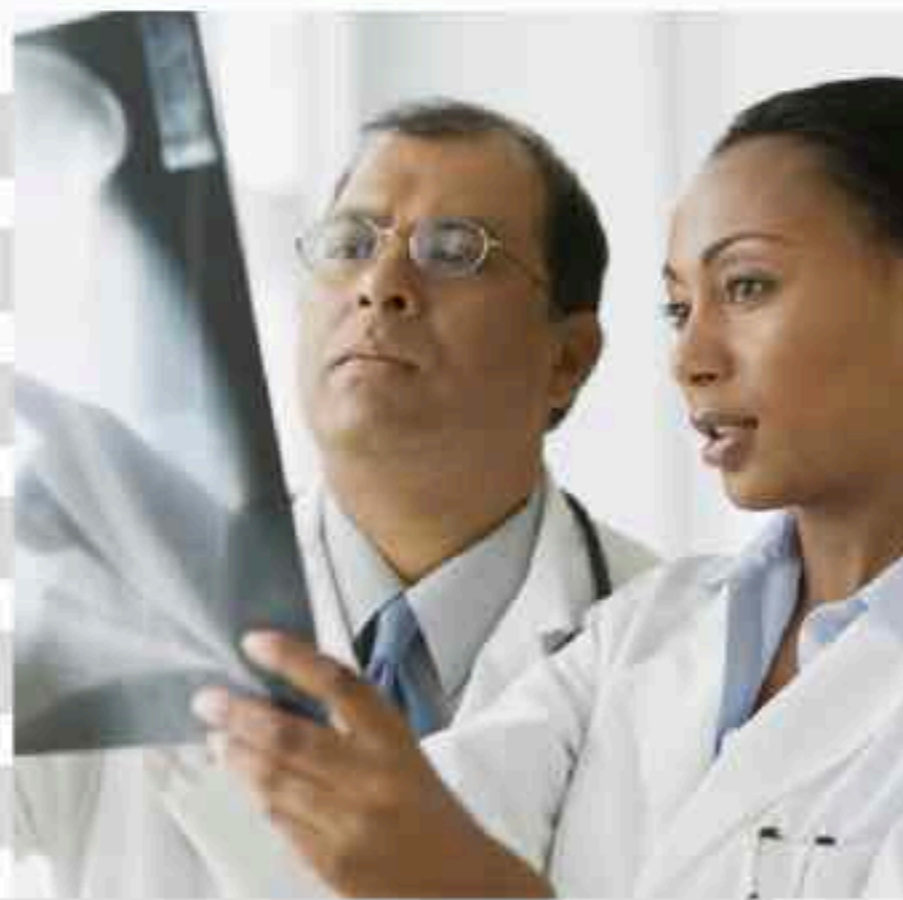


Evento di Apertura del Percorso Formativo MITEK ACADEMY

Pratica di Mare, 3-4 Maggio 2019

Johnson & Johnson INSTITUTE



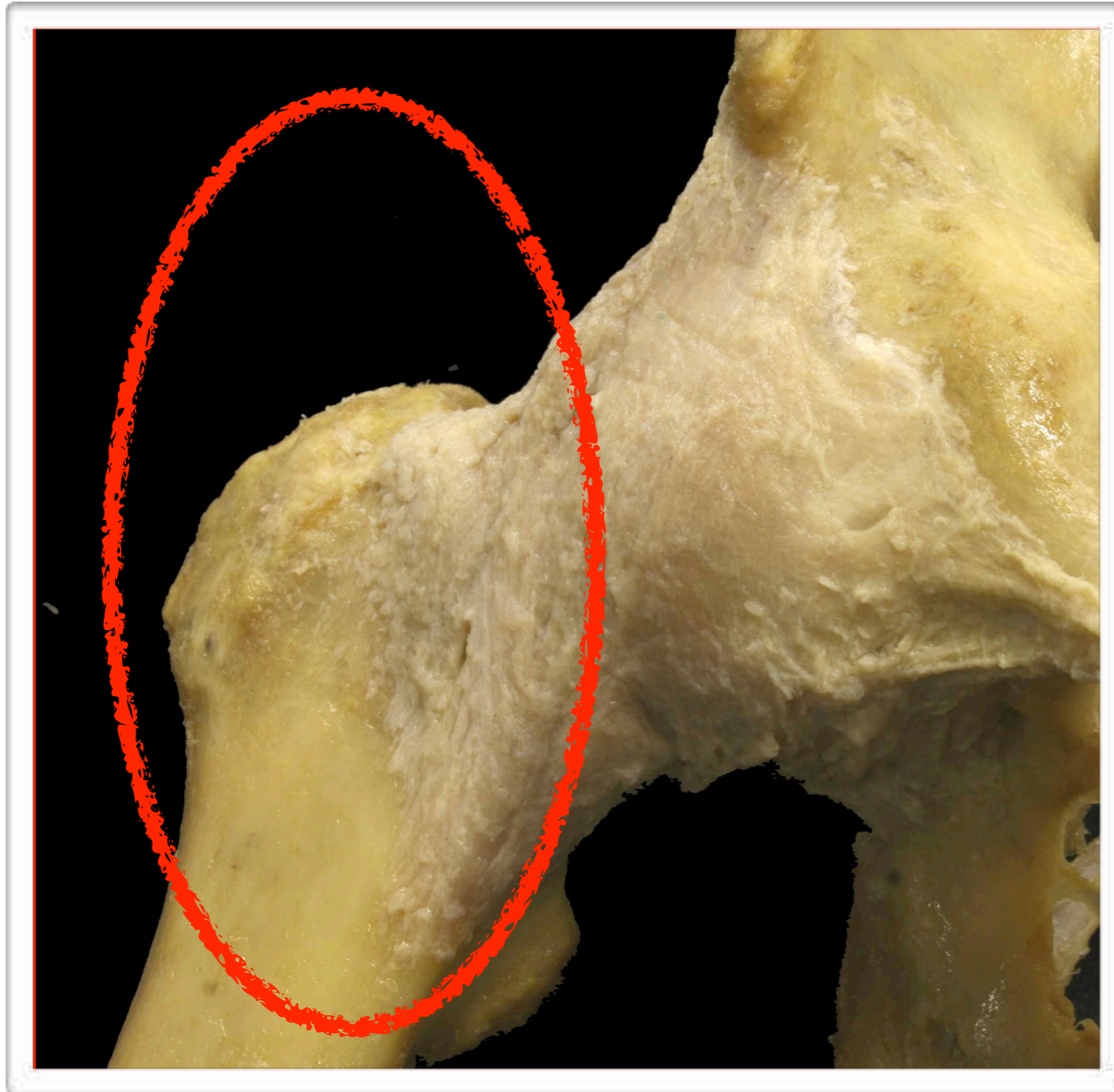
CHIRURGIA ENDOSCOPICA DELL'ANCA

RAUL ZINI



Maria Cecilia Hospital Cotignola - Ravenna

PERITROCHANTERIC ENDOSCOPY



ILIO-TIBIAL BAND

GLUTEUS TENDONS

GREAT TROCHANTER



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ENDOSCOPIC TECHNIQUE



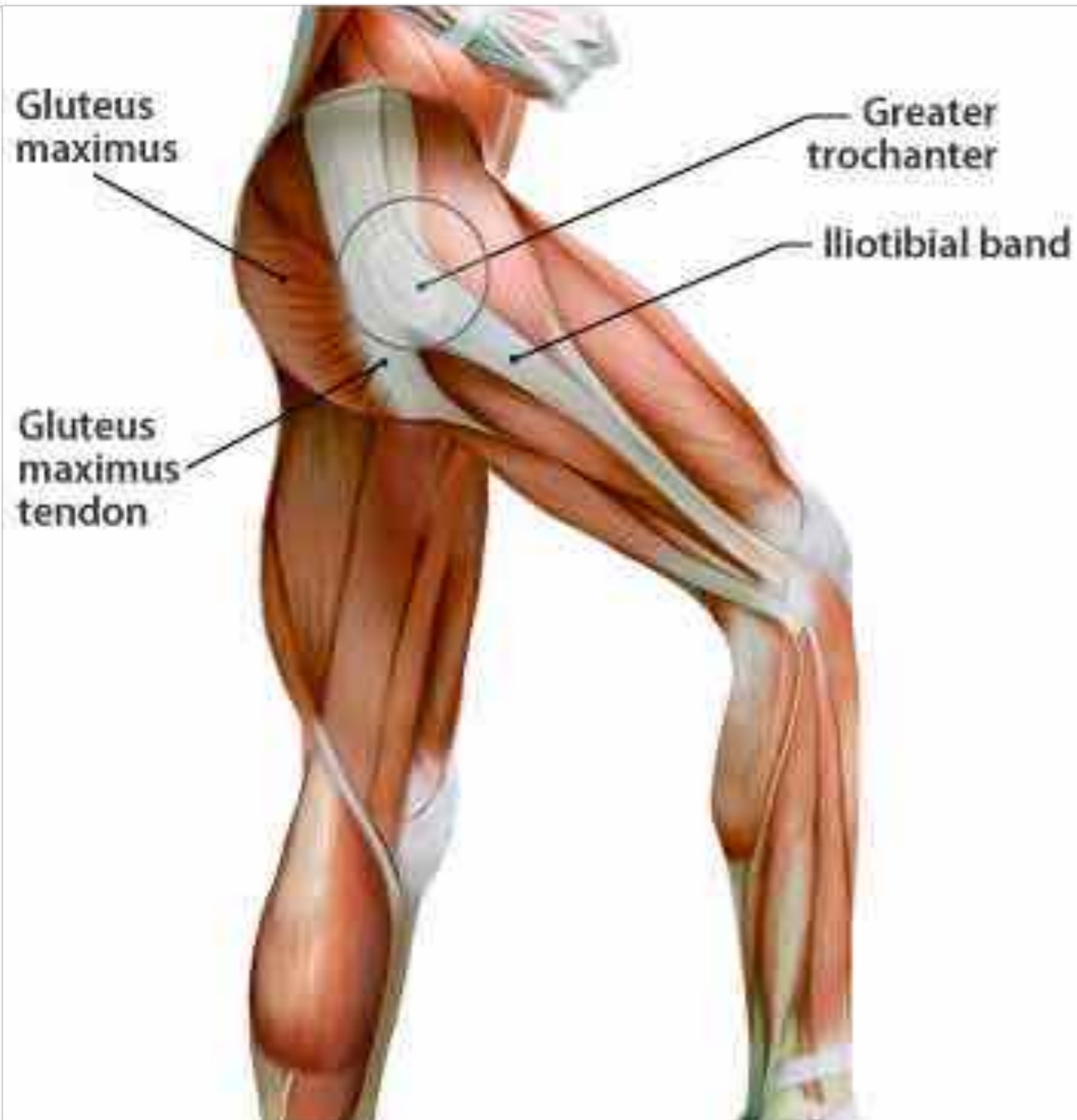
- NO TRACTION
- FLEXION 10°

- PORTALS: AL - MA
- ACCESSORY PORTALS



ILIO-TIBIAL BAND

