

# WHEN TO REFER FOR HIP ARTHROSCOPY



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# Nonarthritic Hip Pain

- ⦿ Anterior groin or lateral hip
- ⦿ ± Mechanical symptoms
- ⦿ Unresponsive to 3-6 months conservative measures
  - NSAID/Acetaminophen
  - Modify activities
- ⦿ Age 15-55 ???



# Nonarthritic Hip Pain

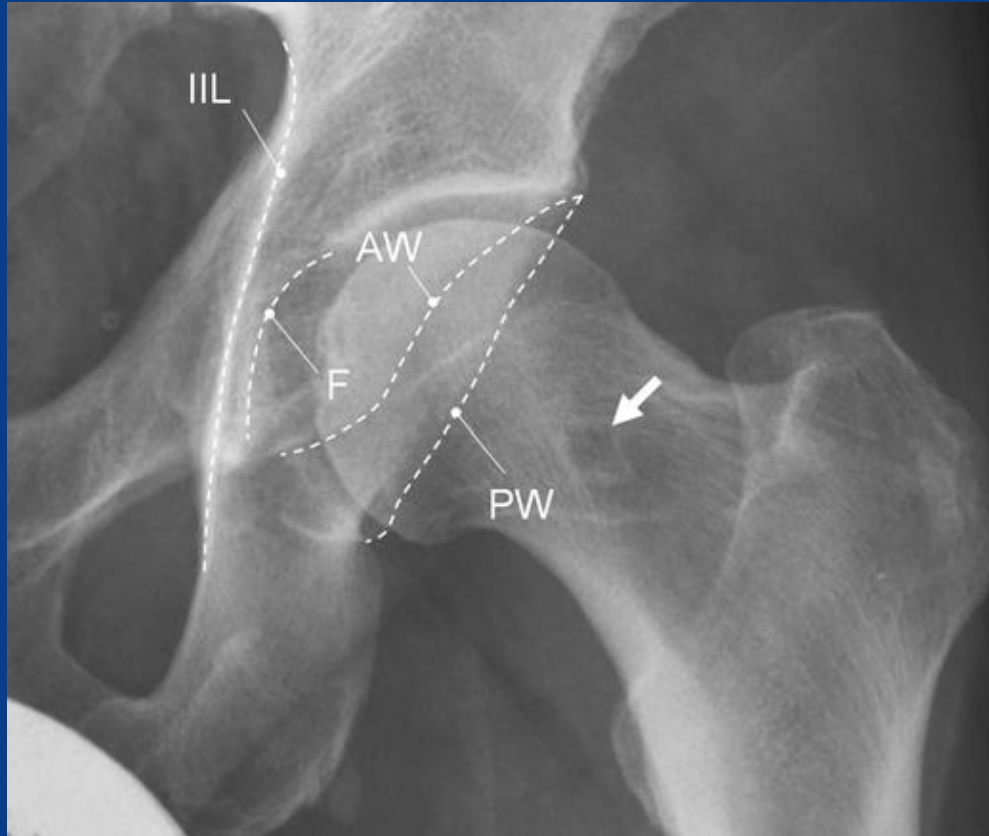
- ⦿ **AP Pelvis**
- ⦿ **Modified Dunn lateral views**
- ⦿ **>2mm joint space**



