

Paper #22

EVALUATION OF HIP ARTHROSCOPY IN ELITE ATHLETES. OUR EXPERIENCE. A RETROSPECTIVE STUDY.

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Summary: The decreased performance in elite athletes with a hip injury, refractory to the conservative treatment, can be addressed and treated appropriately by hip arthroscopy.

Introduction: Hip arthroscopy is an evolving procedure of the past two decades and its incidence has greatly increased amongst the athletic population. Advanced imaging and novel arthroscopic techniques have opened new horizons in the sports medicine field, since athletes with hip pathology can receive excellent medical treatment and return back to the pre-surgical high level of activity, which is critical for the professional athletes.

Purpose: To evaluate the role of hip arthroscopy in elite athletes.

Method: From February 2003 to March 2015, 35 elite athletes in national and professional first division teams of

Greece and Cyprus (basketball players, martial art athletes, soccer players, water polo players, track & field athletes, weightlifters etc; 23 males, 12 females; mean age: 29 y.o.) underwent hip arthroscopy in our practice and were retrospectively studied. There was a two-month period between the deterioration of symptoms, which caused diminished performance and disability, and the surgery. Imaging studies included MRI arthrography, as well as AP pelvic, cross table lateral and false profile view radiographs. Definite diagnosis was made intra-operatively. Labral detachment and FAI (mixed 22/35, pincer 3/35, cam 10/35) were present in all patients, whereas 5 of them had additional acetabular cartilage defects. Labrum repair was performed using bioabsorbable anchors and FAI lesions were excised using the burr. Subchondral bone micro-fractures were performed in subjects with cartilage lesions. The modified Harris Hip Score was used as an assessment tool 1 week prior to surgery and at 12th post-op week. The senior author obtained the scores in all cases and all participants followed similar postoperative rehabilitation programs in our clinic with special modifications for the patients of the microfracture category.

Results: The mean pre-op modified Harris Hip Score was 69 and improved to 92 at 12 weeks post-op indicating excellent results. 29/35 patients were completely pain-free and returned to full activity at 12 weeks. 3/35 had residual pain due to iliopsoas tendinitis that were treated conservatively and returned later to their preoperative level of activity (between 15-18 weeks). 3/35 developed long-term heterotopic ossification, but were able to participate in sports. None of them was re-operated.

Conclusion: Our experience recorded excellent results in elite athletes undergoing hip arthroscopy for intra-articular pathology. This underlines the important role of this procedure and its great benefit in elite athletes that can continue their career unrestricted.