“EXTERNAL SNAPPING HIP”



- COMMON IN YOUNG ATHLETES
- IN SPORTS WITH HIP TWISTING
- MORE COMMON IN FEMALES
- DANCERS
- SNAPPING IS OFTEN ASYMPTOMATIC
- PAIN IS SECONDARY TO CRONICH INFLAMMATION
- X-RAY: DISPLASIA – COXA VARA - PROMINENCE OF THE GREAT TROCHANTER
- US: TENDON THICKENING
- NON-OPERATIVE TREATMENT RESOLUTIVE IN MOST CASES

**ILIO-TIBIAL BAND SNAPPING ON THE GREAT TROCHANTER
PASSING FROM FLEXION TO EXSTENSION**

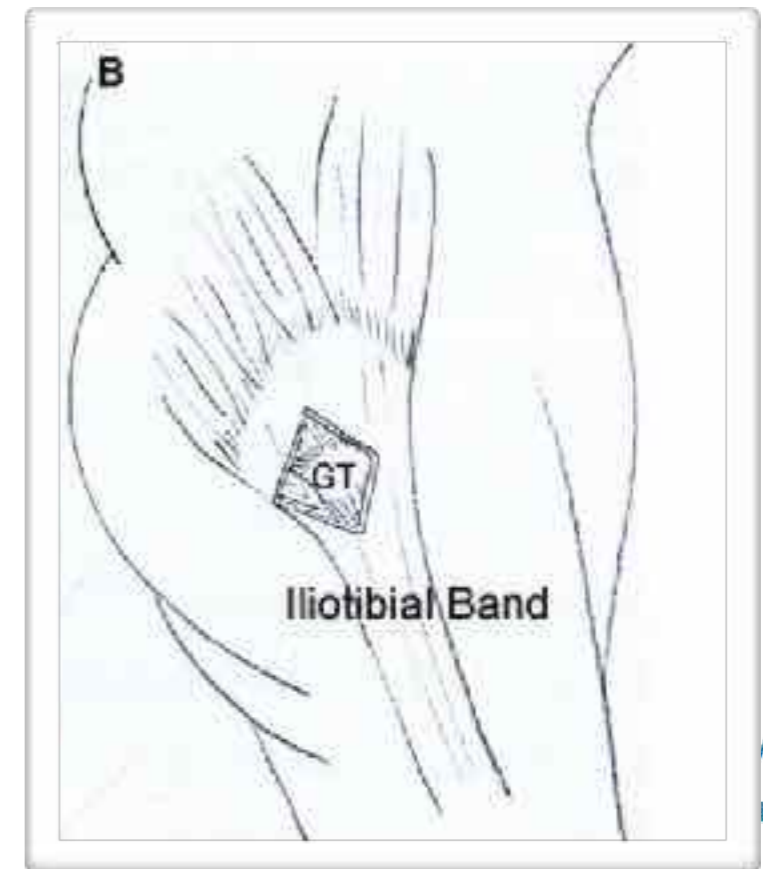
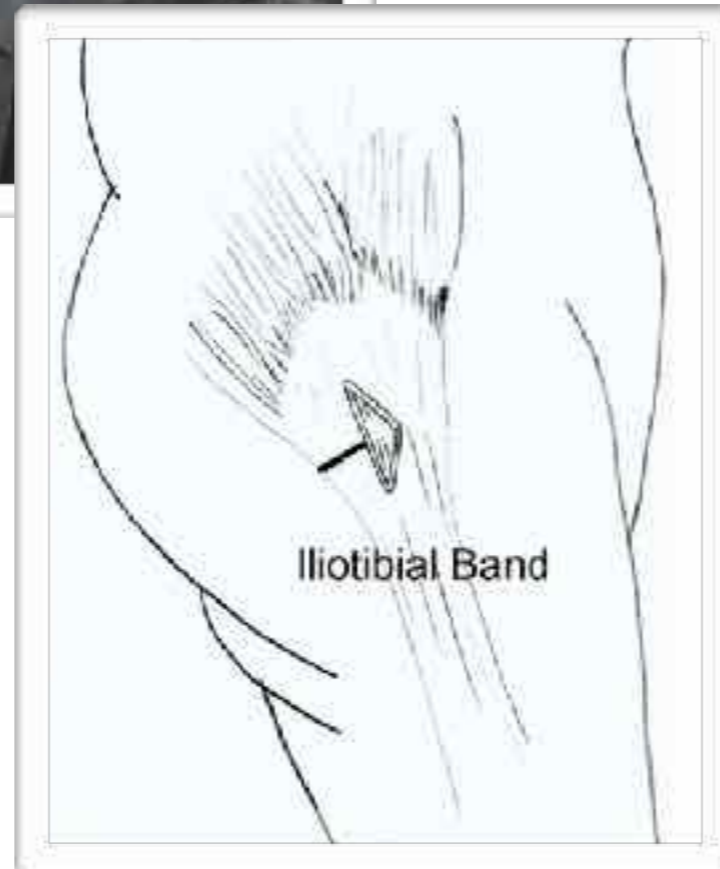
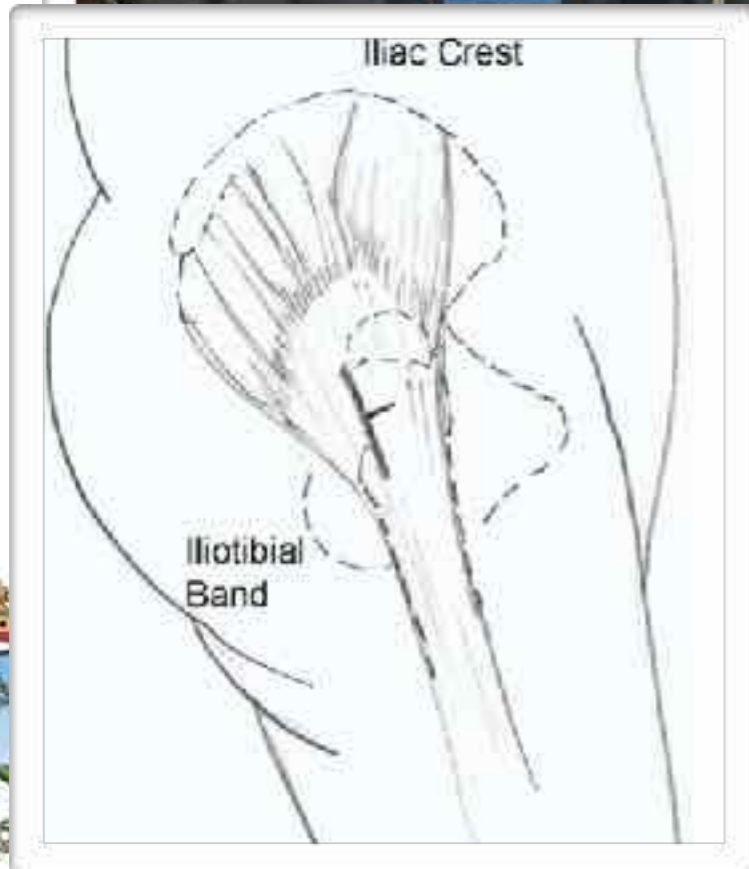
CLINICAL TESTS



