

atic relief and restitution of function. Control imaging at the time of the last visit (3 years, 1.5 year, 6 months and 3 months) has shown no signs of recurrence and no postoperative complications were noted.

Conclusions: Contemporary operative arthroscopy is a safe and reliable method for treatment of juxtarticular and intraarticular osteoid osteomas of the hip joint. According to our knowledge endoscopic gamma probe has been used during hip arthroscopy for the first time. It seems to be essential instrument to detect juxtarticular or intraarticular osteoid osteoma during arthroscopy and to control the entirety of its removal.

Paper 37: Prevalence of Abnormal Hip Findings in Asymptomatic Subjects: A Prospective Blinded Study

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SUMMARY

The high prevalence of abnormal hip finding on MRI emphasizes the importance of correlating clinical signs and symptoms with imaging findings during the surgical decision-making process.

DATA

Objective: Previous studies have shown a high prevalence of hip pathology in athletes with groin pain, however, the prevalence of abnormal MRI findings in an asymptomatic population has yet to be defined. The purpose of this study was to assess a cohort of asymptomatic individuals to determine the prevalence of hip pathology.

Methods: Forty-five volunteer subjects with no history of hip pain, symptoms, injury, or surgery were recruited for enrollment in this IRB approved study. Patients underwent a unilateral MRI scan using a Siemens 3.0 Tesla scanner. The extremity side evaluated by MRI was selected randomly. All MRI scans were reviewed by three separate fellowship-trained musculoskeletal radiologists. The scans were mixed randomly with 19 scans from symptomatic patients to blind the radiologists to the possibility of patient symptoms. The imaging findings were tallied by consensus: agreement of 2 or more among the 3 reviewing radiologists. This study was IRB approved.

Results: The average volunteer age was 37.8 years (range 15 to 66). There were 60% males and 40% fe-

males. Labral tears were identified in 69% of hips, chondral defects in 24%, ligamentum teres tears in 2.2%, labral/paralabral cysts in 13%, acetabular bone edema in 11%, fibrocystic changes of the head neck junction in 22%, rim fractures in 11%, subchondral cysts in 16%, and osseous bumps in 20%. Subjects over the age of 35 were 13.7 [95% CI: 2.4 to 80] times more likely to have a chondral defect and 16.7 [95% CI: 1.8 to 158] times more likely to have a subchondral cyst compared to those subjects 35 or younger. No other joint pathology was associated with age. Male subjects were 8.5 [95% CI: 1.2 to 56] times more likely to have an osseous bump compared to female subjects. No other joint pathology was associated with gender.

Conclusion: The prevalence of hip pathology on magnetic-resonance images of asymptomatic volunteers revealed abnormal findings in 73% (total number of patients with any positive imaging finding as agreed upon by consensus among the reviewing radiologists) of hips with labral tears being identified in 69% of the joints. A strong correlation was seen between patient age and early markers of cartilage degeneration such as cartilage defects and subchondral cysts. The high prevalence of abnormal hip finding on MRI emphasizes the importance of correlating clinical signs and symptoms with imaging findings during the clinical decision-making process.

Paper 38: Correlation of Magnetic Resonance Arthrography with Revision Hip Arthroscopy

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SUMMARY

This study assessed the correlation between magnetic resonance arthrography and intra-operative findings.

DATA

Background: Arthroscopic diagnosis and treatment of hip disorders has flourished in the literature, however, there is limited data regarding revision hip arthroscopy. There have been several studies that evaluated the findings of magnetic resonance arthrography (MRA) with primary hip arthroscopy, but to our knowledge no study has evaluated the prognostic value of magnetic resonance arthrography before revision hip arthroscopy.

Purpose: The goal of the study was to obtain sensitivity, specificity, positive predictive value, and negative predictive value of magnetic resonance arthrography to de-