BMI was 24.5 ± 4.7, and mean follow-up time was 52.0 ± 34.3 months. Half of the cohort reported moderate or high concern that hip pain would worsen during future pregnancy, while a slight majority felt that hip surgery would not raise their risk of pregnancy complications (56.0%) or impair hip function after pregnancy (51.2%). 27 patients (31.4%) had become pregnant after hip surgery at an average of 6.3 ± 1.4 months postoperative, of whom 13 (48.2%) cited hip pain as a factor in getting surgery before pregnancy and 9 (33.3%) reported delaying a planned pregnancy to undergo surgery. Patients who became pregnant after surgery experienced a significant increase in VAS pain during pregnancy (p < 0.02), though pain resolved after pregnancy in most (19 of 27, 70.4%). Of the 39 nulligravid patients, 28 (71.2%) were considering future pregnancy and 32 (84.2%) did not consider hip pain to be a factor in their nulligravid status. No significant difference in mHHS was found at latest follow-up between nulligravid patients, patients who had not been pregnant since hip surgery, and patients who got pregnant after hip surgery (mean 79.6 vs 80.0 vs 79.6, p = 0.94). Conclusions: Most female hip arthroscopy patients were not concerned that their surgery would have a negative impact on their pregnancy outcomes or hip function after pregnancy. Although hip pain was exacerbated during pregnancy, most patients experienced a resolution of pain following delivery. Pregnancy-related complications did not occur more frequently in the hip arthroscopy cohort compared to the wider U.S. population. Outcomes were comparable between nulligravid women and those who had only been pregnant prior to surgery.

Category: Hip/Groin/Thigh

Comparison of Anterior Inferior Iliac Spine Morphology Between Femoroacetabular Impingement and Developmental Dysplasia of the Hip: A Cohort Study in Symptomatic Patients

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Summary:
Comparison of AIIS between FAI and DDH

Data:
Background: Anterior inferior iliac spine (AIIS) morphology has been defined as one of the common causes of extra-articular hip impingement and failed hip arthroscopy for femoroacetabular impingement (FAI). Thus, the AIIS classification by Hetsroni is popular in clinical practice, and surgeons should pay attention to extra-articular hip impingement in cases of type 3. Many previous studies have shown the AIIS morphology in patients with FAI, patients with labral tears or asymptomatic populations. However, there are a few studies about AIIS morphology in developmental dysplasia of the hip (DDH). Purpose: The purpose of this study was to compare the AIIS morphology between FAI and DDH. Methods: Four hundred twenty-three hips of 374 patients who underwent primary hip arthroscopic surgery from January 2015 to March 2019 were retrospectively reviewed. The inclusion criteria in this study were labral tears with FAI or DDH. Finally, 359 hips of 310 patients were included in this study. Preoperative demographics and imaging variables of patients in the FAI and DDH groups were compared. For demographic evaluation, age at surgery, sex, and body mass index (BMI) were assessed. For imaging evaluation, LCE angle, sharp angle, vertical center anterior (VCA) angle, alpha angle, Tonnis angle and AIIS were assessed. AIIS morphology was classified according to the Hetsroni’s classification. Statistical analysis was performed to compare the AIIS morphology between the FAI and DDH groups. Results: Of 359 hips in 310 patients, FAI cases involved 241 hips (148 males, 93 females), and DDH cases involved 118 hips (34 males, 84 females) in this study. In FAI group, AIIS type 1 included 45 hips (16.7%), type 2 included 286 hips (77.2%), and type 3 included 10 hips (4.1%). In the DDH group, AIIS type 1 included 4 hips (3.4%), type 2 included 93 hips (78.8%), and type 3 included 21 hips (17.8%). The proportion of AIIS type 3 in the DDH group was significantly higher than that in the FAI group (chi-squared test, p < 0.001). In the FAI group, there were no significant differences in demographic and radiographic parameters between AIIS type 1 and 2 and type 3. In the DDH group, there were significant differences in LCE, VCA and Tonnis angle between AIIS type 1 and 2 and type 3. The LCE angle was 19.0 ± 4.0 in type 1 or 2 and 13.0 ± 6.0 in type 3 (Mann-Whitney U test, p = 0.003). The VCA angle was 11.3 ± 2.9 in type 1 or 2 and 11.3 ± 10.0 in type 3 (Mann-Whitney U test, p = 0.011). The Tonnis angle was 12.5 ± 5.1 in type 1 or 2 and 16.8 ± 6.3 in type 3 (Mann-Whitney U test, p = 0.014). These results indicated that DDH with AIIS type 3 tends to be more severe dysplasia than that with type 1 or 2. Conclusions: AIIS type 3 was more common in DDH than FAI. In DDH, AIIS type 3 tends to be more severe dysplasia than AIIS type 1 or 2.

Category: Hip/Groin/Thigh

Primary Hip Arthroscopy For Femoroacetabular Impingement Syndrome In Adolescents Improves Outcomes And Clinical Benefit Achievement Rates At Short-Term Follow-Up. A Multi-Center Analysis

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