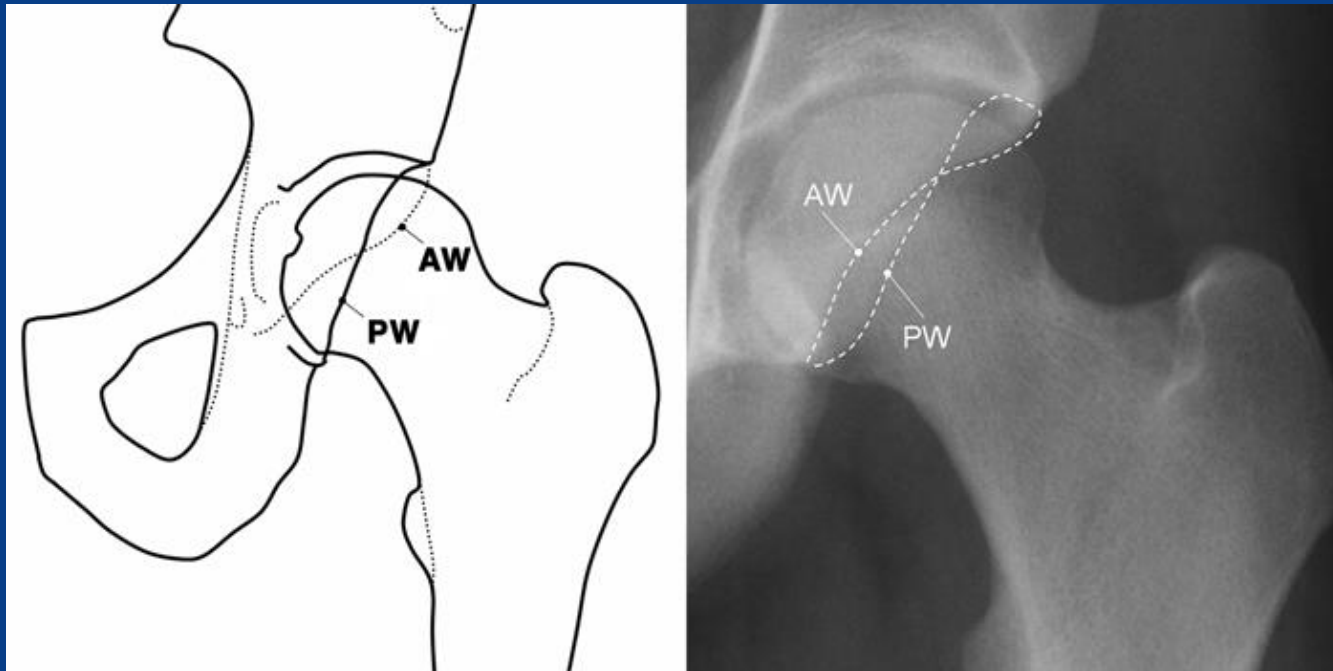
# Nonarthritic Hip Pain

- ⦿ AP Pelvis
- ⦿ **Modified Dunn lateral views**
- ⦿ Cam Bump or Decreased Offset

