

Multicenter Outcomes of Labral Repair in Patients with Hypoplastic and Normoplastic Labrae: The [redacted] Study group Experience

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INTRODUCTION:

The preferred treatment of the hypoplastic labrum has not been established in the setting of arthroscopic surgery for femoroacetabular impingement syndrome (FAIS). Some surgeons have advocated labral reconstruction or augmentation because of the small size of these labrae. The purpose of this study is to determine comparative outcomes of labral repair in matched patients with hypoplastic versus normoplastic labrums.

METHODS:

This multicenter study investigated minimum 2-year outcomes using the International Hip Outcomes Tool (iHOT-12) in patients with FAIS obtained from a prospectively collected database from the [redacted] study group. Inclusion criteria: adult nonarthritic patients that underwent unilateral hip arthroscopy including labral repair. The study group included patients with hypoplastic labrae defined as <4 mm intraoperative width. We used a priority-weighted 11-variable matching method including age, gender, Body Mass Index (BMI), lateral center-edge angle (LCEA), Alpha angle, and rendered arthroscopic treatments of femoroplasty, acetabuloplasty, and labral treatment (i.e., repair, reconstruction, or debridement) to obtain a 1:1 matched control group of labral repair patients with normoplastic labrae. Intergroup analyses and comparisons were made including preoperative and postoperative iHOT-12 scores and percentage of patients meeting MCID, SBC, and PASS thresholds.

RESULTS:

There were 104 patients in this study, of which 52 were in each group. The mean preoperative iHOT-12 scores for the study and control groups were 33.35 ± 16.93 and 36.94 ± 18.84 , respectively ($p=0.361$). Two-year mean postoperative iHOT-12 scores for the study and control groups were 77.27 ± 23.21 and 68.47 ± 28.09 ($p=0.118$). There were no significant differences between groups in successful outcomes as determined by MCB, SBC, and PASS scores.

DISCUSSION AND CONCLUSION:

Primary labral repair of the hypoplastic labrum is a viable treatment option for adult nonarthritic patients with FAIS demonstrating similar successful 2-year clinical outcomes as their normoplastic counterparts.

Practical Significance: Mandatory labral reconstruction or augmentation may be unnecessary in patients with FAIS with hypoplastic labrums. Labral repair of the hypoplastic labrum may result in cost savings in terms of less surgery time, potentially less suture anchor implants, and avoidance of possible allograft usage. Moreover, hip distraction time may be minimized with hypoplastic labral repair which may decrease traction-related complications.