## Long-term Outcomes After Treatment of Femoroacetabular Impingement in Adolescents

Matthew R Schmitz, Kyle P Oconnor, Yi-Meng Yen<sup>1</sup>, Henry Bone Ellis<sup>2</sup>, Young Jo Kim<sup>3</sup>, John C Clohisy, ANCHOR Study Group<sup>4</sup>, Jeffrey J Nepple<sup>5</sup>

<sup>1</sup>Children's Hospital Boston, <sup>2</sup>Texas Scottish Rite Sports Medicine, <sup>3</sup>Boston Children's Hosp - Ortho Surgery Dept, <sup>4</sup>Washington University School of Medicine, <sup>5</sup>Washington University

INTRODUCTION: Femoroacetabular impingement (FAI) commonly affects the adolescent population, but the ability of surgery to provide a durable long-term outcome in this young population is not well investigated. To date, many studies focus on cohorts that combine both adolescent and adults or have limited follow-up duration. The purpose of the current study was to determine the outcomes of FAI surgery in adolescents (ages 10-19) at long-term follow-up. METHODS:

This is a multicenter, prospective cohort that enrolled hips undergoing FAI surgery between 2008 and 2012. Patients with ages 10-19 and follow-up of a minimum of 8 years were included. Exclusion criteria were patients with prior ipsilateral operations or associated conditions. Follow-up data included patient-reported outcome measures, revision surgery, and conversion to total hip arthroplasty (THA). Multivariable analysis was used to identify independent predictors of outcome. Kaplan-Meier curves represented survivorship.

RESULTS: Seventy-seven hips were assessed at a mean follow-up of  $10.5 \pm 1.8$  years. Mean age was  $17.0 \pm 1.6$  and 41.6% were female. All PROMs demonstrated significant improvement including: mHHS  $64.6\pm13.7$  to  $87.1\pm16.5$ , HOOS pain  $61.7\pm20.6$  to  $88.2\pm16.0$ , and HOOS sports and recreation  $46.5\pm22.8$  to  $82.2\pm24.8$  (p-values<0.001). The overall reoperation rate was 10.4% including six patients had revision arthroscopy (mean 2.3 years) and two patients had conversion to THA (mean 5.7 years). Preoperative mHHS was predictive of postoperative mHHS scores (BE:0.563, p<0.001). Increasing preoperative mHHS was associated with decreased chance of overall reoperation (OR:0.93, p=0.031).

DISCUSSION AND CONCLUSION: Adolescents benefit from surgical treatment for FAI with maintained outcomes at over ten-year follow-up. Increasing preoperative mHHS was associated with better postoperative scores and decreased chance of overall reoperation or revisions. Longer-term studies would help further determine the long-term survivorship of this population at 20-year follow-up and beyond.