

Patients with associated spine or other major joint pain have equivalent outcomes to patients with isolated hip pain after hip arthroscopy

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INTRODUCTION: Post-operative outcomes following hip arthroscopy for Femoroacetabular impingement (FAI) can be assessed using a variety of patient-reported outcomes (PROs). It has recently been found that pain in other major joints, including the spine and knee, may negatively affect patient outcomes post-operatively. The objective of our study was to assess post-operative outcomes in patients treated arthroscopically for FAI and to determine whether presence of pain in other joints affects PRO scores pre- and post-operatively.

METHODS: Patients who underwent hip arthroscopy for FAI between 2016-2020 with a minimum 2-year follow-up were reviewed. Patients were included if they had available pre-operative pain diagrams. Patients were then grouped into Musculoskeletal Morbidity (MSM) grades (Grade 1: hip pain only; Grade 2: hip and other major joint pain; Grade 3: hip and spine pain; Grade 4: hip, spine, and other major joint pain). Patients were excluded if they had: a history of ipsilateral hip surgery; <2 mm of joint space; and if they underwent an additional surgery other than the contralateral leg within 6 months of primary surgery. Primary outcomes included pre- and post-operative International Hip Outcome Tool (iHOT-33).

RESULTS:

One hundred-seventeen patients were evaluated with a mean age of 37.16 years at the time of the surgery. The mean duration of follow-up was 31.5 months. Patients with MSM Grade 4 had significantly lower (i.e. worse) iHOT-33 scores (21.54 ± 13.38) than MSM Grade 1 patients (40.07 ± 20.97) at the pre-operative time point ($p=0.006$). Interestingly, all patients improved post-operatively (MSM 1-3 $p<0.001$; MSM 4 $p=0.005$). While MSM grade 4 patients had lower post-operative iHOT-33 scores (54.88 ± 30.26) compared to Grades 1-3 (68.95 ± 25.78 , 68.28 ± 28.99 , 68.01 ± 30.50 , respectively).

DISCUSSION AND CONCLUSION: Treatment of FAI with hip arthroscopy yields improved iHOT-33 scores and patients with associated spine or other major joint pain have equivalent outcomes to patients with isolated hip pain.