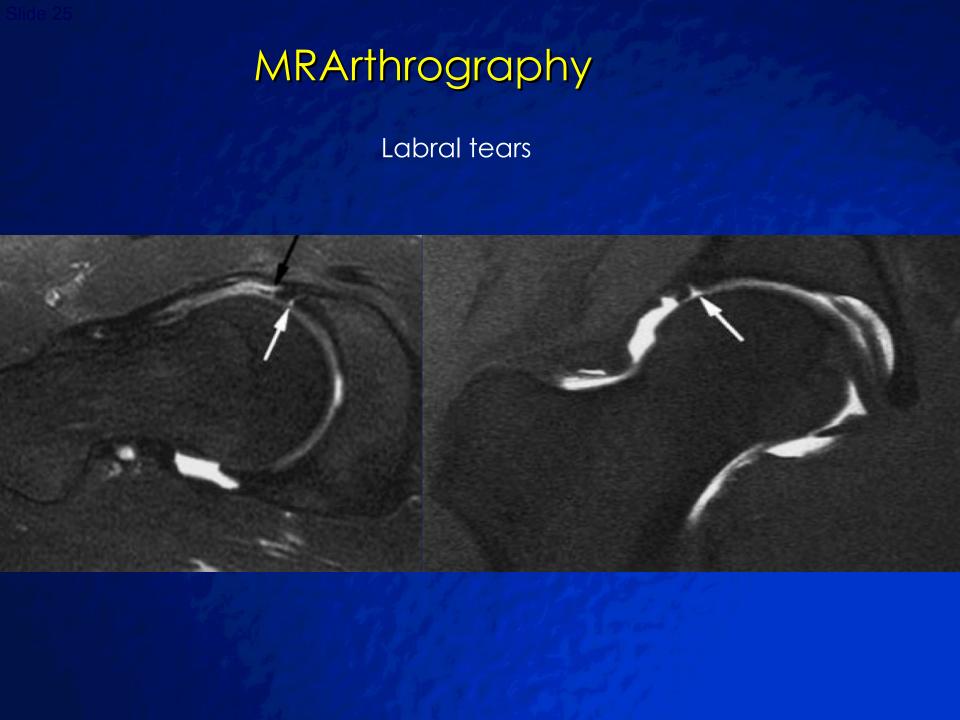


Linear indentation at the femoral head-neck junction

Secondary radiologic signs of FAI



Herniation pits: radiolucency surrounded by sclerotic margin



Treatment





Young Adult with Painful Hip

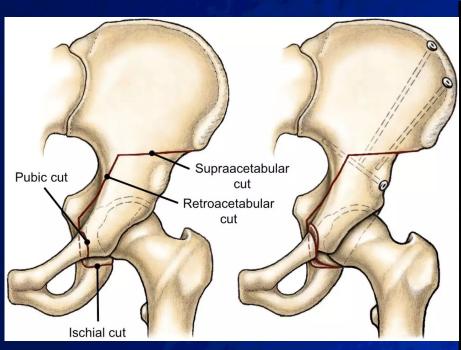
Symptomatic FAI Complex Morphology Simple Morphology Open treatment Arthroscopy

Young Adult with Painful Hip

- No role for hip arthroscopy in isolation:
 - CE angle < 20 degrees
 - Extreme protrusio
 - Dysmorphic femoral head



Periacetabular Osteotomy







Impingement Surgery

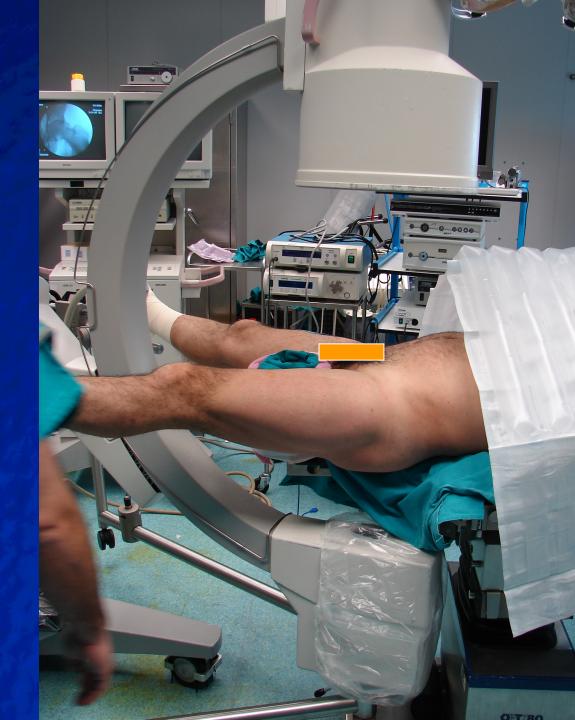
Good Candidate

- Young Patient
- Relatively Preserved Articular Cartilage
- Correctable Anatomic Problem