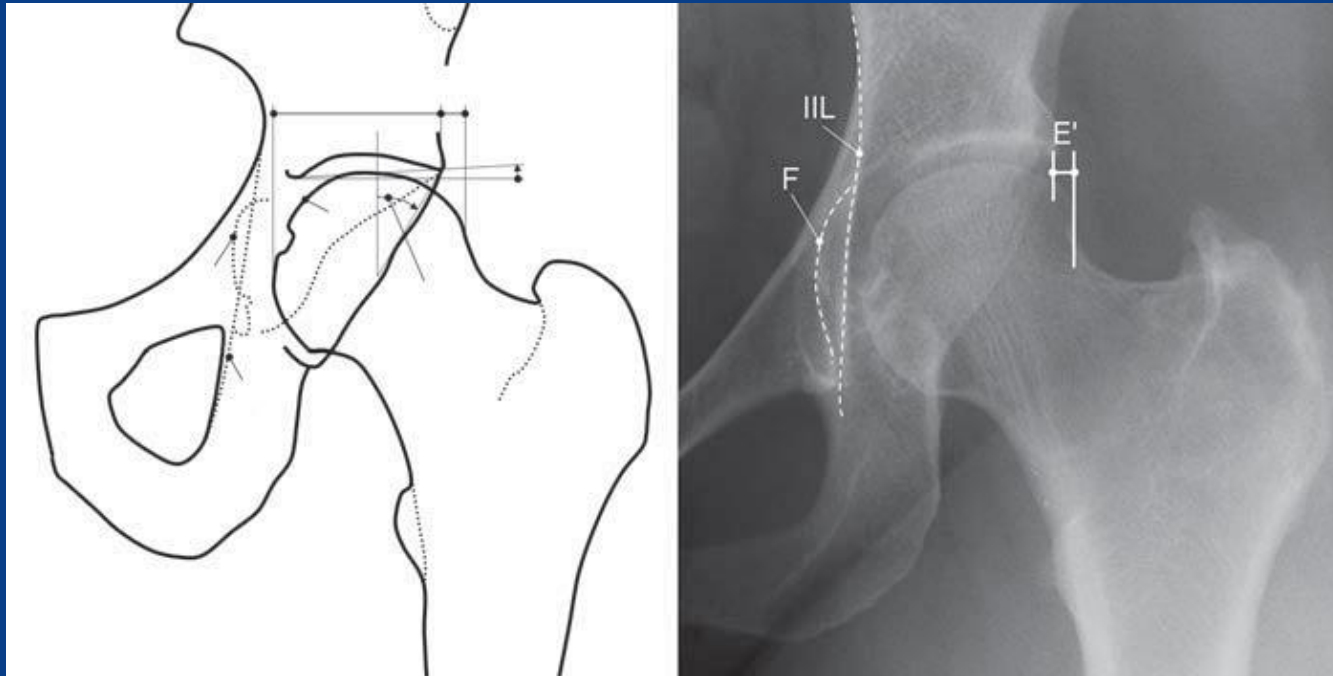




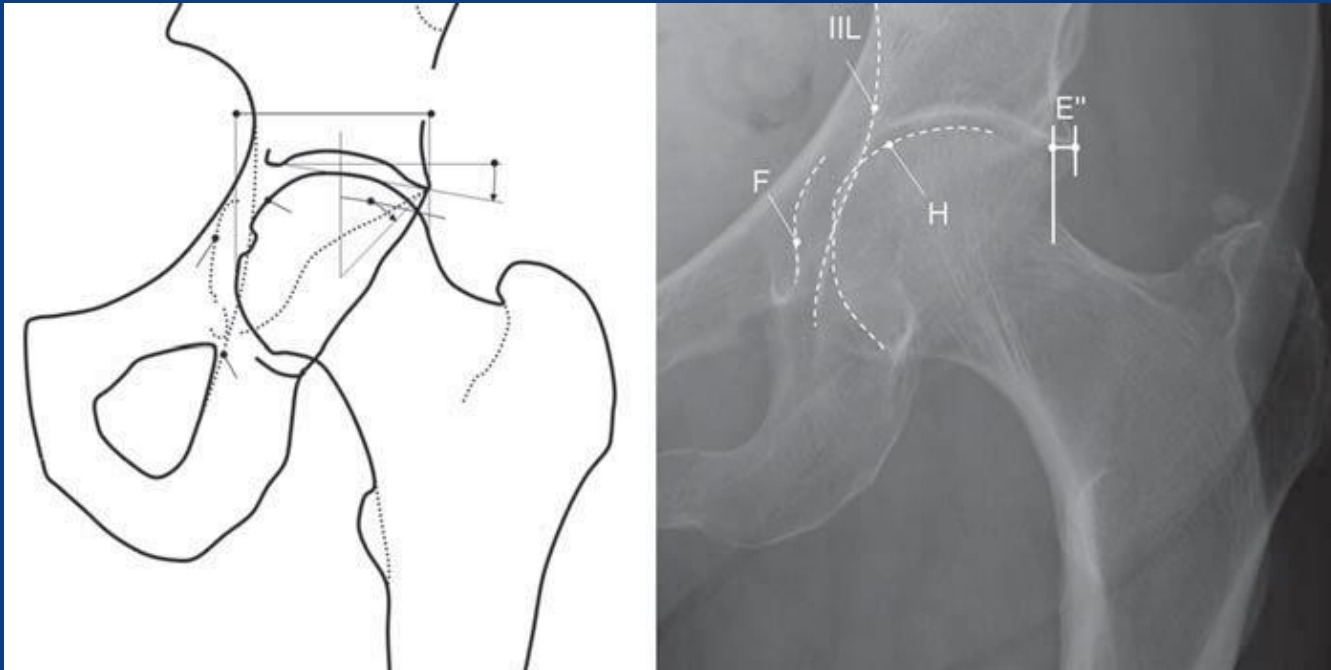
# Focal Pincer: Acetabular retroversion Crossover Sign



# Global Pincer: Profunda



# Global Pincer: Protrusio



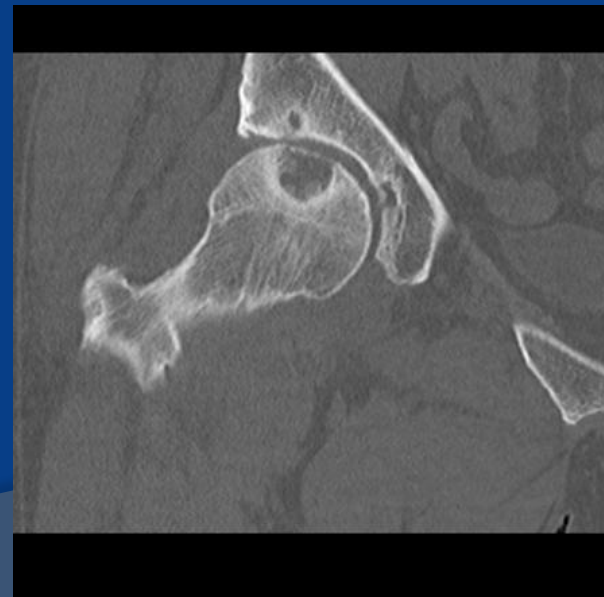
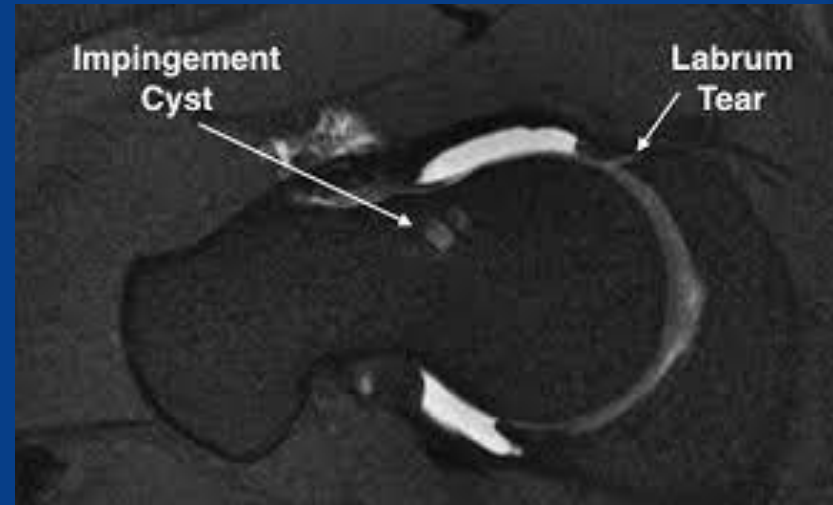
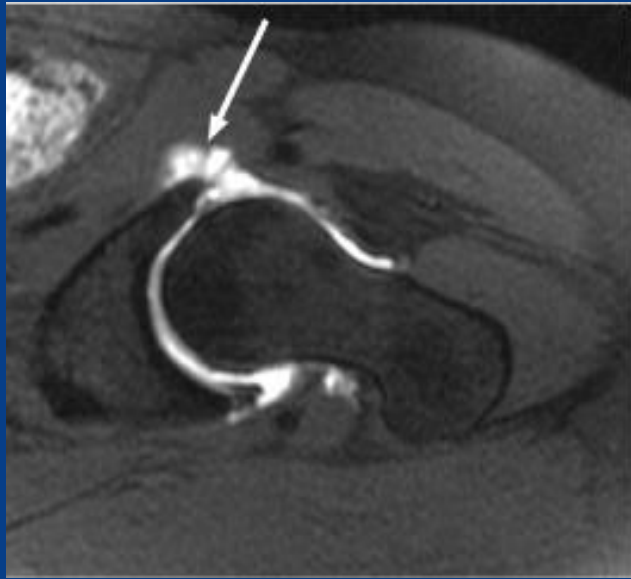