OBER TEST



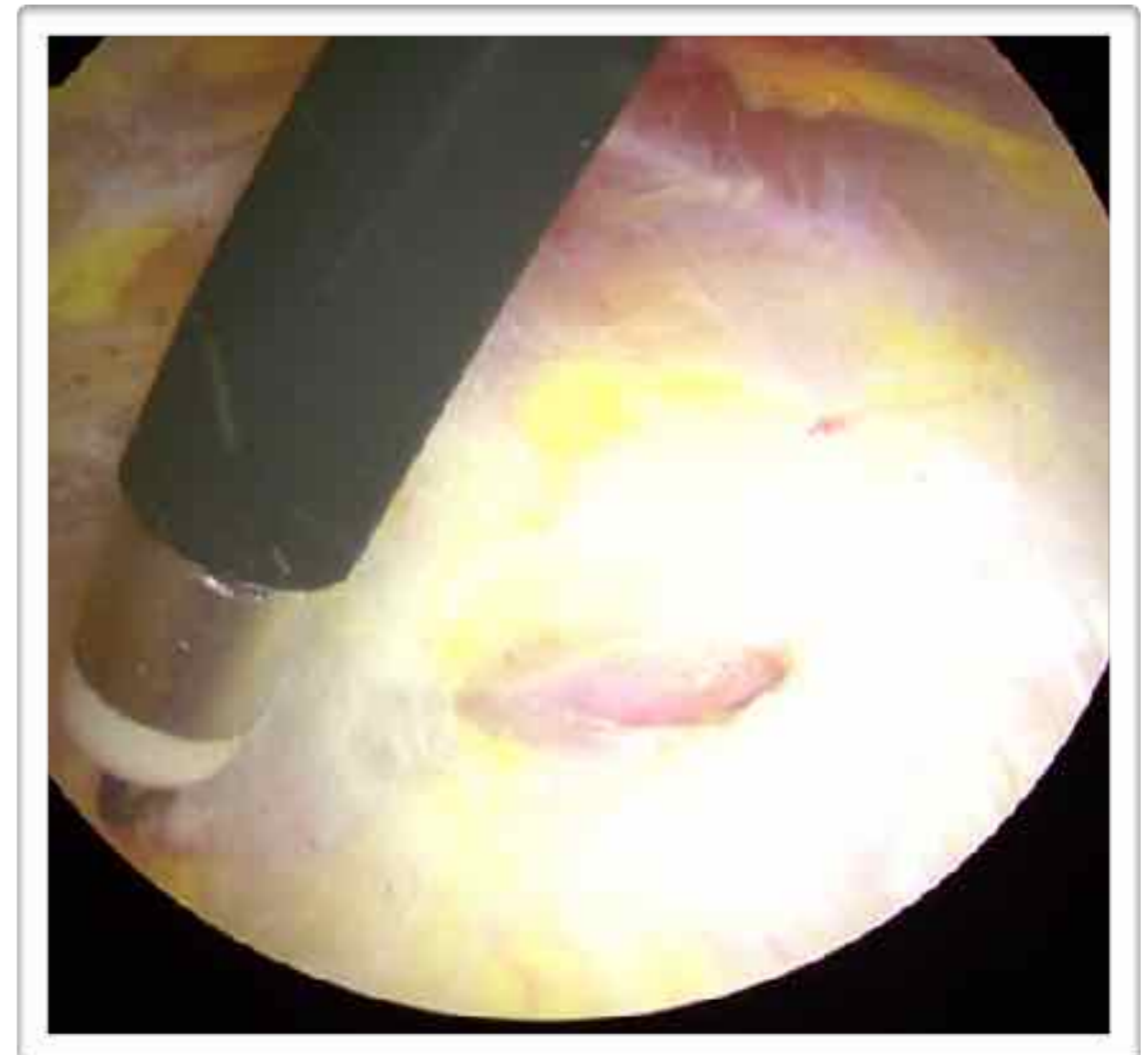
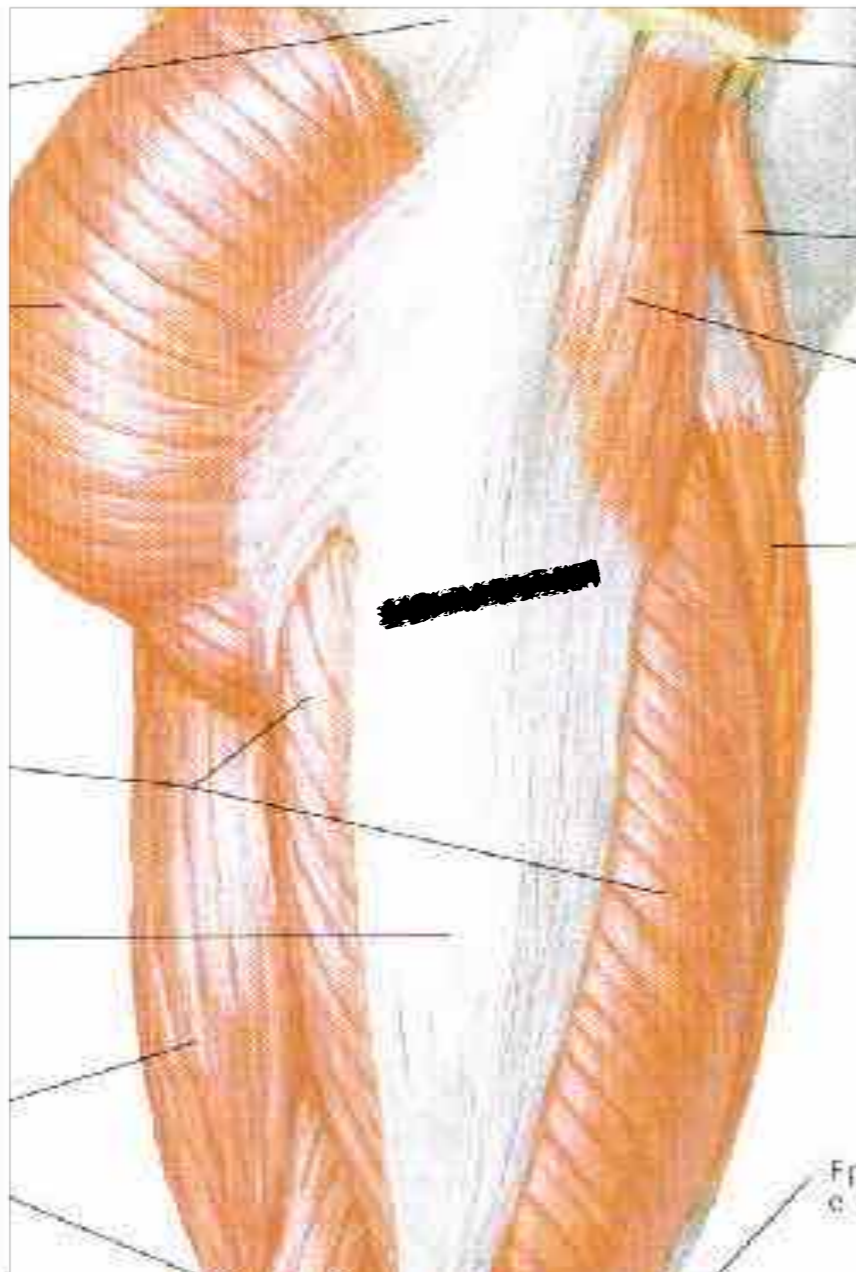
ENDOSCOPIC ITB RELEASE



Hip Int. 2013 Mar-Apr;23(2):225-32. doi: 10.5301/HIP.2013.10878. Epub 2013 Mar 25.

Endoscopic iliotibial band release in snapping hip.

Zini R¹, Munegato D, De Benedetto M, Carraro A, Bigoni M.



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RESULTS

Hip Int. 2018 Sep;28(5):468-472. doi: 10.1177/1120700018782667. Epub 2018 Jun 15.

External snapping hip: a systematic review of outcomes following surgical intervention: External snapping hip systematic review.

Pierce TP¹, Kurowicki J¹, Issa K¹, Festa A¹, Scillia AJ¹, McInerney VK¹.

- 4 ELECTRONICS DATABASES (2000-2017)
- 113 PATIENTS WHO RECEIVED ARTHROSCOPIC SURGERY
- RECURRENCE RATE 7% (8/113)
- 1 REVISION
- CUMULATIVE COMPLICATION RATE 9% (10/113)
- ALL COMPLICATIONS WERE “RESIDUAL WEAKNESS”
- 98% OF SPORTSMEN RETURNED TO PRE-INJURY LEVEL



