

Minimum Ten-Year Survivorship and Outcomes of Arthroscopic Treatment of Hip Labral Tears in Young Adults

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INTRODUCTION:

Previous studies have shown good mid-term outcomes of hip labral tear treatment with arthroscopy. However, long-term results are limited within the young adult population.

The purpose of this study was to report survivorship and patient-reported outcome measures (PROMs) at minimum 10-year follow-up in young adult patients following primary hip arthroscopy with labral repair or debridement.

METHODS: Data were prospectively collected and retrospectively reviewed on all patients who underwent primary hip arthroscopy between June 2008 and August 2012. Young adult patients aged greater than 19 and less than 40 years who underwent labral repair were included. Preoperative and minimum 10-year follow-up for multiple patients reported outcomes (PROs) were collected. Rates of achieving the minimal clinically important difference (MCID) and the patient acceptable symptomatic state (PASS), as well as hip joint survival from conversion to total hip arthroplasty (THA) and progression to subsequent ipsilateral revision hip arthroscopy were reported.

RESULTS: Of the 241 hips eligible for analysis, 194 hips (80.5%) had minimum 10-year follow-up. There were 122 females (62.9%) and 72 males (37.1%) included in the present analysis with a mean age and BMI of 28.9 years and 24.8 kg/m², respectively. The 10-year survivorship for young adult patients was 91.8%, and 12.9% of patients progressed to a subsequent ipsilateral revision arthroscopy at mean 36.8 months. There was significant improvement in all PROMs from baseline to minimum 10-year follow-up, including mHHS, NAHS, HOS-SSS, VAS, iHOT-12, and Patient Satisfaction ($P<0.05$). All patients aged 19-40 years achieved high rates of MCID, for mHHS, NAHS, and VAS, as well as high rates of PASS for mHHS.

DISCUSSION AND CONCLUSION: Young adults who underwent primary hip arthroscopy with labral treatment demonstrated overall 10-year survivorship of 91.8%, significant improvement in PROMs, and high rates of achievement of PASS for mHHS and MCID for mHHS, NAHS, and VAS.