

Hip arthroscopy– Diagnosis, Treatment and Prevention

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Editorial

Hip arthroscopy is a surgical technique capable of successfully treating symptomatic femoroacetabular impingement (FAI), labral tears, and a variety of other intra- and extra-articular hip disorders. Hip arthroscopy is the most rapidly growing field within Orthopaedic Surgery across the globe. Evidence-based medicine in hip arthroscopy has demonstrated excellent short- and mid-term patient-reported results.

Patient selection continues to evolve, allowing improvement in outcomes, identification of prognostic factors for success and risk factors for failure, and reduction in complications and re-operations. The most common indication for hip arthroscopy includes symptomatic FAI with labral injury. Although the natural history of FAI remains incompletely understood, it is likely the primary cause of early osteoarthritis of the hip, associated with significant labral and articular cartilage damage.

While there is a significant proportion of the general population, including athletes, with abnormal imaging, suggestive of FAI, that are asymptomatic, there is currently no role for prophylactic arthroscopic hip preservation surgery in asymptomatic subjects. Although plain radiographs are the primary diagnostic imaging tool, advanced two- and three-dimensional magnetic resonance imaging (MRI) and computed tomography (CT) are the standard of care for optimally characterizing the pathologic deformity to be addressed surgically.

Further, the most common reason for symptom recurrence and re-operation is residual FAI, thus emphasizing the role of a complete osseous resection, visualized via intra- operative plain x-ray. In addition, simple radiographs may identify those that are not suitable candidates for arthroscopic hip preservation. These include patients with osteoarthritis or dysplasia, as the rate of failure following arthroscopy is unacceptably high. Capsular management is one of the most controversial topics in hip arthroscopy, regarding its incision (interportal with or without "T" capsulotomy) and closure (none, partial, or complete). In addition to intra-articular structures, hip arthroscopy has gained popularity in management of peritrochanteric (hip abductor tendon pathology, snapping iliotibial band, trochanteric bursitis) and deep gluteal space (proximal hamstring, piriformis, sciatic nerve) disorders.

Post-operatively, the role of rehabilitation is increasingly recognized as of significant importance. Further, the lumbar spine, pubic symphysis, sacroiliac joint, and associated musculotendinous units (rectus abdominis, obliques, transversus abdominis) are recently appreciated as playing a large part in the symptomatology and association of FAI and athletic pubalgia and their surgical outcomes. Ongoing and future research is focusing on optimizing study design, conduct, and reporting in arthroscopic hip preservation investigations.

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Received April 01, 2021; **Accepted** April 15, 2021; **Published** April 22, 2021

Citation: Roukis TS (2021) Hip arthroscopy– Diagnosis, Treatment and Prevention. Clin Res Foot Ankle 9:e112.

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