

Results: Acetabular paralabral cysts were identified in 11/42 (26.2%) and 9/42 (21.4%) of the hips by the two respective radiologists with an interobserver reliability of 90.5% (kappa value of 0.74) and intraobserver reliability of 95.2% (kappa value of 0.87). In addition, acetabular labral tears were identified in 35/42 (83.3%) and 33/42 (78.5%) of the hips with an interobserver reliability of 90.5% (kappa value of 0.70) and intraobserver reliability of 95.2% (kappa value of 0.83).

Conclusion: Acetabular labral tears, as a potential source of hip pain, have received a great deal of attention in recent literature. The gold standard for identifying acetabular labral tears is hip arthroscopy, but recent advances in optimized noncontrast MRI have proven effectiveness in identifying intra-articular hip pathology without the invasive nature of hip arthroscopy or gadolinium enhanced arthrography. Acetabular paralabral cysts have also been shown to be associated with underlying labral tears, similar to meniscal cysts in the knee or labral cysts in the shoulder. We report the previously undescribed prevalence of acetabular paralabral cysts and prevalence of labral tears in a young, asymptomatic population. This emphasizes the importance of correlating patient symptoms and using diagnostic, and potentially therapeutic, intra-articular injections when evaluating patients with hip pain and radiographic abnormalities as defined by MRI criteria.

Arthroscopic Management of Femoroacetabular Impingement with Two Year Follow-up (SS-30) *J. W. Thomas Byrd, M.D., Kay S. Jones, M.S.N., R.N.*

Introduction: Femoroacetabular impingement is a recognized etiology of intra-articular pathology and subsequent osteoarthritis in young adults. Arthroscopy has been useful in the management of hip pathology and has been proposed as a method of correcting the underlying impingement. The purpose of this study is to report the results of our early experience in the arthroscopic management of femoroacetabular impingement with two year follow up.

Methods: All patients undergoing hip arthroscopy are prospectively assessed with a modified Harris hip score at 3, 12, 24, 60 and 120 months. 752 patients have undergone arthroscopic correction of FAI. This report consists of a cohort of the first 100 such patients with two-year follow up.

Results: There was 100% follow up at two years. The average age was 34 years (range 13-76 years) with 67 males and 33 females. There were 63 cam, 18 pincer and 19 combined lesions. Among cam types, the average age was 33 years with a male/female ratio of 2.8:1 and

among pincer types, the average age was 38 years with a male/female ratio of 1.2:1. There were 97 acetabular articular lesions (53 Grade IV, 39 Grade III, 5 Grade I), 23 femoral lesions (11 Grade IV, 11 Grade III, 1 Grade II) and 92 labral tears. The median improvement was 20 points (preop 65; postop 85) with 79 good and excellent results. Those with associated femoral lesions did at least as well with median 23-point improvement. Eighteen patients underwent microfracture with a median improvement of 21 points (preop 64; postop 85). None required conversion to total hip arthroplasty, but six underwent a subsequent arthroscopic procedure. There were three complications with a transient neuropraxia of the pudendal nerve and the lateral femoral cutaneous nerve, each of which resolved uneventfully, and one mild case of heterotopic ossification.

Conclusion: Arthroscopic management of femoroacetabular impingement appears to be an appropriate option for many cases. These results are at least comparable to published reports of open methods with the advantages of a less invasive approach.

Open Surgical Dislocation vs. Arthroscopic Approach to Femoroacetabular Impingement: A Prospective Comparison (SS-31) *Benjamin G. Domb, M.D., Itamar Boster, M.D., Thomas W. Smith, B.S.*

Introduction: Surgical treatment of femoroacetabular impingement (FAI) of the hip has been pioneered over the last decade, initially using an open surgical dislocation approach. In recent years, there has been an accelerating transition toward arthroscopic treatment, which may offer shorter recovery time and less post-operative pain. Advocates of the open approach have suggested that superior access and precision of bone work may still offer improved long-term results over the arthroscopic approach. To our knowledge, no study has prospectively compared the results of open and arthroscopic treatment. The purpose of this study was to prospectively compare surgical outcomes for open surgical dislocation vs. arthroscopic approaches to FAI.

Methods: All surgical dislocations performed for FAI over a six month period (group I) were compared to a matched control group of hip arthroscopies (group 2). All procedures were performed for labral tear in the setting of FAI, and all included labral refixation, as well as either osteoplasty, acetabuloplasty, or both. All procedures, both open and arthroscopic, were performed by a single surgeon. All patients were asked to complete four subjective questionnaires preoperatively, and at three, six, and 12 months post-operatively.