



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

SCIENCE

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Key Take-Away:

The use of hip arthroscopy (HA) these days to manage hip osteoarthritis increased considerably. This study evaluated the the long-term outcomes of this therapy and it was observed that there is no significant OA progression on plain radiography at an aggregate of 11 years post-HA.

### Introduction

Hip arthroscopy (HA) usage expanded considerably beyond the last decade. Nevertheless, the advantages of HA after one year femoroacetabular impingement (FAI) patients are well described, its long-term data on the osteoarthritis (OA) progression or patient-reported outcomes (PROMs) are missing. This study conducted to estimate the long-term radiological and clinical findings after HA.

### Methods

The radiographs, clinical records, and operative notes of ninety-two patients went through HA from 1998 to 2006 were examined. The diagnostic HA or prior hip surgery were considered as the exclusion criteria. Consequent total hip arthroplasty (THA) or other hip surgery and OA progression plus PROMs were taken as primary and secondary outcomes.

### Results

The labral lesions, focal osteochondral defects, early OA, and FAI were noticed as the HA indications. The mean follow-up observed was 11.2 years. Thirty-eight patients were excluded, and eleven were lost to follow up. Only 43 patients were present for the analysis. The total number went through hip surgery were 20, and out of them, 11 needed THA. Seventy-seven percent of patients affirmed that they would go through HA again below the same conditions. No significant OA progression was observed in patients without THA during the longitudinal radiological analysis. The PROM noticed be different among patients who had no additional surgery and whom had supported revision was Forgotten Joint Score-12.

### Conclusion

No significant OA progression was observed on plain radiography at an aggregate of 11 years post-HA. Sound indication criteria are necessary, as 45% of patients needed consequent surgery.

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