OPERATIVE TREATMENT SAFE AND EFFICACIOUS

RECURRENCES ARE OFTEN PAINLESS AND NOT REQUIRES REVISION SURGERY

RESULTS



J Orthop Surg Res. 2017; 12: 81

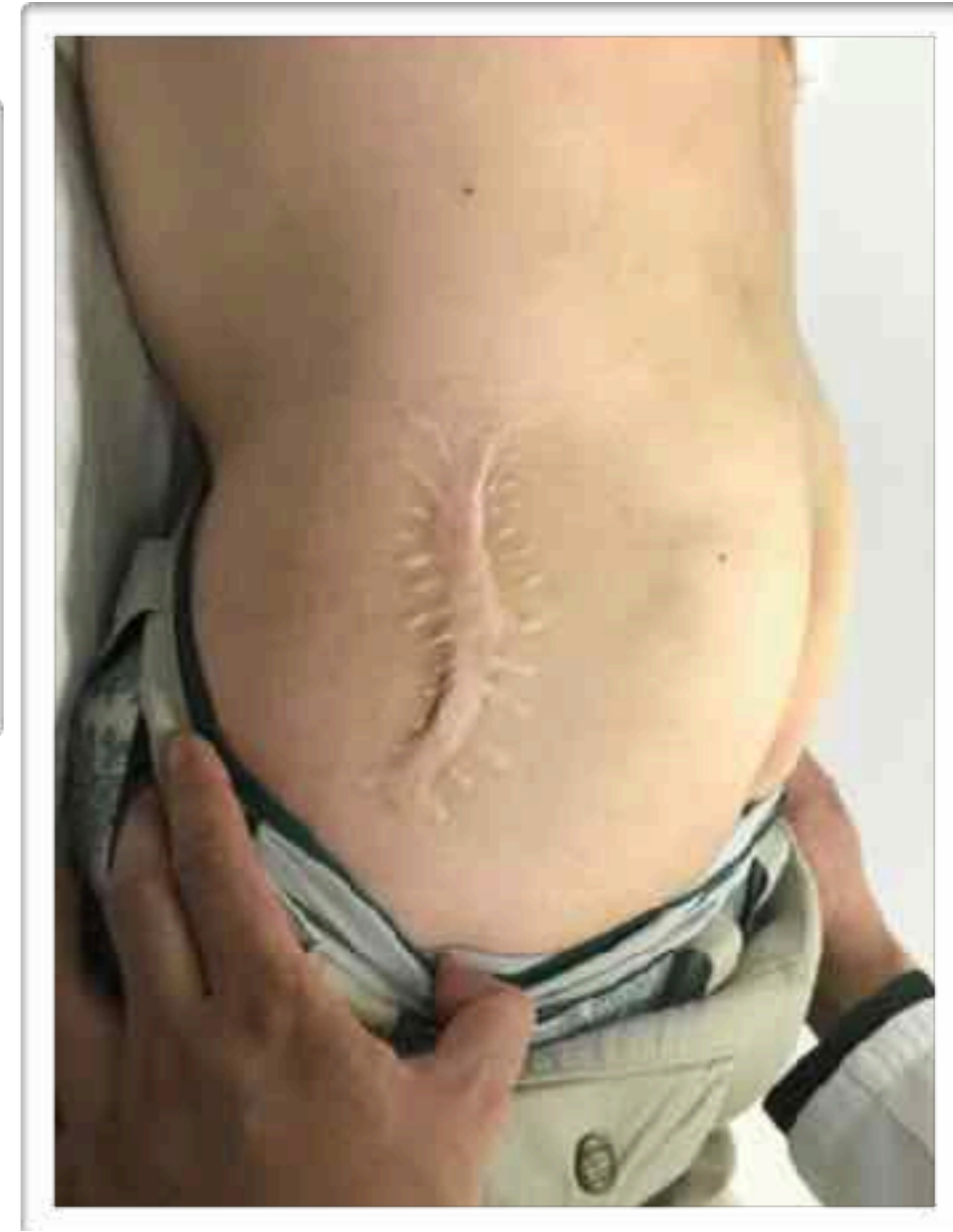
Published online 2017 Jun 2. doi: [10.1186/s13018-017-0584-1](https://doi.org/10.1186/s13018-017-0584-1)

PMCID: PMC5455077

PMID: [28577354](https://pubmed.ncbi.nlm.nih.gov/28577354/)

Clinical outcomes of arthroscopic surgery for external snapping hip

Amrit Shrestha,[#] Peng Wu,[#] Heng'an Ge, and Biao Cheng[✉]



- 248 PATIENTS WHO RECEIVED ARTHROSCOPIC SURGERY
- POSTOPERATIVE FOLLOW-UP OF 24 MONTHS
- MEAN AGE OF THE PATIENT WAS 26 YEARS OLD (RANGE 8–38 YEARS OLD)
- MEDIAN DURATION OF SYMPTOM WAS 10 YEARS (RANGE 1 MONTH–30 YEARS)

ARTHROSCOPIC SURGERY IS AN EFFECTIVE PROCEDURE FOR EXTERNAL SNAPPING HIP, DUE TO LESS OPERATING TIME, SMALL SCAR, FAST POSTOPERATIVE RECOVERY, AND COMPLETE CONTRACTURE RELEASE



GLUTEUS TENDONS

INJURIES

- TRAUMATIC (RARE)
- REPETITIVE TENDON OVERLOADING



MOST TENDON INJURIES ARE THE RESULT OF GRADUAL WEAR AND TEAR TO THE TENDON FROM OVERUSE OR AGEING.

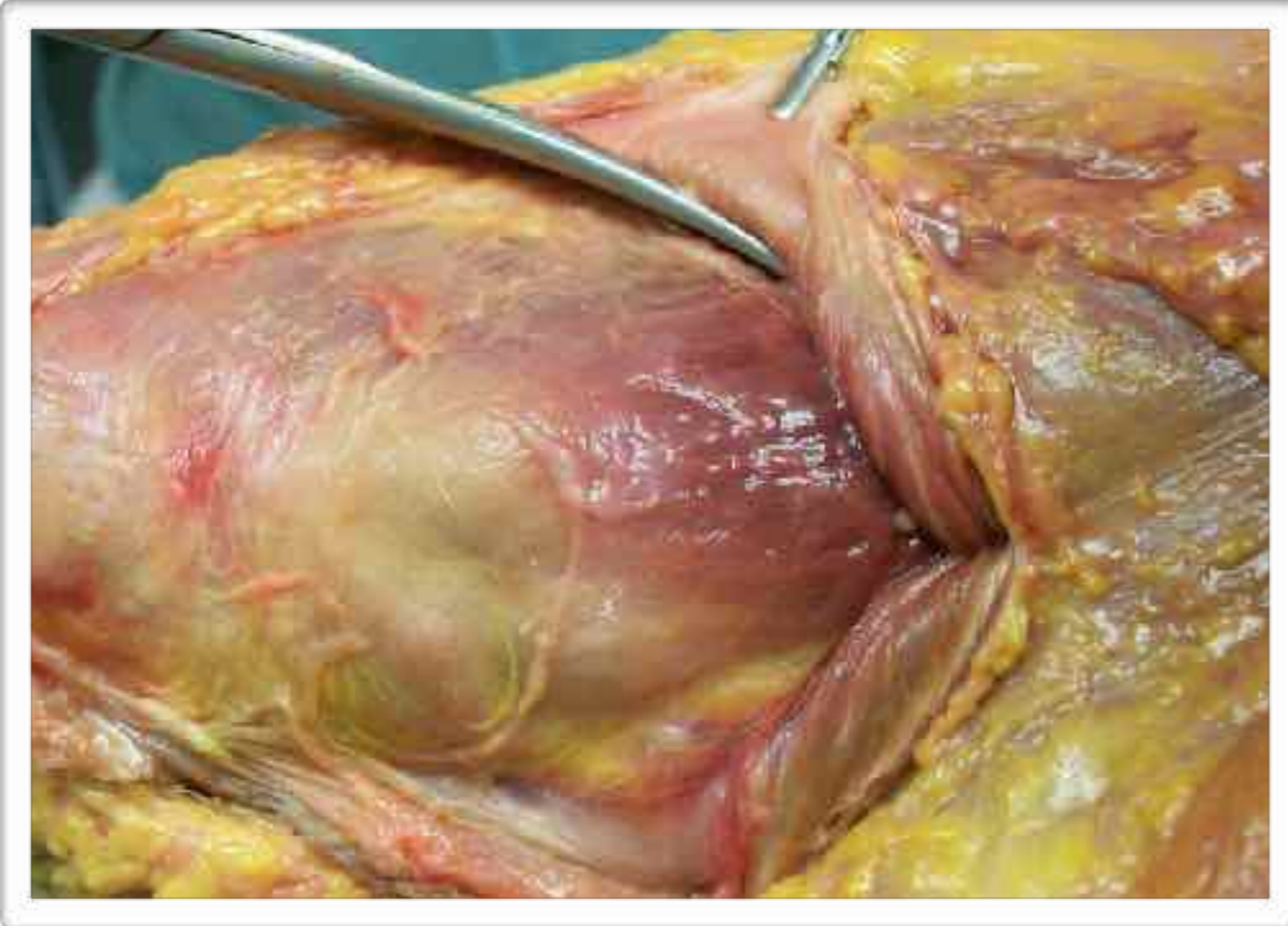
- 1. REACTIVE TENDINOPATHY**
- 2. DEGENERATIVE TENDINOPATHY**
- 3. TENDON TEAR OR RUPTURE**
 - TISSUE BREAKDOWN
 - LOSS OF FUNCTION
 - PROGNOSIS: VERY POOR
 - SURGERY IS OFTEN THE ONLY OPTION

