

Short to Mid-Term Outcomes of Hip Arthroscopy for Femoroacetabular Impingement and Labral Tears in Patients with Diabetes

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INTRODUCTION:

Diabetes Mellitus is a recognized world pandemic with increased prevalence over the years. The purpose of this study is to report outcomes of patients with Diabetes Mellitus (DM) who underwent hip arthroscopy for femoroacetabular impingement (FAI) and labral tears at short- to mid-term timepoints and compare these results to a benchmark control group of non-DM patients.

METHODS:

Data were retrospectively analyzed for patients who underwent primary hip arthroscopy for FAI and labral tears with a history of DM. Patients had completed pre- and postoperative patient reported outcomes (PROs) at minimum 2-year follow-up. A sub-analysis was conducted based on glycemic control, which included clinically important thresholds for hip arthroscopy, revision surgery and conversion to arthroplasty rates. Patients were propensity matched to a control group of non-diabetic patients in a 1:3 ratio.

RESULTS:

A total of 116 patients were included, with 29 DM patients matched to 87 control patients. DM patients displayed significant improvements across all PROs and high patient satisfaction. No significant differences were observed in the sub-analysis. When compared to a benchmark control group, DM patients had lower preoperative PROs. The groups reached similar postoperative scores. DM patients had significantly lower patient satisfaction (7.70 ± 2.43 compared to 8.63 ± 1.57 in the control group $p < 0.05$.) at latest follow-up and had a higher relative risk for revision hip arthroscopy ($p < 0.05$).

DISCUSSION AND CONCLUSION:

Hip arthroscopy for the treatment of FAI and labral tears in DM patients resulted in significant short- to mid-term improvements in PROs, comparable to a matched control non-DM group. DM patients had an overall 2.63-fold increased relative risk of revision hip arthroscopy compared to non-DM patients, with a trend towards more uncontrolled DM patients undergoing revision hip arthroscopy. Perioperative diabetic control is recommended.