Greater Trochanteric Pain Syndrome: Validation of a Published Intraoperative Endoscopic Classification System

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INTRODUCTION: Greater trochanteric pain syndrome (GTPS) has garnered interest and the increased pursuit of understanding as a cause of hip pain over the last decade. This study aims to utilize an independent, prospectively collected database to validate a previously published intraoperative endoscopic classification system. We hypothesized the Lall et al. classification would prove useful in improving patient outcomes of those who underwent treatment for GTPS.

METHODS: Open or arthroscopic procedures performed at a single center February 2008-March 2018 were reviewed. Patients were prospectively classified as one of five GTPS types and underwent one of six surgical modalities determined based on imaging studies, physical exam, and intraoperative findings and followed for a minimum 2-years. Patient-reported outcome scores were analyzed to assess the effectiveness of treatment and validity of the classification scheme.

RESULTS: There were 324 total patients who underwent: gluteus maximus/tensor fasciae latae transfer for an irreparable GM (Type V); open or arthroscopic double row repair of the GM (Type IV); arthroscopic single row transtendinous repair of the GM (Type IIIA); trochanteric bursectomy (TB) with trochanteric micropuncture (Type II); or TB for isolated bursitis (Type I). The mean age, BMI, and follow-up time were 51.9 ± 12.5 years, 28.1 ± 5.1 kg/m2, and 44.4 ± 20.5 months, respectively. Statistically significant pre-to-postoperative improvement were seen in the following validated PROS for each GTPS type: mHHS, NAHS, iHOT-12, HOS-SSS, and VAS for pain. The percentage of patients who achieved the MCID for mHHS and NAHS and PASS for mHHS, HOS-SSS, and iHOT-12 were 77.5%, 80%, 79.3%, 56.2%, and 67.6%, respectively.

DISCUSSION AND CONCLUSION: This validation study supports that the classification system proposed by Lall et al. may allow surgeons a reproducible, yet efficient process to classify and treat peritrochanteric pathology.