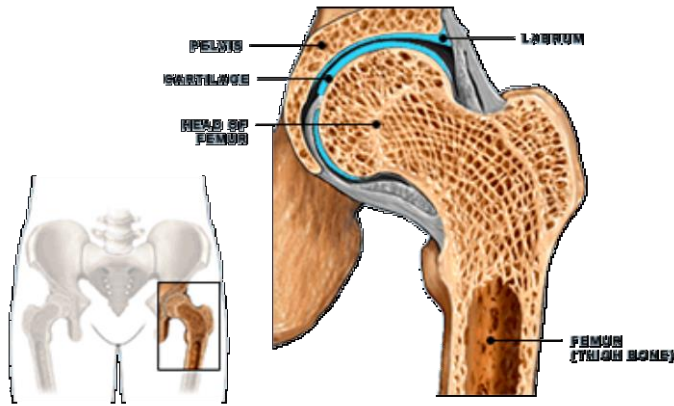


LABRAL TEAR



The hip labrum is a fibrous cartilage that is similar to the meniscus in the knee. This cartilage runs on the edge of the bony rim of the acetabulum (the hip socket). The labrum deepens the socket adding stability to the hip joint, helps in the nutrition of the joint cartilage and helps cushion the joint itself.

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Causes

Labral tears may be the result of trauma, degeneration or occur as a result of bony pinching. Degenerative tears occur after years of repeated minor injuries, “drying out” of the cartilage as we age and/or may be associated with arthritis of the hip. Traumatic injuries can occur with any sporting activity that causes rapid hip motion especially associated with sudden stops and turns such as football, soccer, tennis, rugby, baseball or softball or with extremes of motion, such as dance, rowing, golf and martial arts. Excessive bone on the acetabulum (hip socket) or on the femoral neck (below the ball of the joint) may lead to pinching and / or tearing of the labrum. Occasionally, a traumatic injury that causes a labral tear may be trivial and forgotten by the time of the diagnosis.

However, 70 – 80% of adults (18 – 55 years of age) who have no hip pain, have labral seen on MRIs. Thus, not all labral tears cause pain.

Symptoms

- There may be no pain or symptoms
- Pain or aching (usually located at the inner hip, or groin area)
- A locking, clicking or “catching” sensation within the joint
- Stiffness in the joint
- Little-to-no-pain during normal daily activities

Evaluation

Your doctor will ask about your hip (your symptoms and how the pain started, for how long, etc) and perform an examination. Your doctor will move your hips and legs in different positions to assess your range of motion and evaluate the positions where your hip hurts.

To confirm a diagnosis of a hip labral tear, you may undergo a special type of magnetic resonance imaging (MRI) called magnetic resonance (MR) arthrography. Even

though you may have an MRI or MRA already, properly performed XRays are important in the evaluation of your hip pain, and provide information the MRI or MRA does not.

Magnetic resonance arthrography (MRA) is a noninvasive, non-irradiating imaging technique that uses a magnetic field and radio waves to evaluate your hip. While XRays show bones well, the MRI is particularly good at showing the non-bony structures of the body, such as the labrum. Further, while XRays are like looking at shadows, the MRI allows evaluation of the tissues around the hip in slices (like slices of bread as opposed to seeing the whole loaf without what is inside) and allows viewing from different angles. During magnetic resonance (MR) arthrography, dye (contrast material) is injected into the joint space to help make images more clear. Frequently, local anesthetic (numbing medicine) is added to the contrast material to help determine if the pain is coming from inside the joint.

Treatment

The labrum does not have a blood supply to its substance that allows healing, but sometimes people with a torn labrum do not have any symptoms. Thus, for those with symptoms that are the result of a labral tear the initial treatment involves rehabilitation and those that have symptoms that persist, arthroscopic surgery may be indicated. The long term sequelae of labral tears is not known though it is assumed they can lead to arthritic progression. If the tear is the result of abnormal bone formation about the hip, hip arthroscopy is recommended to remove the causative factor (the excessive bone) of the labral tear, in addition to removing the labral tear.

Non-operative Treatment

A course of physical therapy may be initiated along with activity modification. This includes exercises to help with strengthening of the hip and sometimes to help stretch the muscles about the hip.

Corticosteroid injections into the hip joint can help provide pain relief and reduce joint inflammation. These injections are performed under X-ray or ultrasound guidance.

Alternative Treatment Options

- Non-steroidal Anti-inflammatory Medications (NSAIDs)
- Glucosamine and/or Chondroitin
- Hyaluronic Acid Injections
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Operative Treatment

Arthroscopic surgery to repair or remove the torn tissue is usually recommended when symptoms do not allow a continuation of desired activities. The procedure is done on an outpatient basis (go home the same day) and full recovery normally occurs by eight to 12 weeks. If excessive bone is removed or if additional procedures need to be done at the same time, then rehabilitation and return to sports activities may be longer.