TENDINOPATHY

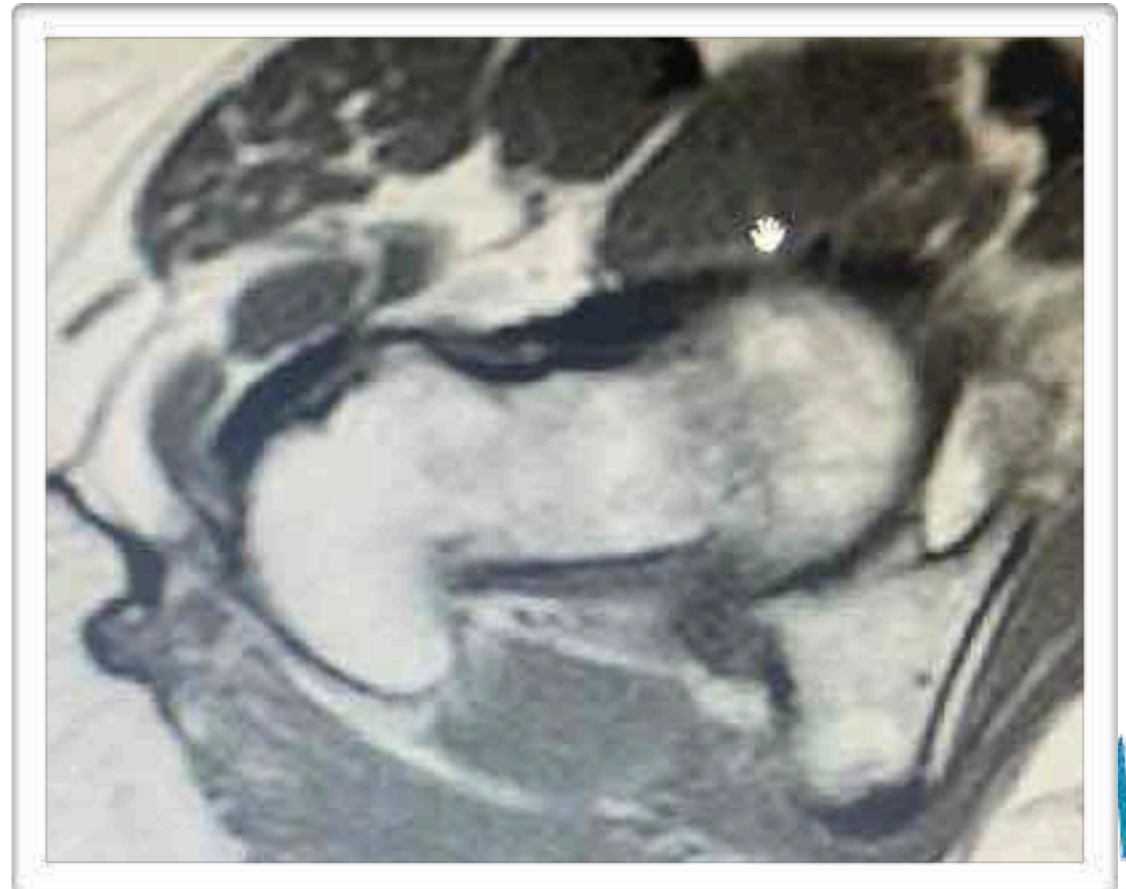
- PREVALENCE IS CORRELATE TO AGE
- HIP FRACTURES - PTA
- PERITROCHANTERIC PAIN ON TENDON INSERTION
- MUSCULAR WEAKNESS DURING ABDUCTION
- SPONTANEOUS HEALING IS DIFFICULT
- X-RAYS: NEGATIVE: CALCIFICATIONS (RARE)
- ULTRASOUND: ARTICULAR EFFUSION
- MRI: EFFUSION, PERITENDINITIS, PARTIAL TENDON LESIONS
- CONSERVATIVE TREATMENT AT EARLY STAGES



GLUTEUS MEDIUS TEAR



- PERSISTENT PAIN MIMICKING TROCHANTERIC BURSITIS
- WEAKNESS AND LIMPING
- FREQUENT BUT LITTLE KNOWN PATHOLOGIES
- DIAGNOSIS: MRI



**“THE ROTATOR CUFF
TEAR OF THE HIP”**



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SURGICAL TREATMENT



- IN MANY CASES, A TORN GLUTEUS MEDIUS CAN BE REPAIRED ARTHROSCOPICALLY
- RE-ATTACHING THE TORN PART OF THE GLUTEUS MEDIUS TENDON BACK TO THE BONE USING SUTURE-ANCHORS
- HIGH SUCCESS RATE IN TREATING PAIN, AND MAY RESTORE STRENGTH TO THE GLUTEUS MEDIUS MUSCLE
- IF THE TEAR IS TOO LARGE, AN OPEN GLUTEUS MEDIUS REPAIR MAY BE UNDERTAKEN