# Nonarthritic Hip Pain

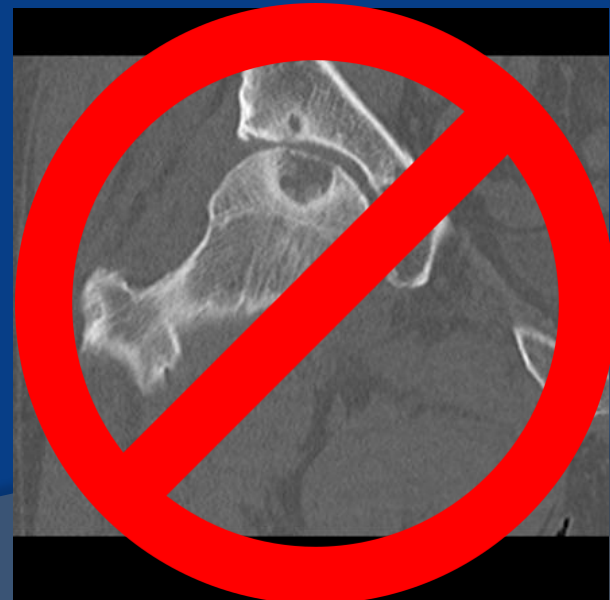
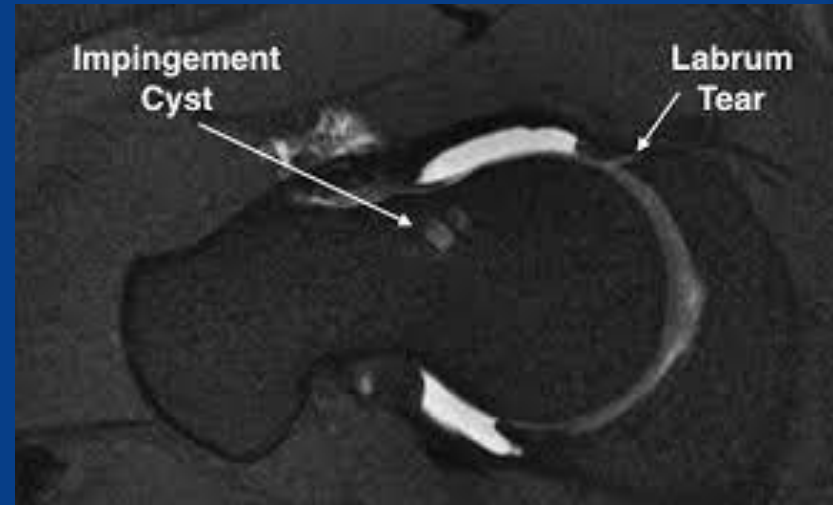
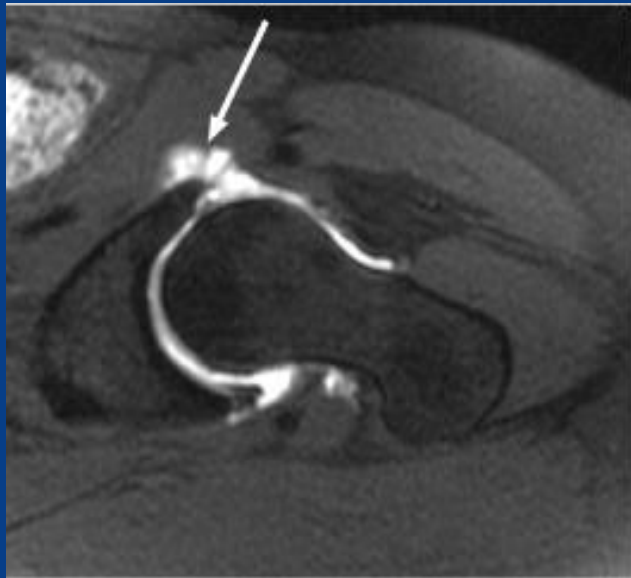
## MR Arthrogram



