



ARTHROSCOPIC ILIOPSOAS TENDON RELEASE AFTER TOTAL HIP REPLACEMENT FOR ANTERIOR GROIN PAIN: A REVIEW OF THE LITERATURE AND CURRENT TRENDS

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ABSTRACT

Introduction:
Anterior groin pain is a common complication following total hip replacement (THR) surgery. One of the potential causes is Iliopsoas impingement (IPI), which can significantly impact patient recovery and satisfaction.

Aim:
The aim of this study is to investigate the efficacy of arthroscopic iliopsoas tendon release (AITR) as a treatment for unresolved anterior groin pain following THR and to identify potential risk factors that could predict the outcome of the procedure.

Materials and Methods:
Retrospective review of the literature demonstrated that anterior groin pain has been a subject of investigation in many orthopedic centers dealing with primary and revision hip replacements. Minimally invasive methods have been a subject of extensive investigation.

Results:
Trends are showing that hip arthroscopy is gaining popularity among traditional hip procedures and that appropriately trained young adult hip surgeons can offer solutions in the field of unexplained post THR hip pain either during the immediate or the longer-term post op period.

Conclusions:
This retrospective analysis provides valuable insights into the use of AITR for painful THR. The findings suggest that AITR is a potentially effective intervention for alleviating pain, improving range of motion, and enhancing functional outcomes in patients with iliopsoas tendon impingement. Hip arthroscopy is deemed advantageous in comparison with traditional open procedures and its reputation is growing fast.

INTRODUCTION

- Unexplained pain after hip arthroplasty is frustrating for patients and surgeons
- Psoas impingement is one of many causes of hip pain following THA, accounting for 4.3% of cases in some series
- Psoas impingement as a cause of hip pain following THA was first described by Postel in 1975 and Kolmert in 1984
- CT is recommended in the preoperative diagnostic work-up

Materials and Methods

- 64 arthroscopic tenotomies for impingement between the acetabular component and the iliopsoas tendon, performed in 8 centers
- Mean follow-up was 8 months, with a minimum of 6 months and no loss to follow-up
- Oxford score, patient satisfaction, anterior pain and iliopsoas strength were assessed at last follow-up
- Complications and revision procedures were collated
- 44% of patients underwent rehabilitation

TECHNIQUE

- The patient is placed in the supine position. The contralateral hip is kept in abduction and moderate traction
- Dienst portals under fluoroscopy guidance (anterolateral and anterior)
- Assessment of the amount of scar tissue, trunnion, head, insert, acetabular projection and iliopsoas impingement
- Capsular release, scar (capsulotomy and scar shrinkage) and iliopsoas tendon release (middle, not insertion at lesser trochanter)

DISCUSSION

- Complications: Anterior dislocation and psoas heamatoma are rare incidents
- Open vs Arthroscopic iliopsoas tendon release
- Arthroscopic vs endoscopic technique (release at the insertion at lesser trochanter)
- Arthroscopy provides assessment of anterior pain associated conditions like trunnionosis, metallosis, excessive scaring, wear and tear of head and polyethylene, osteophytes

AIM

- Investigate the efficacy of arthroscopic iliopsoas tendon release through multiple prospective and retrospective studies
- Show pits and pearls of the above technique compared to arthroscopy of native hip joint
- Reveal unwanted incidents and complications rate
- Rule out which group of patients will expect the best long term outcome

CONCLUSIONS

- 92% improvement of pain
- Recovery of muscle strength with appropriate rehabilitation
- Arthroscopy is preferred over a repeated revision of the prosthesis with resituating the components

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