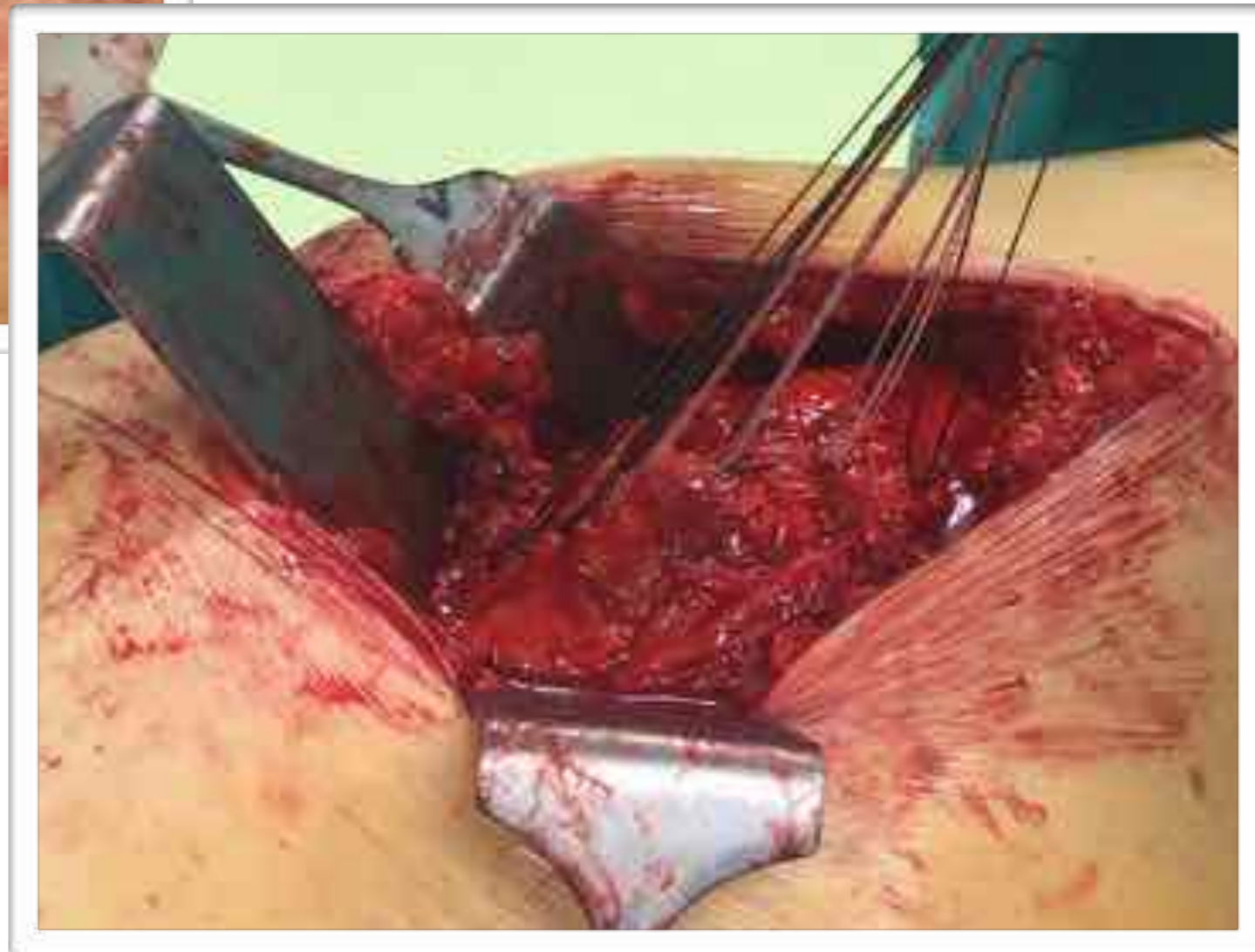


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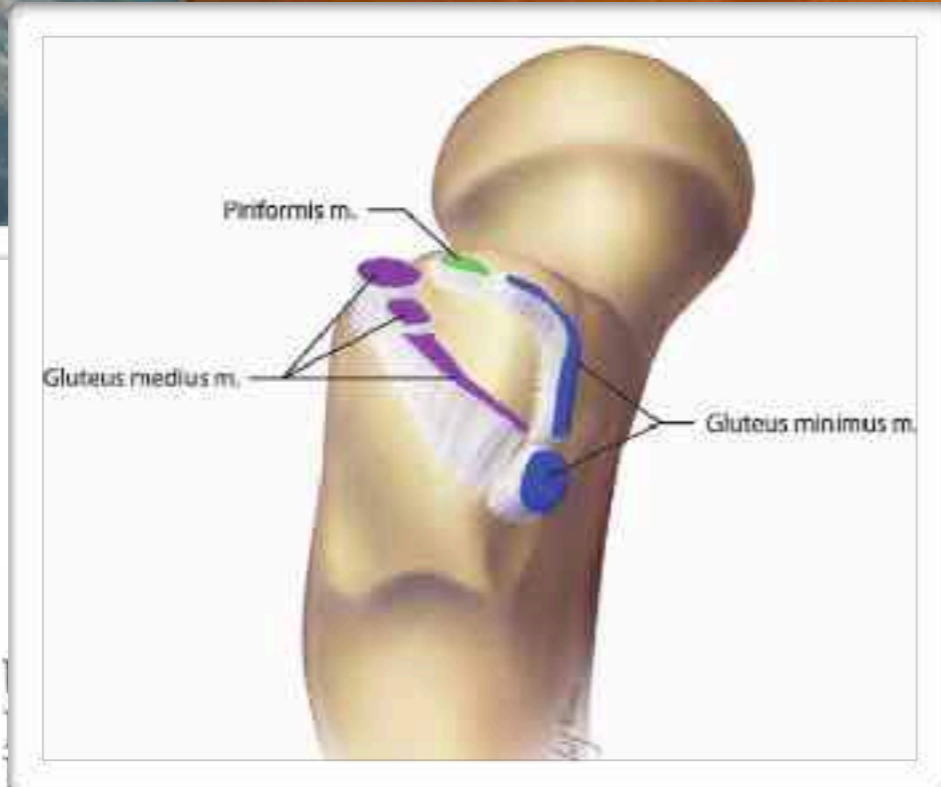
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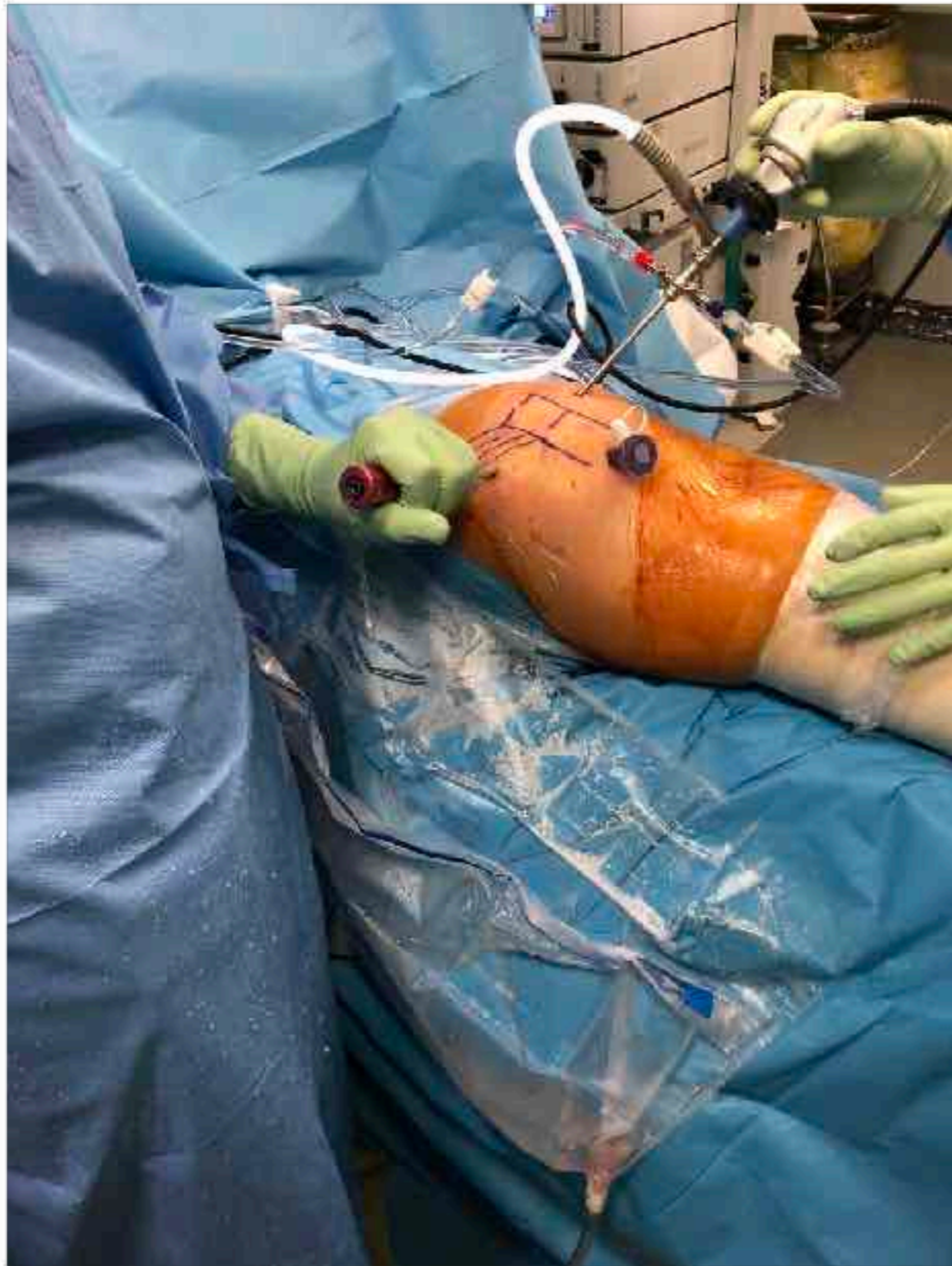
OPEN TREATMENT



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ENDOSCOPIC TECHNIQUE

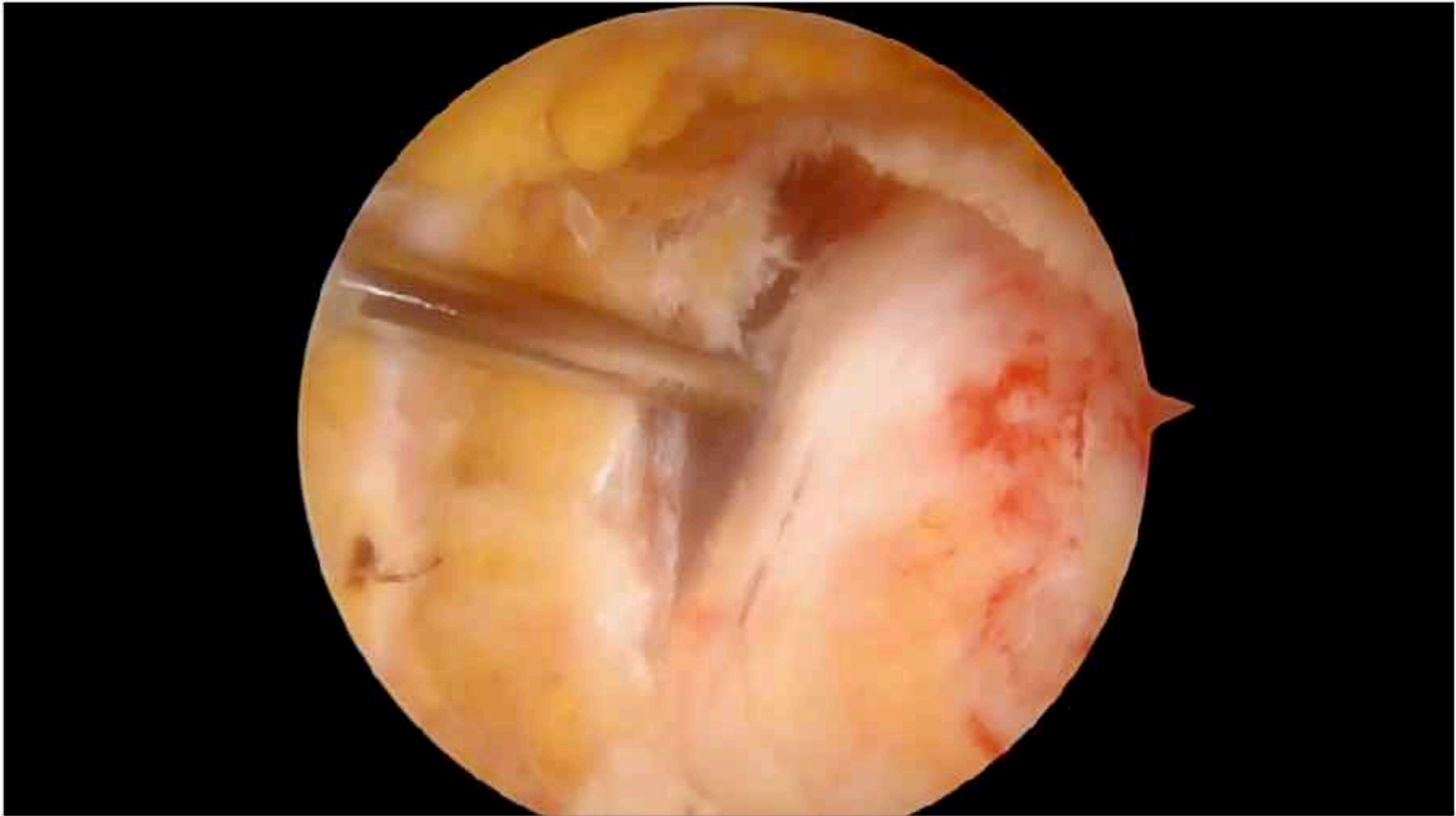




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GLUTEUS MEDIUS REPAIR



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RESULTS

BIBLIOGRAPHY

- ONLY FEW ARTICLES
- GROWING IN RECENTS YEARS
- TO SHORT FOLLOW-UP
- MAIN WORKING GROUPS
MAJOR AUTHOR:
VOSS / DOMB / BYRD / NHO



[Arthrosc Tech](#). 2016 Jun; 5(3): e425–e431.
Published online 2016 May 2. doi: [10.1016/j.eats.2016.01.023](#)

PMCID: PMC5020411
PMID: [27656357](#)

Diagnosis, Evaluation, and Endoscopic Repair of Partial Articular Gluteus Tendon Avulsion

[Shane J. Nho, M.D., M.S.,^{a,*}](#) [Jeffrey S. Grzybowski, B.S.,^a](#) [Ljiljana Bogunovic, M.D.,^a](#)
[Benjamin D. Kuhns, M.S.,^a](#) [Richard C. Mather, III, M.D.,^b](#) [Michae J. Salata, M.D.,^c](#) and
[Charles A. Bush-Joseph, M.D.^a](#)

- EFFICACY OF THE TECHNIQUE AT MIN F/U 2 Y
- AVERAGE IMPROVEMENT OF OUTCOME SCORES > 30 PT.
- SATISFACTION GOOD/EXCELLENT >90%
- DECREASE PAIN
- IMPROVE FUNCTION



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Endoscopic Treatment of Gluteus Medius Tears: A Review.

Leroux F, Cofin R, Youm T.

J Bone Joint Surg Am. 2016 Aug 19;97(16):1340-7. doi: 10.2106/JBJS.N.01226.

Outcomes of Endoscopic Gluteus Medius Repair: Study of Thirty-four Patients with Minimum Two-Year Follow-up.