Surgical Technique Positioning

Supine



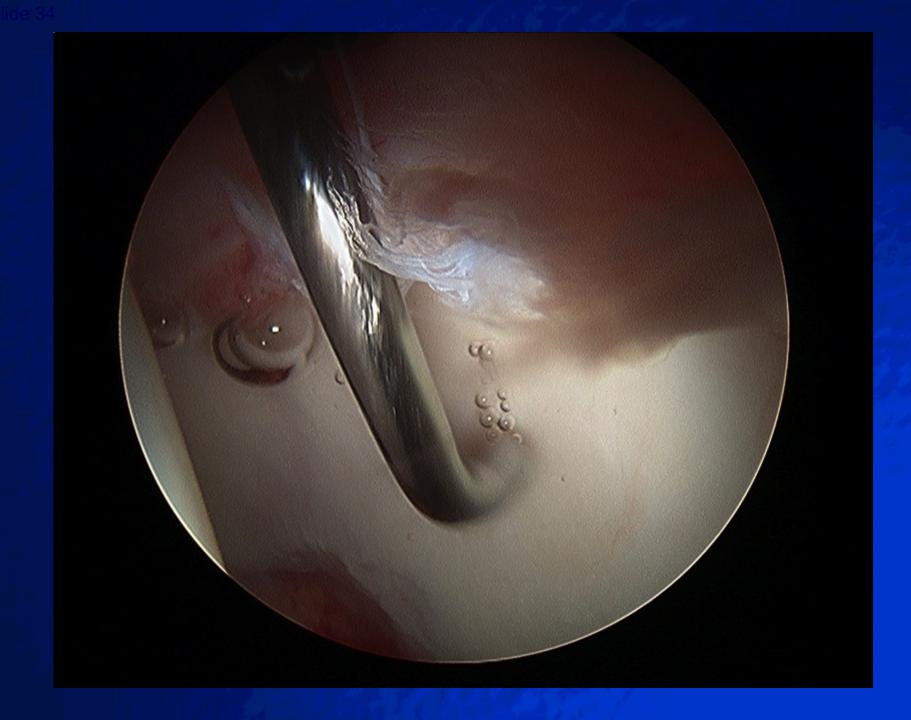
Surgical technique

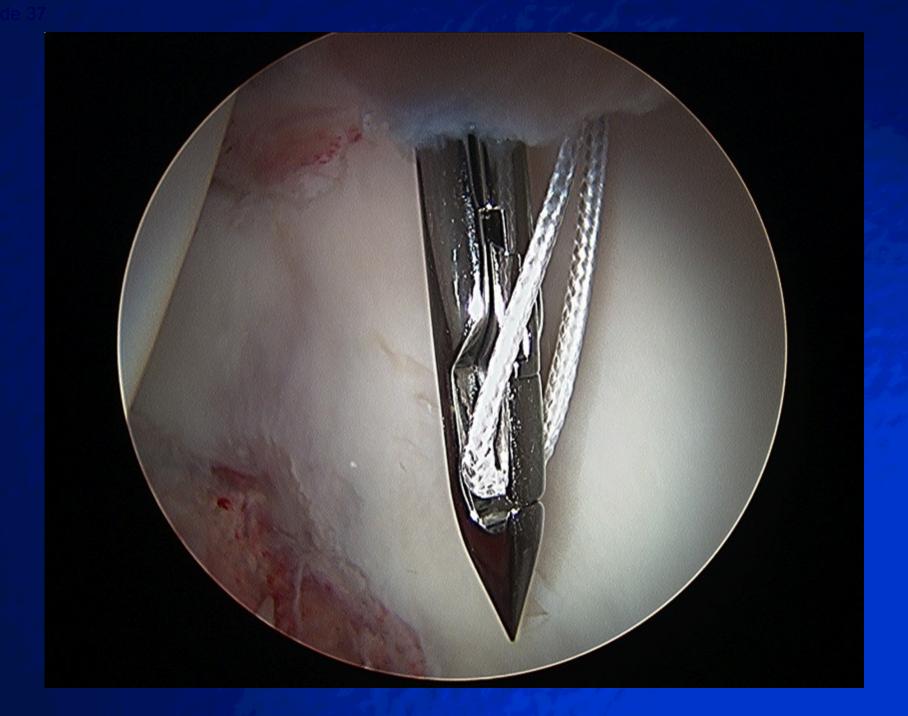
- Adequate distraction (central compartment)
- Portal placement (anterior and anterolateral)



