

# Similar Clinical Outcomes following Open and Endoscopic Repair of Proximal Hamstring Tendon Tears at a Minimum 5-Years Follow Up

Anne Patricia Timmermann, Thomas W Fenn, Christopher Brusalis<sup>1</sup>, Daniel J Kaplan<sup>2</sup>, John Warren Ebersole, Shane Jay Nho<sup>3</sup>

<sup>1</sup>Rush University, <sup>2</sup>New York University Langone Medical Center, <sup>3</sup>Midwest Orthopaedics at Rush

## INTRODUCTION:

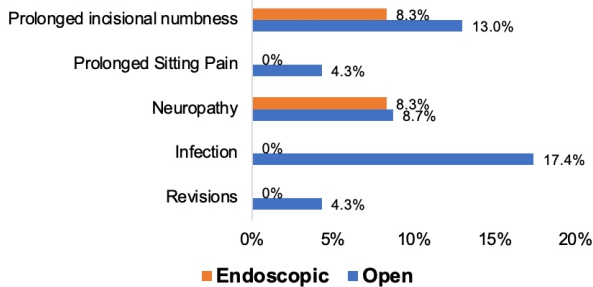
Current evidence supports favorable short-term clinical outcomes with few complications following surgical management of proximal hamstring injuries; however, the durability of clinical benefits beyond approximately two years post-surgery is unknown. The aim of this study is to evaluate patient-reported clinical outcomes and complication rates associated with open and endoscopic repair of proximal hamstring tears at a minimum of 5 years follow up.

**METHODS:** A single-surgeon registry of patients was queried between October 1, 2014 and December 31, 2017 to identify patients who underwent open or endoscopic repair of a proximal hamstring tear. Patients who reported minimum 5-year follow-up data were included. Multiple patient-reported outcome measures, including the Hip Outcome Score Activities of Daily Living (HOS-ADL), 12-item international Hip Outcome Tool (iHOT-12), and Patient Reported Outcomes Measurement Information System (PROMIS) for Physical Function (PF) and Pain subscales, along with surgical complications, were analyzed.

**RESULTS:** Among 35 eligible patients (65.7% female, mean age = 52.3 ± 8.4), 24 had full-thickness tears and 11 had partial-thickness tears. There were 23 open repairs and 12 endoscopic repairs. Mean duration from symptom onset to surgical intervention was 37.9 weeks (range 1.3 weeks to 306.9 weeks). At a mean follow up of 69.0 months (range 60.0 - 95.0 months), mean postoperative HOS-ADL = 86.8 ± 12.7, HOS-SS = 83.1 ± 19.5, iHOT-12 = 86.3 ± 14.9, PROMIS-PF = 50.0 ± 11.8, and PROMIS-Pain = 50.2 ± 7.9. Overall complication rate was 28.6%, including for postoperative neuropathy (8.6%), persistent peri-incisional numbness (11.4%), and wound infection (11.4%). One patient (2.9%) required revision surgery.

**DISCUSSION AND CONCLUSION:** Both open and endoscopic surgical techniques for repair of proximal hamstring injuries produce favorable patient-reported clinical outcomes with few complications at a minimum 5-year follow up.

**Open & Endoscopic Postoperative Complications**



**5-Year PROs by Chronicity**