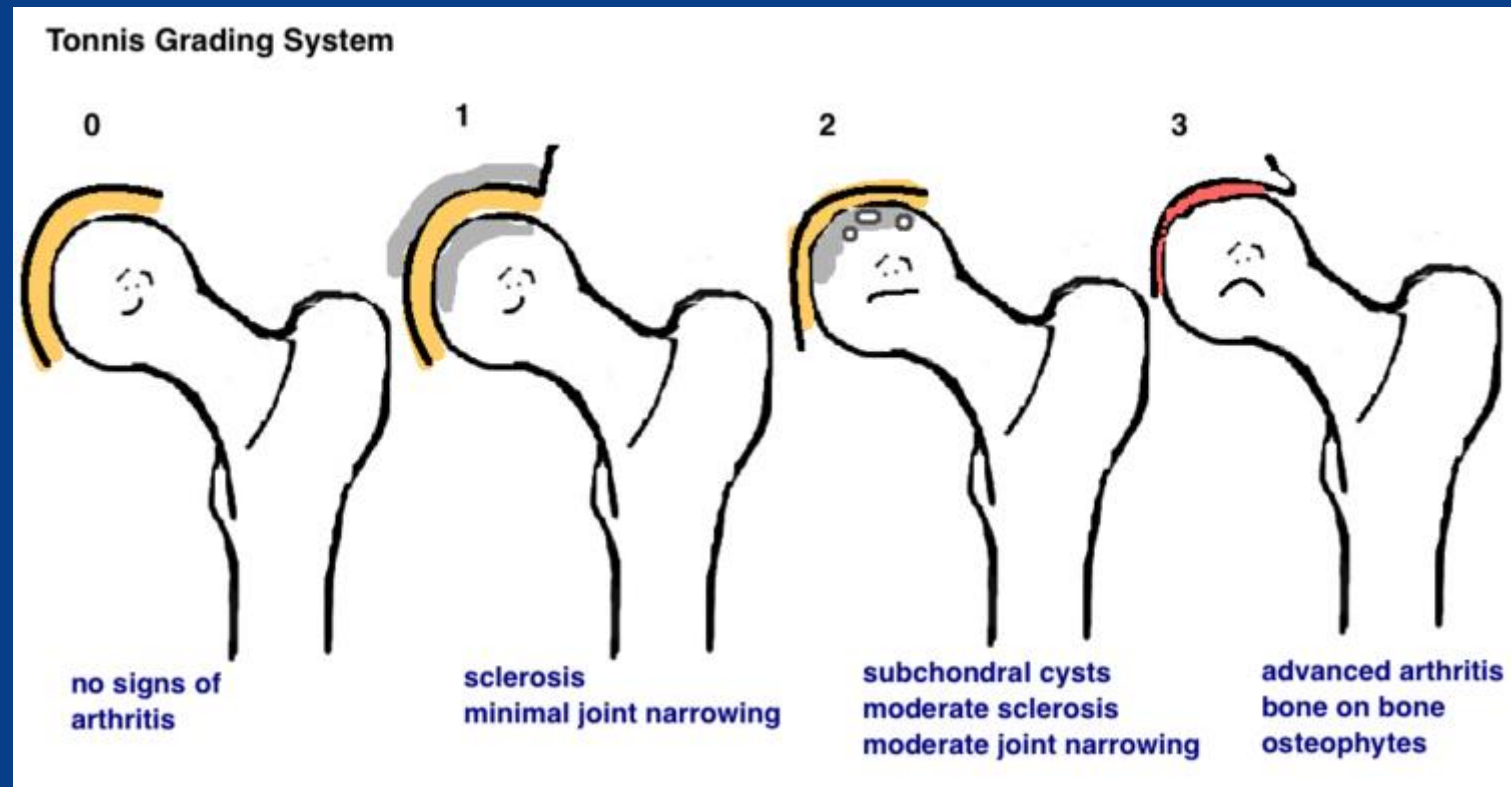
# All Cysts are Not Alike



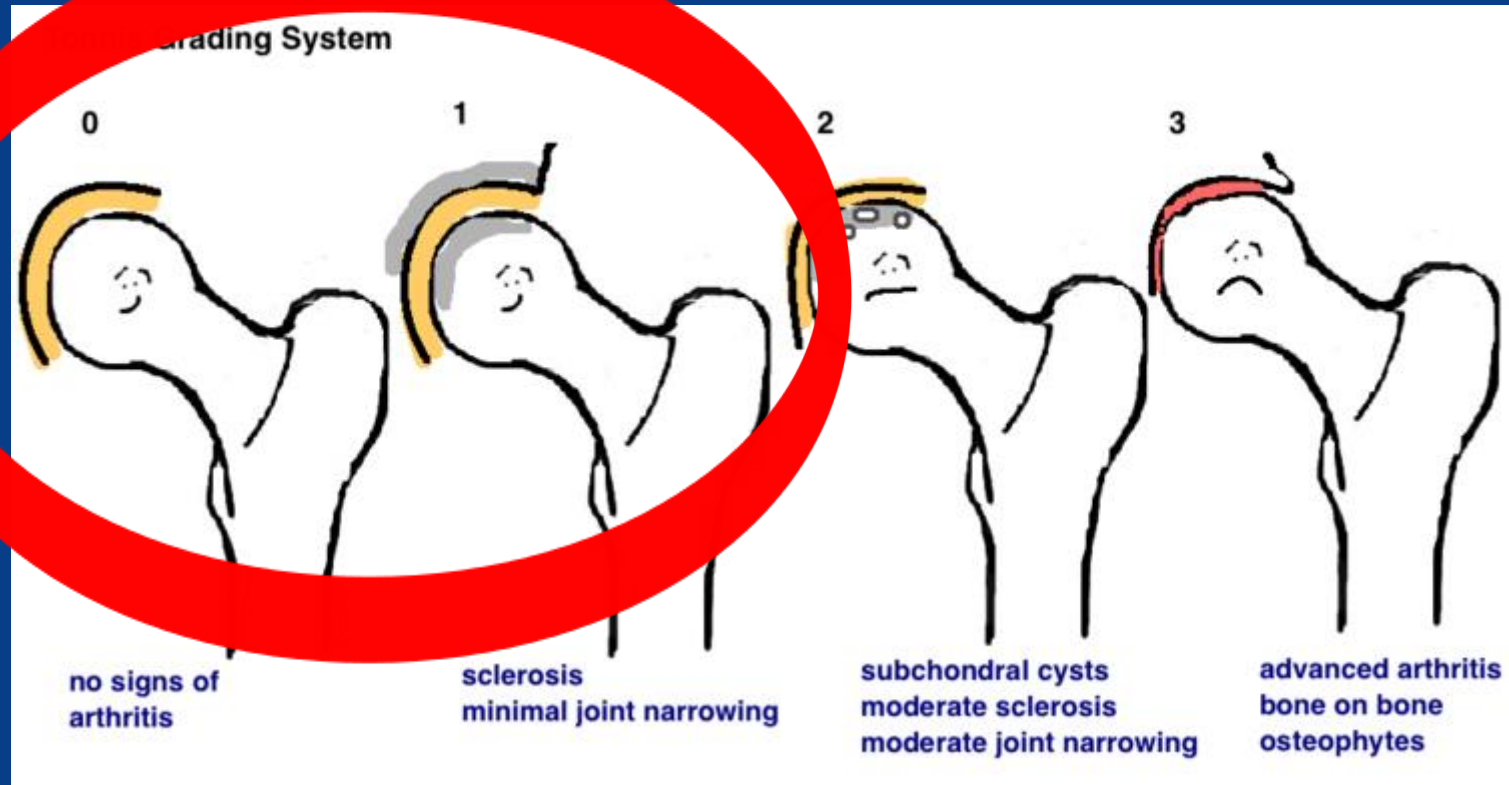
# All Cysts are Not Alike



# Arthritis



# Arthritis



# Dysplasia





## **Hip dysplasia - too shallow**



Mild



Moderate



Severe

Acetabulum should cover ~ 80% of the femoral head

## Hip dysplasia - too shallow



Mild



Moderate



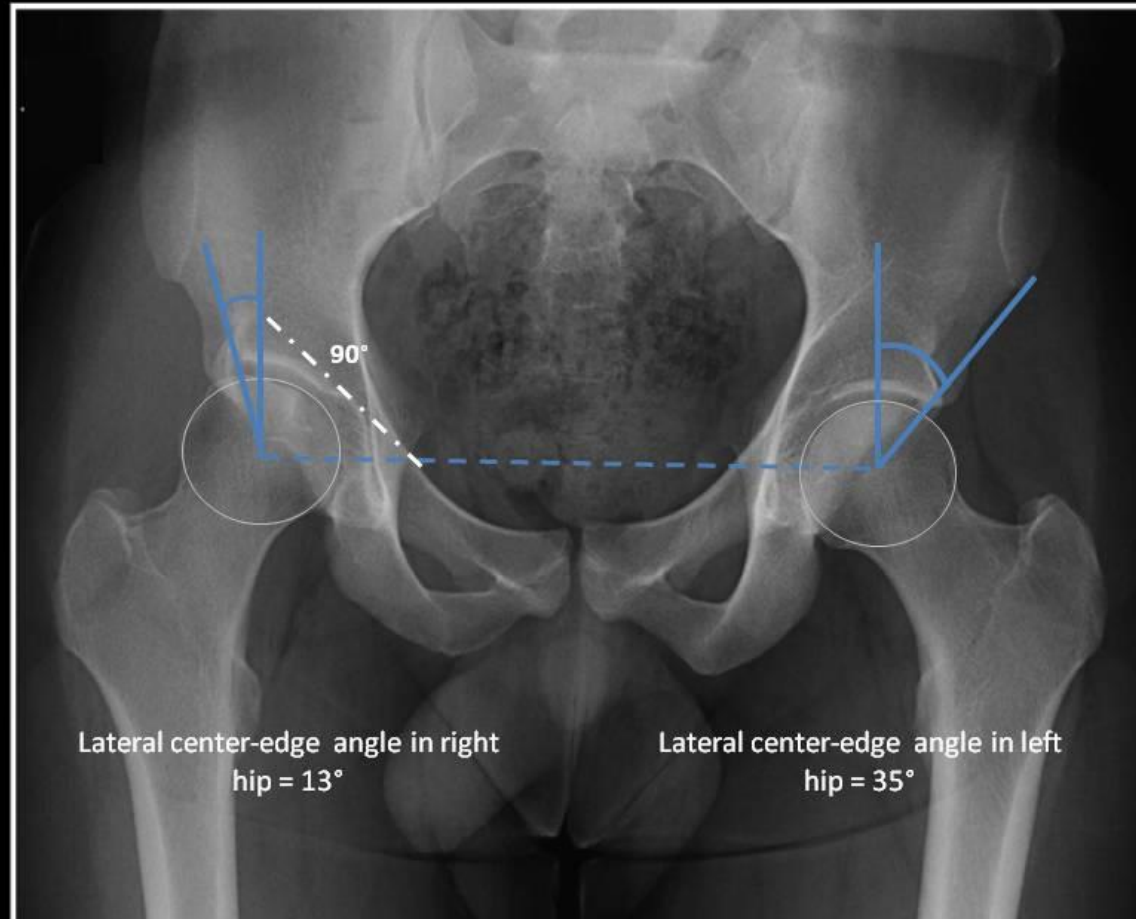
Severe