Chendrasekaran S¹, Gu J¹, Hutchinson MR², Lodhia P¹, Suarez-Abedo C¹, Domb BG¹.

Am J Sports Med. 2013 May;41(5):988-97. doi: 10.1177/0363546513481576. Epub 2013 Mar 22.

Outcomes of endoscopic gluteus medius repair with minimum 2-year follow-up.

Domb BG¹, Botsis I, Ciccardano BD.

Arthroscopy. 2010 Dec;26(12):1697-705. doi: 10.1016/j.arthro.2010.06.002. Epub 2010 Oct 15.

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Domb BG¹, Nasser RM, Botsis IB.

Sports Med Arthrosc Rev. 2016 Mar;24(1):11-8. doi: 10.1097/JSA.0000000000000082.

Endoscopic Management of Gluteus Medius Tendon Tears.

Thaunat M¹, Noël E, Nové-Josserand L, Murphy CG, Sbyaya M, Sonnery-Cottet B.



ENDOSCOPIC SURGICAL REPAIR WITH CORRECTION OF INTRA-ARTICULAR PATHOLOGICAL CONDITIONS WAS FOUND TO BE AN EFFECTIVE TREATMENT FOR PATIENTS WITH A GLUTEUS MEDIUS TEAR

Orthop J Sports Med. 2015 Feb; 3(2): 2325967115571079.
Published online 2015 Feb 20. doi: 10.1177/2325967115571079

PMCID: PMC4555614
PMID: 26553353

Clinical Features That Predict the Need for Operative Intervention in Gluteus Medius Tears

Siyashankar Chandrasekaran, MBBS, FRACS,¹ S. Pavan Venkata, MA,² Chencheng Gu, BSE,³ Carlos Suarez-Aledo, MD,⁴ Parth Lochia, MD,⁵ and Benjamin G. Domb, MD^{1,15}



Arthroscopy. 2018 Jun 34(6):1818-1824. doi: 10.1018/j.arthro.2018.01.025. Epub 2018 Mar 21.

Influence of Muscle Fatty Degeneration on Functional Outcomes After Endoscopic Gluteus Medius Repair.

Thaumat M¹, Clowez C², Desseaux A², Murphy CC², Sbiyas M², Ncél E², Sonnery-Cottet B².



REDUCED POWER OF RESISTED ABDUCTION AND THE PRESENCE OF GAIT DEVIATION ON INITIAL EVALUATION OF PATIENTS WITH GLUTEUS MEDIUS TEARS INCREASES THE LIKELIHOOD OF SURGICAL INTERVENTION

ENDOSCOPY VS OPEN SURGERY

Arthroscopy. 2015 Oct;31(10):2057-67.e2. doi: 10.1016/j.arthro.2015.03.042. Epub 2015 May 29.

Outcomes of Open Versus Endoscopic Repair of Abductor Muscle Tears of the Hip: A Systematic Review.

Chendrasekaran S¹, Luthia P¹, Gui C¹, Venkata SP¹, Martin T.J¹, Donta RG².

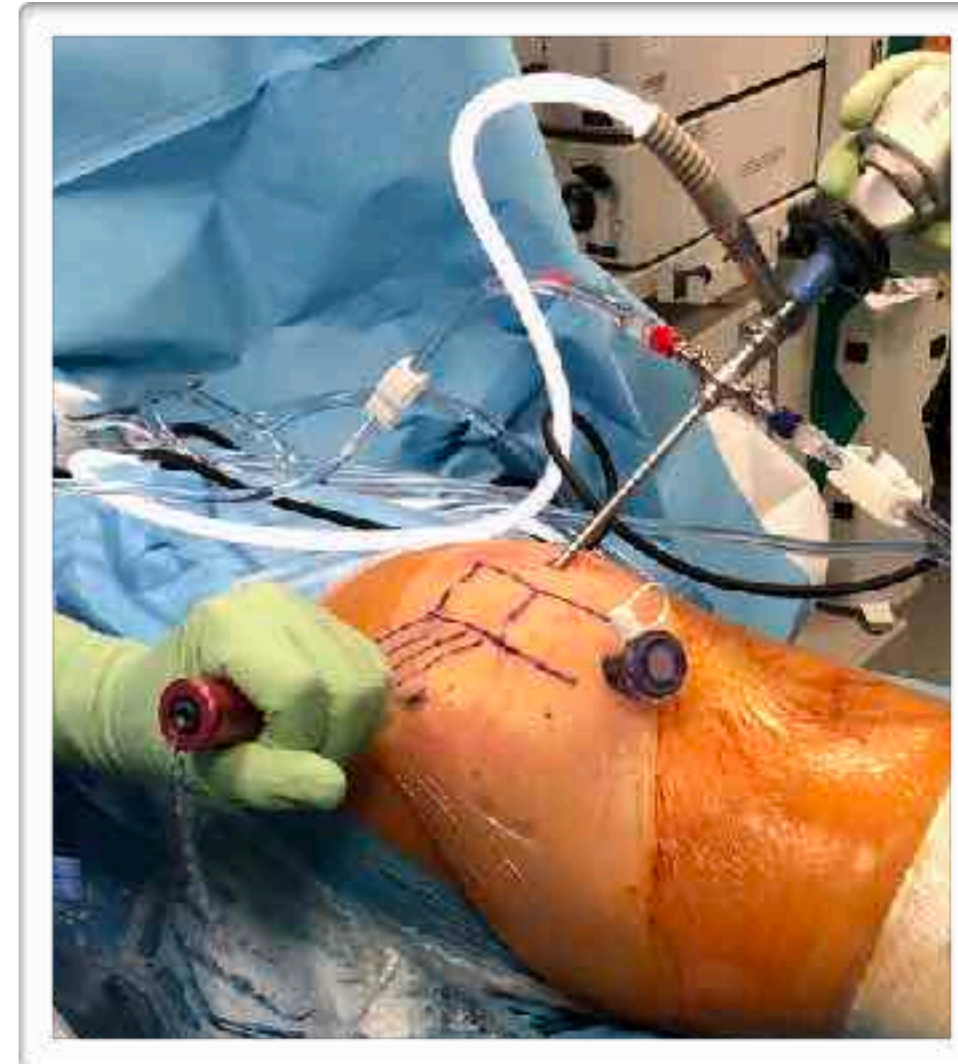
Arthroscopy. 2015 Mar;31(3):533-40. doi: 10.1016/j.arthro.2014.09.001. Epub 2014 Nov 1.

Outcomes after primary open or endoscopic abductor tendon repair in the hip: a systematic review of the literature.

Alpaugh K¹, Chitelli BJ², Xu S³, Martin SD⁴.

ADVANTAGES OF ENDOSCOPIC SURGERY

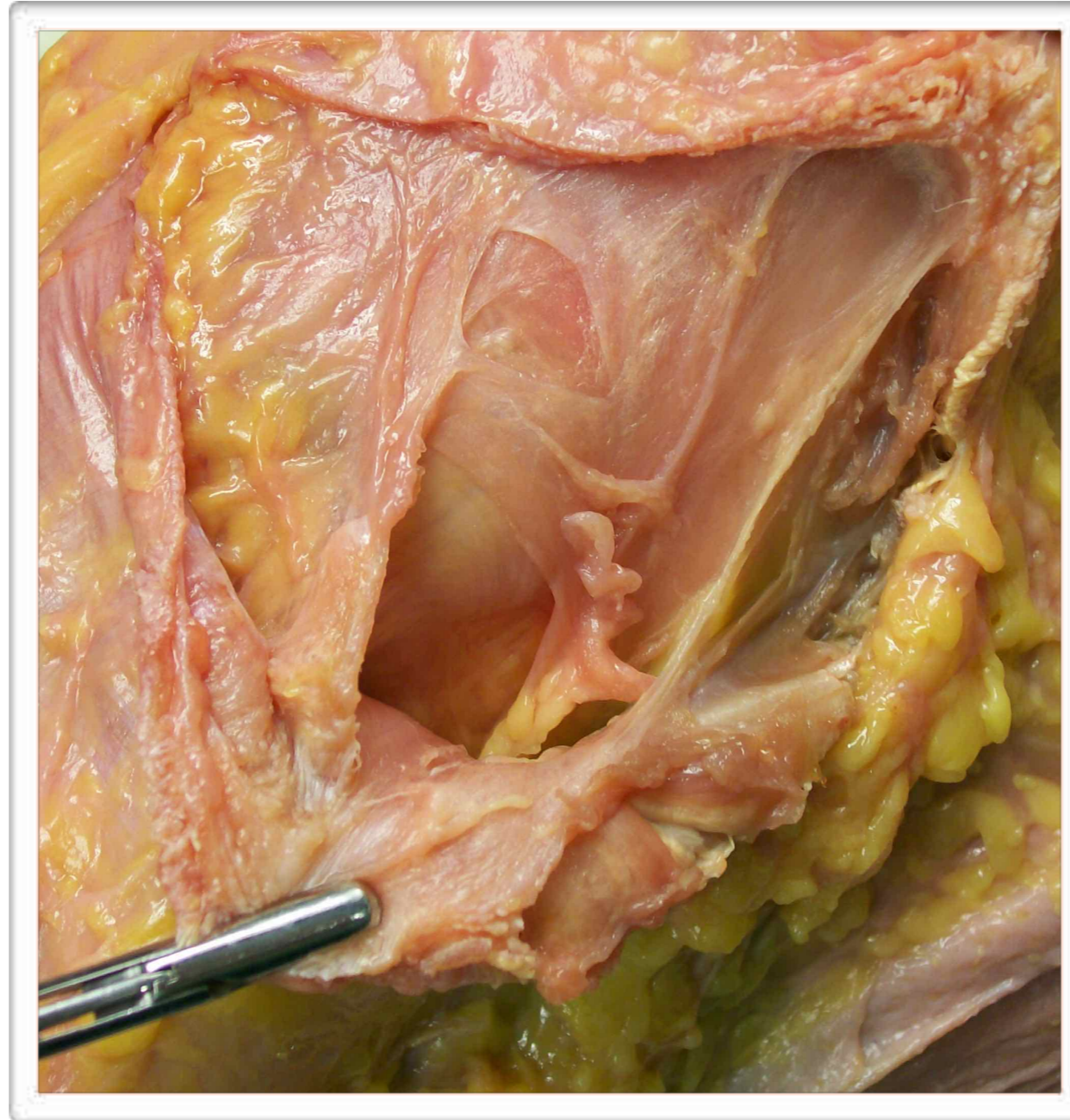
- LESS INVASIVE APPROACH
- MINIMAL DISRUPTION OF NORMAL ANATOMY
- DECREASED INFECTIONS
- DECREASED SCARRING/IMPROVED COSMESIS
- DECREASED PAIN
- ACCELERATED REHABILITATION / EARLY RANGE OF MOTION