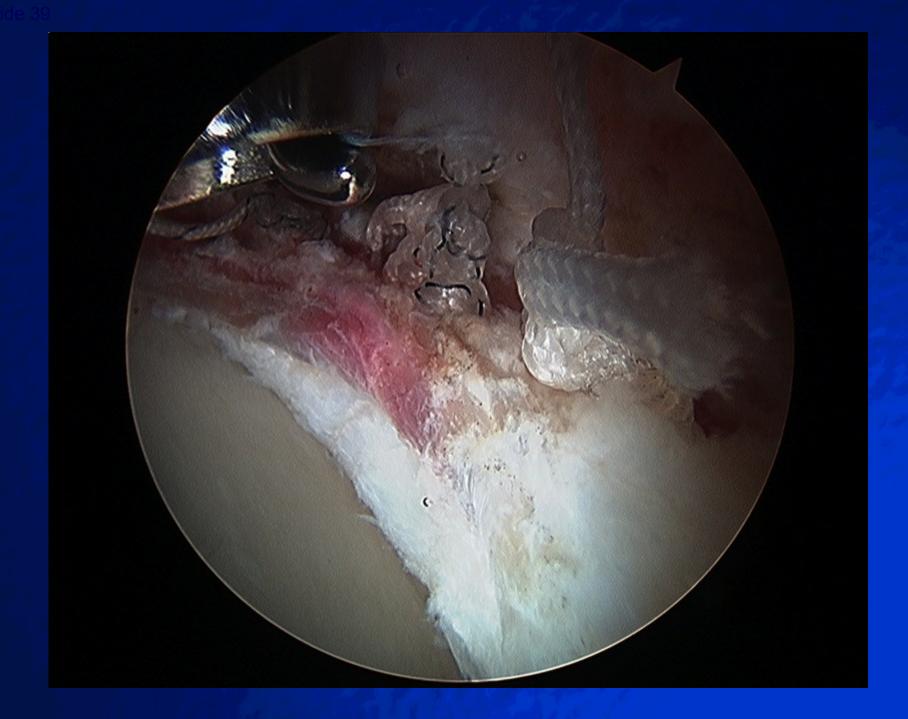
8-10 mm distraction

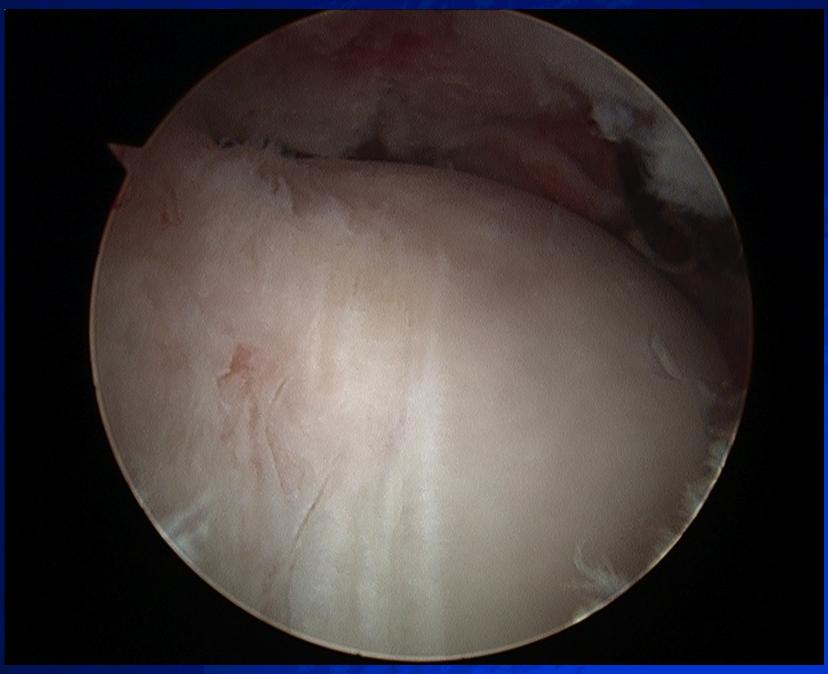


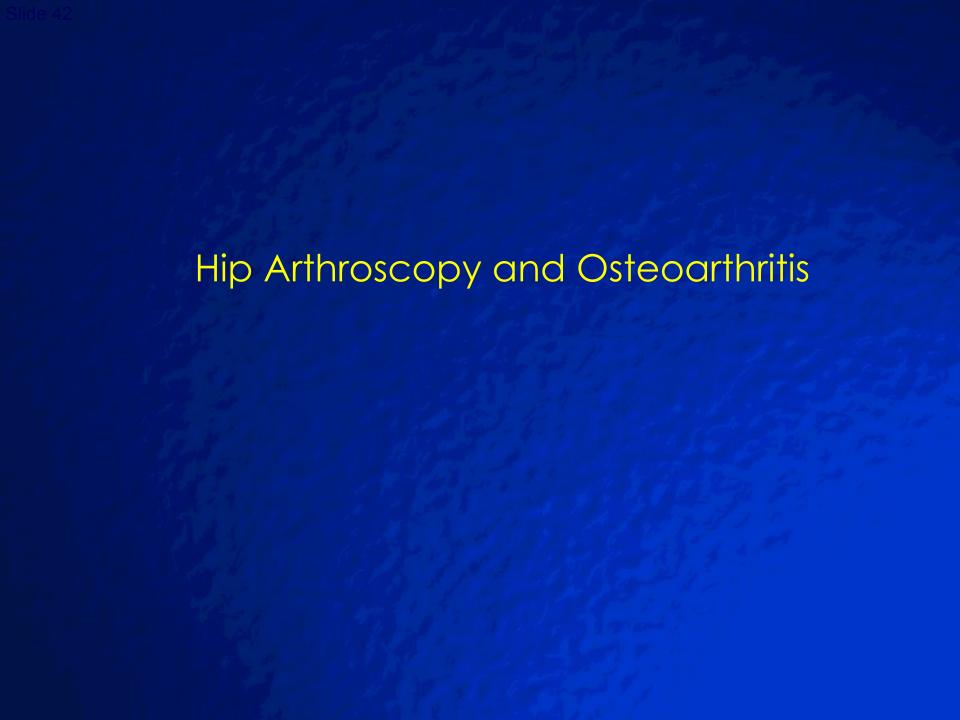










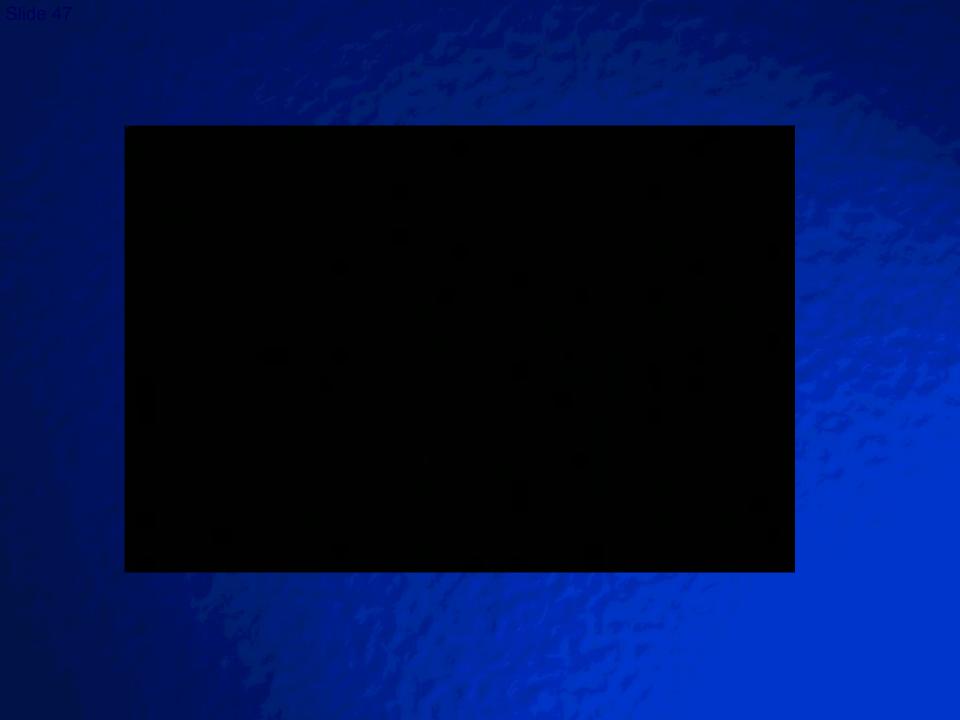




- The labrum degenerated or calcified
 - arthroscopic repair is not an effective treatment
 - debridement
- Labral reconstruction with a graft is not an effective option

- Unstable chondral lesions
 - abrasive chondroplasty resecting unstable fragments.
 - micro fractures in focal lesions and not in cases of diffuse chondral damage or of the acetabulum or the femoral head

 Osteophytes in the rim of the acetabular fossa can be resected, ideally using a smaller and curved burr. However, the clinical effectiveness of this resection is uncertain. I







- In advanced stages of hip OA only a few arthroscopic therapeutic options with an uncertain clinical effectiveness are available.
- The arthroscopic treatment may provide temporary relief to reduce patient discomfort without changing the natural course of the disease.

Tonnis Grading System

