

Residual Structural Disease and New Labral Tears are the Most Common Indications for Revision Hip Arthroscopy: A Systematic Review

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INTRODUCTION: Indications for revision hip arthroscopy (RHA) are not well understood. The purpose of this study was to systematically review the literature to determine the most common indications for revision hip arthroscopy.

METHODS: A systematic review was conducted according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines by searching PubMed, Embase, and the Cochrane Library to identify English language clinical studies reporting on indications for patients undergoing RHA from 2000 to 2024. The search terms used were: *hip AND arthroscopy AND (revision OR failure OR reoperation)*. The primary outcomes assessed were reasons for revision reported by each study.

RESULTS: Ten studies (1 level I, 3 level II, 2 level III, 4 level IV) met inclusion criteria, with a total of 1,077 hips. Patient age averaged 33 years (range, 19-37 years) with a mean follow-up after revision of 29.5 months (range, 24-43 months). The overall percentage of females was 49.7%. Revision rates ranged from 5.3% to 12.6%, with common reasons for revision including new labral tears, chondral lesions, and unaddressed femoroacetabular impingement (FAI). Revision procedures included labral debridement/repair, femoroplasty, acetabuloplasty, and lysis of adhesions.

DISCUSSION AND CONCLUSION: The most common indications for revision hip arthroscopy include labral tears, unaddressed FAI, and capsulolabral adhesions.