BOTH OPEN AND ENDOSCOPIC TECHNIQUES ARE VIABLE SURGICAL APPROACHES TO REPAIRING ABDUCTOR TENDON TEARS

ENDOSCOPIC REPAIR APPEARS TO RESULT IN FEWER POSTOPERATIVE COMPLICATIONS INCLUDING TENDON RETEAR

TROCHANTERIC BURSTITIS



THE GREAT MIMIKER

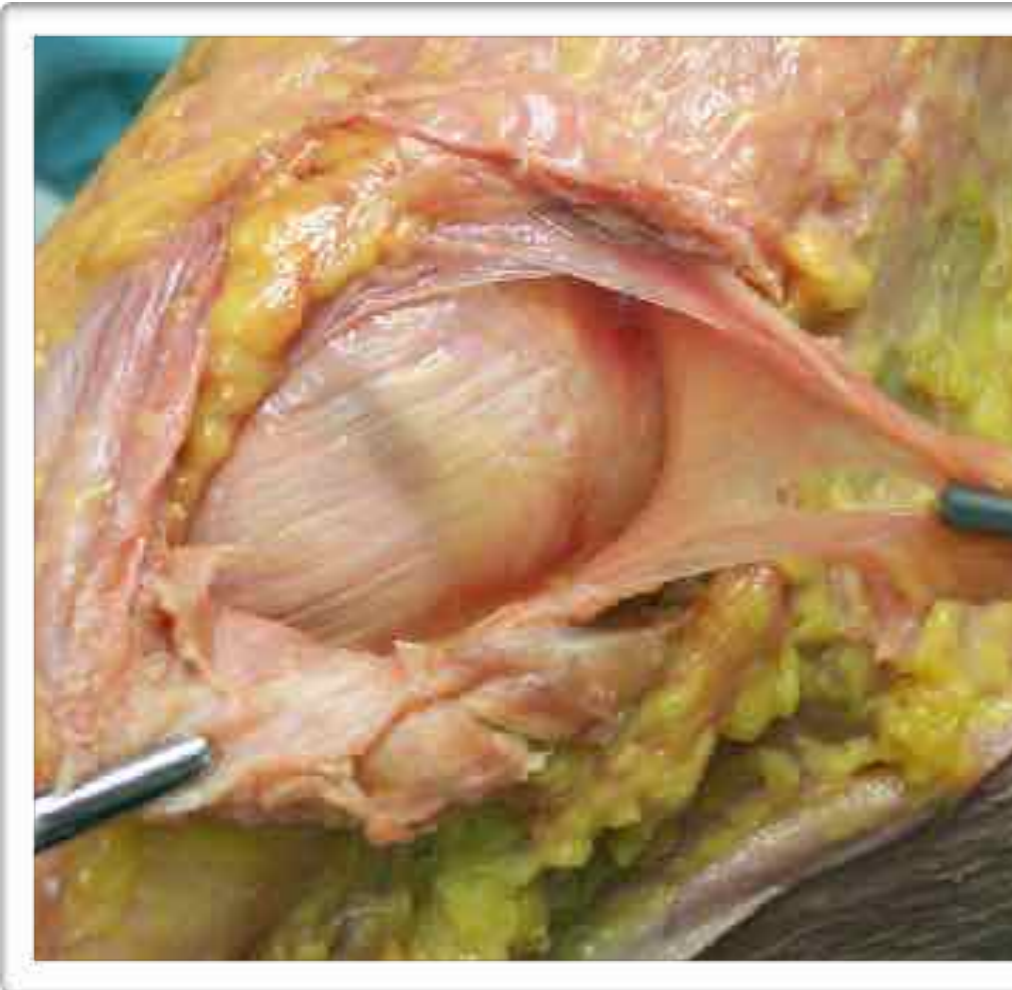
DOUGHERTY 1989



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FIBROTIC BURSTITIS



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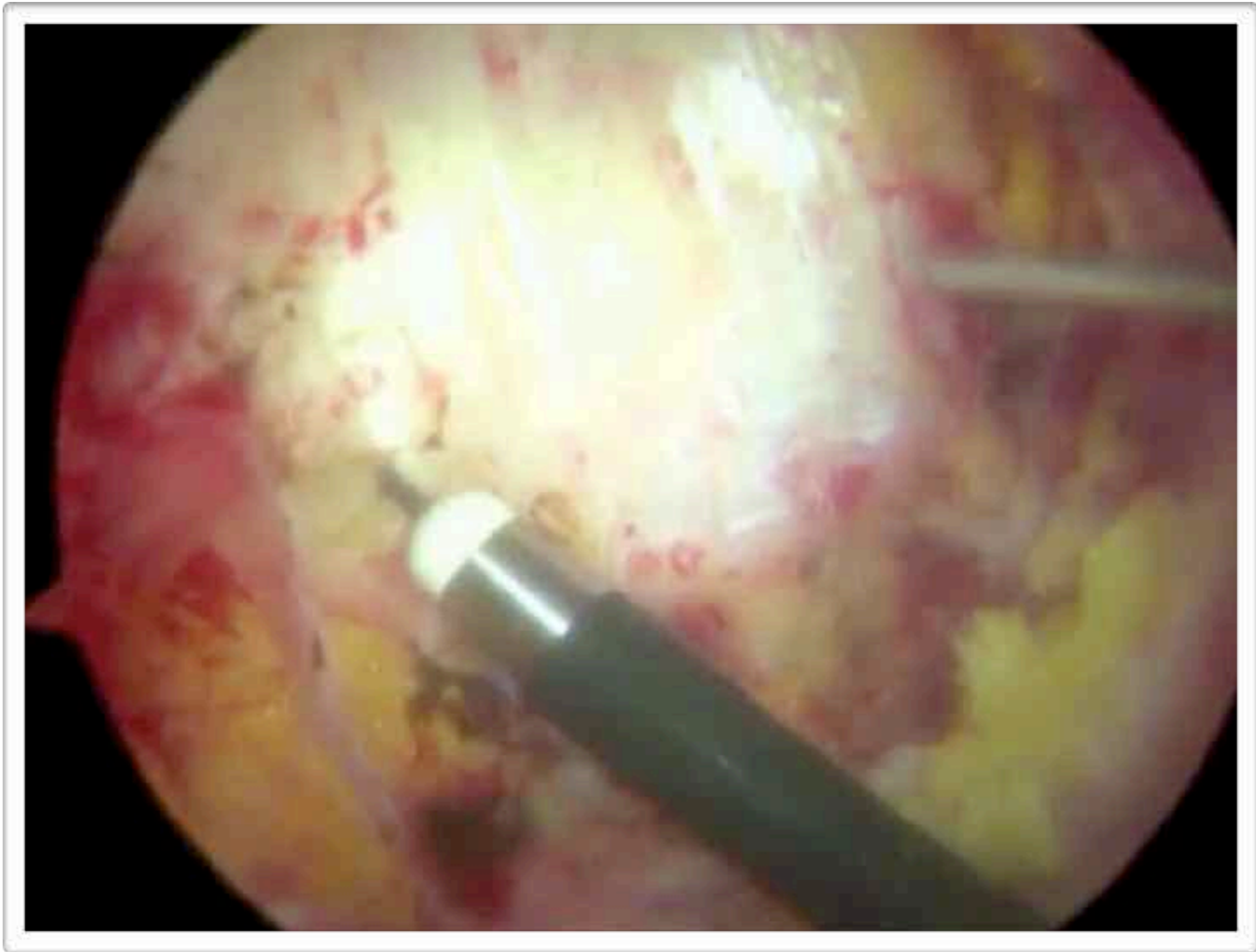
CALCIFIC BURSTITIS



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PERITROCHANTERIC ENDOSCOPY

- **HELPFUL TO ASSESS AND ADDRESS CAUSES OF RECALCITRANT LATERAL-SIDED HIP PAIN**
- **LESS INVASIVITY COMPARED WITH TRADITIONAL OPEN METHODS**
- **CONCOMITANT ARTHROSCOPY OF THE JOINT**
- **MINIMAL MORBIDITY OF PERITROCHANTERIC ACCESS**
- **NEED OF LONGER FOLLOW-UP OF GLUTEUS REPAIR**





**THANK FOR
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