Acetabulum should cover ~ 80% of the femoral head



# Borderline-Mild Dysplasia

## REFER $\geq 18^\circ$ LCEA

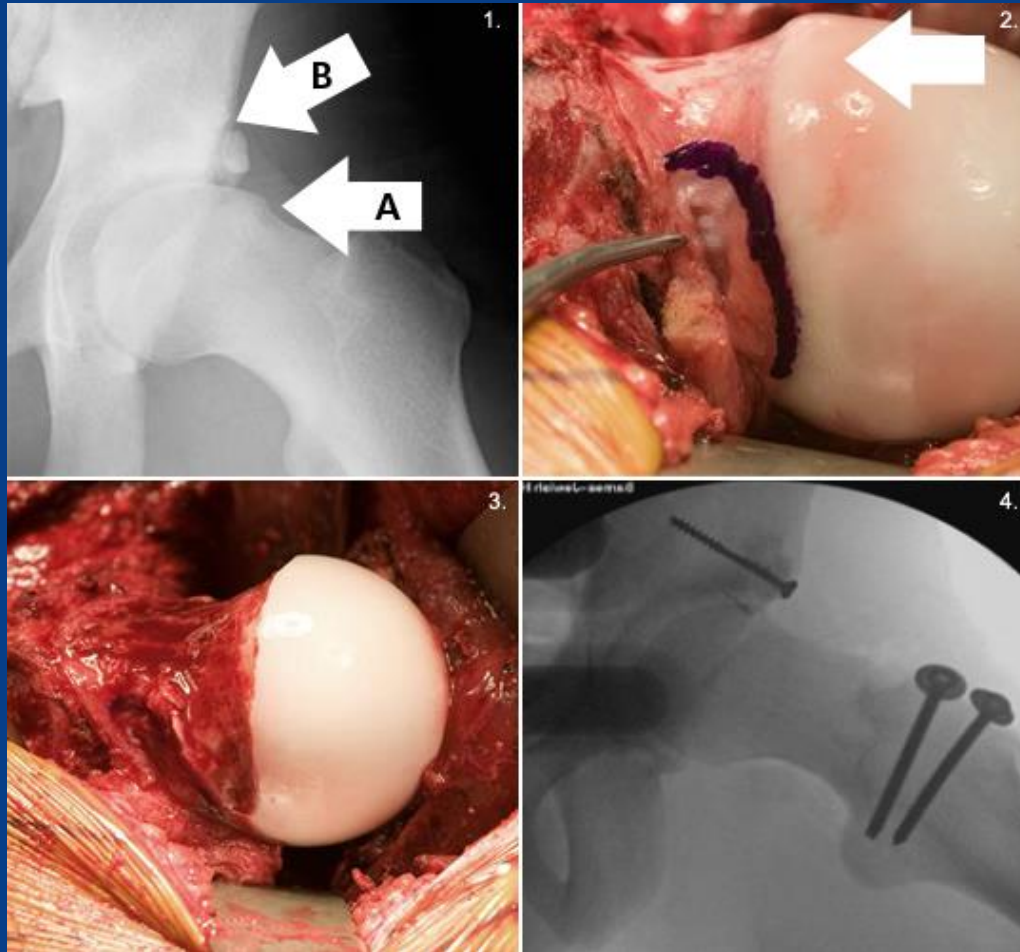


# THA for marked OA

## PAO for Marked Dysplasia



# FAI: Open Surgical Hip Dislocation

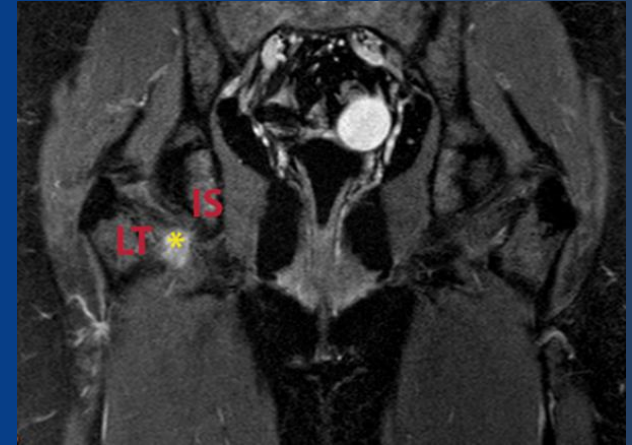


# Simultaneous **Bilateral** Hip Arthroscopy



# Buttock Pain?

- ⦿ **If R/O Lumbar causation**
- ⦿ **FAI (10% posterior pain)**
- ⦿ **Ischiofemoral Impingement**
- ⦿ **Proximal Hamstring Syndrome**
  - Ischial bursitis
- ⦿ **Deep Gluteal Syndrome (Extra-spinal sciatic entrapment)**





# Lateral Pain?

## ⊙ Trochanteric Bursitis

- CSI

- MRI

- Gluteus medius/minimus tear

- **RCT of Hip**

## ⊙ External Snapping Hip (ITB)

- Conservative



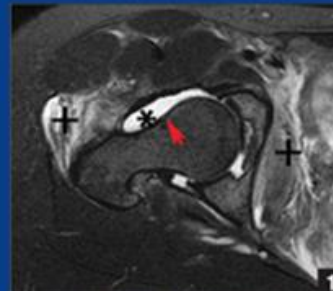
# What about in the ER?

