

Females and Males Achieve Similar Improvement, Outcomes, and Survivorship following Hip Arthroscopy for Femoroacetabular Impingement Syndrome at Minimum 10-Year Follow Up

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INTRODUCTION:

Hip arthroscopy confers clinically meaningful improvements at short- and long-term follow up for patients with femoroacetabular impingement syndrome (FAIS). The impact of patient sex on long-term clinical outcomes following treatment of FAIS remains uncertain. The aim of this study is to evaluate the effect of patient sex on 10-year patient-reported clinical outcomes after hip arthroscopy for FAIS.

METHODS: A prospective clinical registry of patients who underwent primary hip arthroscopy for FAIS between January 2012 and February 2013 was queried retrospectively. Female patients were propensity-matched to male patients in a 1:1 ratio by age and body mass index. Patient-reported outcomes (PROs), mean clinically important difference (MCID), and patient acceptable symptom state (PASS) were compared between patient cohorts. Rates of survivorship, defined as lack of revision hip arthroscopy or conversion to THA, were also compared between sexes.

RESULTS: Fifty-one female patients (age: 36.2 ± 12.3 years, BMI: 24.9 ± 3.5 kg/m²) were successfully matched to 51 male patients (age: 35.7 ± 11.3 years, BMI: 25.5 ± 3.3 kg/m², p ≥ 0.362) at average follow up of 10.3 ± 0.2 years. There were no differences in any other preoperative demographic characteristics between the groups (p ≥ 0.187). Both groups demonstrated significant improvement in every PRO measure between the preoperative and 10-year postoperative timepoints (p < 0.001). The magnitude of improvement between preoperative and 10-year postoperative PRO scores was similar between female and male groups for all PRO measures. Male patients achieved MCID for the Hip Outcome Score Activities of Daily Living (HOS-ADL) at a significantly lower rate than female patients (p = 0.037), but there was no difference in MCID or PASS achievement rates between the two groups for any other PRO measure (p ≥ 0.102). There were no differences in the rates of complications or reoperations between female and male patients (p ≥ 0.490).

DISCUSSION AND CONCLUSION: Despite lower baseline PRO scores among female patients, 10-year PRO scores were similar between sexes. Clinically significant outcome achievement was also similar between sexes. There were no differences in reoperation or complication rates between male and female cohorts.

