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SYMPOSIUM: ADVANCED HIP ARTHROSCOPY

Symposium: Advanced Hip Arthroscopy

Editorial Comment

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Hip arthroscopy is one of the fastest growing fields in orthopaedic surgery. Its ascension is occurring alongside an increased interest in the pathophysiology, evaluation, and management of patients with nonarthritic hips.

Since Burman suggested that the central compartment (the area within the confines of the acetabulum) cannot be investigated with a scope, groundbreaking work by Jim Glick, and others in the 1980s and 1990s helped increase our understanding and treatment of patients who have hip pain but no radiographic evidence of arthritis. Because articles in "The Classic" section of *Clinical Orthopaedics and Related Research®* must be at least 80 years old, Dr. Glick's work cannot be included in that section. I (Fig. 1) asked Dr. Glick to provide his perspective on the history and evolution of hip arthroscopy because his work will likely become a classic in the future. As is common in early literatures on new procedures, the initial research of hip arthroscopy focused on its feasibility. This research has since given way to studies that address the procedure's complications, limitations, new techniques, and surgical indications.

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The first two papers of this symposium describe these limitations. Dr. John C. Clohisy and coauthors [2] reported their work on why hip arthroscopy procedures fail. Dr. Marc J. Philippon and colleagues [7] identified risk factors for patients progressing to total hip arthroplasty following hip arthroscopy.

The next group of papers reported the outcomes of hip arthroscopy in specific situations. First, Dr. Richard Villar and colleagues [5] compared the outcomes of arthroscopic management of femoroacetabular impingement (FAI) in professional athletes with those of recreational athletes. Dr. Mininder S. Kocher and coauthors reported the patterns and treatment of labral tears in rowers. Dr. Javad Parvizi and colleagues [3] compared arthroscopy with mini-open and surgical dislocation for various subtypes of femoroacetabular impingement.

Fresh views on hip arthroscopy are embodied in the next group of papers. Recent research demonstrated the multiple roles of the acetabular labrum. While many authors repair and reconstruct torn labrums, Dr. Geoffrey Abrams [1] reported on a finding that Dr. Hassan Sadri and I both have witnessed—spontaneous regrowth of labrum after partial labrectomy. This calls into question the need for labral reconstruction. Dr. Christopher M. Larson and colleagues [6] attempted to better characterize and quantify CAM-type FAI using CT-based software which may help standardize the treatment of FAI. Dr. Asheesh Bedi and coauthors [9] found that the crossover sign overestimates the degree of acetabular retroversion. Dr. Iftach Hetsroni [4] reported his work on the morphology of the anterior inferior iliac spine, which has recently been reported with regard to subspinous impingement. The researchers provide a classification system and through modeling demonstrate its effect on ROM.

The last paper of this symposium represents the expanding indications of hip arthroscopy—periarticular

Fig. 1 Marc R. Safran MD is shown.

pathology treated with the scope. Dr. Giancarlo C. Polesello [8] and colleagues reported on their previously undescribed source of external snapping hip: gluteus maximus tightness (as opposed to the more common iliotibial band tightness), and their endoscopic treatment of this entity.

This is an exciting time in orthopaedic surgery, particularly for those interested in the management of the active patient with the nonarthritic hip. Interest in hip arthroscopy is growing, and this is evident in the ground-breaking and innovative work that clinician-scientists have produced for this symposium.

As this research continues, we will determine the true indications and contraindications for hip arthroscopy for various indications. As the papers in this symposium demonstrate, there is much research being done to advance the field, in addition to clarifying the indications and contraindications. This includes the identification of new pathologies and pathophysiology of damage to the hip, standardization of diagnosis and treatment, and the expansion to the periarticular structures.

I congratulate all the authors for helping to advance this nascent field. I hope you, the reader, enjoy these scientific contributions as much as I have enjoyed putting this symposium together. I thank Dr. Richard Brand for inviting me to guest edit this symposium, as well as Drs. Goodman, Lotke, and Leopold for their help and guidance.

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