- Hip dislocation or fracture-dislocation

- Septic Hip



## Emergent Hip Arthroscopy: Life-saving Treatment



*Orthopedics*, 2012; 44(1):100-3. doi: 10.3928/0147447-20120214-28

### Emergent hip arthroscopy: life-saving intervention for septic hip and secondary multiborgan failure.

Mattuck DS\*, Gelman CE

© Author information

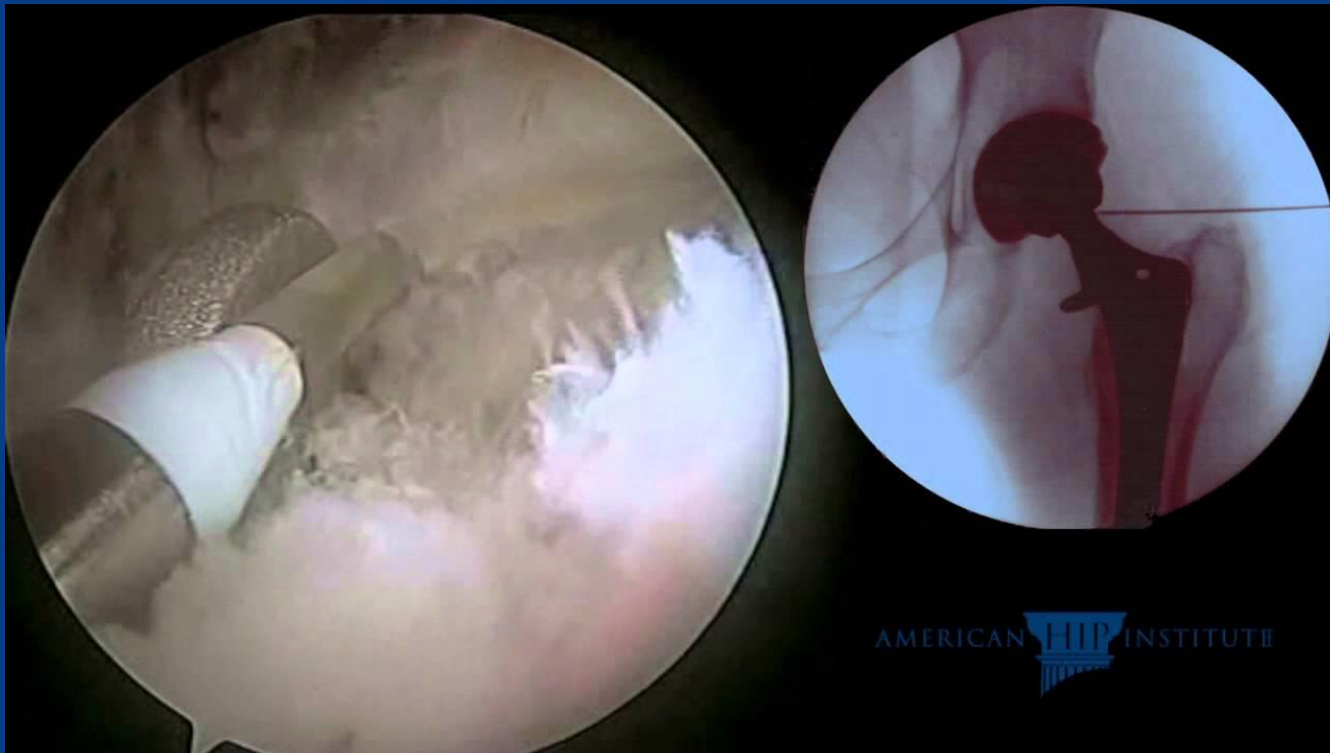
#### Abstract

This article describes the case of a 27-year-old female athletic trainer who presented to the emergency department in acute renal failure with rhabdomyolysis and disseminated intravascular coagulation following a brief onset of right hip pain and staphylococcal facial infection. Despite the absence of fever, peripheral leukocytosis, or organisms on gram stain from emergent joint aspiration, magnetic resonance imaging revealed a large hip effusion; a presumptive diagnosis of septic hip was made. Emergent hip arthroscopy was performed in the middle of the night within 2 hours of presentation. Minimally invasive, high-volume irrigation and debridement was rapidly performed using dual-portal arthroscopy. Although this approach required prolonged critical respiratory and hemodynamic support, the patient recovered from a life-threatening situation not often seen by arthroscopic or sports medicine surgeons. The unusual diagnosis of staphylococcal hip sepsis with multifocal dissemination was established, as was an atypical but important indication for emergent hip arthroscopy. Although generally implemented to improve quality of life, this case represents the use of hip arthroscopy to increase its quantity as well. Hip arthroscopy may have an emergent indication with life-saving potential.

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# What about in the THA?

- ⦿ Painful snapping hip after THA
- ⦿ Arthroscopic iliopsoas tenotomy





# TAKE HOME POINTS

- ⦿ Labral tears ← bony deformities (FAI, Dysplasia)
- ⦿ Nonarthritic hip pain
  - Flexion-induced groin or lateral
  - Mild OA
    - 2mm+ joint space
    - Tonnis 0, 1
  - Borderline dysplasia
  - Even severe FAI
  - Age?



# THANK YOU



**Pacific Coast Sports Medicine**  
Regenerative Orthopedics



# THANK YOU



# TAKE HOME POINTS

- ⦿ Labral tears ← bony deformities (FAI, Dysplasia)
- ⦿ Nonarthritic hip pain
  - Flexion-induced groin or lateral
  - 2mm+ joint space
  - Tonnis 0, 1
  - Borderline dysplasia
  - Age?
- ⦿ Hip arthroscopy
  - Lateral: RCT of the Hip
  - Anterocentral: Osteitis pubis
  - Posterior: R/O Lumbar → DGS, HS, IFI
  - Hip dislocation, OC fxs
  - Septic hip
  - Painful snapping THA

