

tect labral and chondral lesions for revision hip arthroscopy.

Study Design: Retrospective review/Case Series

Methods: We performed a single-surgeon, retrospective review of 70 revision hip arthroscopies (62 patients) and assessed the correlation between magnetic resonance arthrography and intra-operative findings. There were 43 females and 19 males, with a mean age of 36 years. Radiologic interpretation was compared to surgical findings.

Results: In regards to labral tears, the sensitivity, specificity, positive predictive value, and negative predictive value were: 82%, 70%, 94%, and 39% respectively. In regards to chondral damage, the sensitivity, specificity, positive predictive value, and negative predictive value were: 65%, 90%, 94%, and 50% respectively.

Conclusions: The study shows the utility of MRA to assist in the diagnosis and treatment of patients with on-going or recurrent symptoms who have had prior hip arthroscopy. However, our data show that magnetic resonance arthrography is superior at ruling in, rather than ruling out, a diagnosis, with PPV of 94% for labral and chondral pathology, and a NPV of 39% for labral tears, and 50% for chondral damage.

Paper 39: Continuous Groin Hip Pain after Total Hip Replacement: Arthroscopic Treatment of 19 Cases

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SUMMARY

Arthroscopy may be a useful tool also in treatment of painful total hip replacement

DATA

One of the potential reasons of pain after primary total hip replacement is soft tissue impingement. Most commonly, this entity has been described as impingement of the iliopsoas tendon (IPT) on the acetabular cup. Patients present with chronic groin pain exacerbated with hip flexion both in the supine and seated position. Most of the time, the components appear radiologically stable, and the prospect of a major revision of a well fixed uncemented implant is poorly accepted by the patient. We report on a series of nineteen consecutive arthroscopies performed in painful hip replacements due to soft tissue impingement.

Materials and Methods: from January 2008 to December 2010 we treated 19 patients, 12 Females and 7 males.

Mean age was 65 yrs (51 - 75). All patients presented continuous severe groin pain resistant to conservative treatment. Average time elapsed from primary THR was 18 months. Meticulous evaluation of other possible major causes of pain such as infection or component loosening, requiring revision, were excluded. In all cases, typically, pain was increased with active flexion of the hip. In 9 cases, CT scan showed protrusion of the anterior cup rim due to retroversion, in 7 cases due to oversizing. HHS was recorded pre-operative 1 month and 6 months after surgery. All patients were treated arthroscopically in the supine position. Synovitis and intrarticular presence of blood were a constant finding. Fibrous tissue adhesions and thickening of the capsule occupying the anterior portion of the artificial joint were always detected. Only in 10 cases it was possible to identify the tendinous portion of the iliopsoas embedded into the anterior fibrosis. Treatment consisted in extended synovectomy, debridement of scar tissue and release of IP tendon when present.

Results: Average follow up in this series is 14 months (6-29) and pre-operative HHS was 56 (44-65). 16/19 patients reported a significant immediate postoperative benefit. Average post-operative HHS was 94 (84-99) and 90 (80-98) at 6 months. 3 patients reported sporadic symptoms but were anyway satisfied of the operation. In one patient we observed partial recurrence of pain after 12 months. This patient was successfully treated with steroid injections. We observed a slight tendency of better results in the group of patients where the IPT was visible. We had 1 extravasation of irrigation fluid into the retroperitoneal and intraperitoneal cavities that has been immediately detected during surgery due to patient complaining of acute abdominal pain. Abdominal sonography revealed presence of intra- and retroperitoneal liquid, which was considered to be irrigation fluid. The irrigation fluid was absorbed within 36 hours without further treatment.

Conclusions: Arthroscopic debridement of soft tissue impingement has proved to be a very successful treatment in this series with a high degree of patient satisfaction. Longer term results are needed to confirm the possibility to avoid component revision in these patients.

Paper 40: Clinical Examination Of The Ligamentum Teres- A Description And Validation Of The LT Test

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