Abstract

BACKGROUND: Factors such as age and sex are postulated to play a role in outcomes following arthroscopy for femoroacetabular impingement; however, to our knowledge, no data currently delineate outcomes on the basis of these factors. The purpose of this study was to compare clinical outcomes of patients undergoing hip arthroscopy for femoroacetabular impingement according to sex and age.

METHODS: One hundred and fifty patients undergoing hip arthroscopy for femoroacetabular impingement by a single fellowship-trained surgeon were prospectively analyzed, with 25 patients in each of the following groups: female patients younger than 30 years of age, female patients 30 to 45 years of age, female patients older than 45 years of age, male patients younger than 30 years of age, male patients 30 to 45 years of age, and male patients older than 45 years of age. The primary outcomes included the Hip Outcome Score Activities of Daily Living Subscale (HOS-ADL), Hip Outcome Score Sport-Specific Subscale (HOS-Sport), the modified Harris hip score (mHHS), and clinical improvement at the time of follow-up.

RESULTS: At a minimum 2-year follow-up, all groups demonstrated significant improvements in the HOS-ADL, the HOS-Sport, and the mHHS (p < 0.0001). Female patients older than 45 years of age scored significantly worse on the HOS-ADL, HOS-Sport, and mHHS compared with female patients younger than 30 years of age (p < 0.0001 for all) and female patients 30 to 45 years of age (p < 0.017 for all). Male patients older than 45 years of age scored significantly worse on all outcomes compared with male patients younger than 30 years of age (p ≤ 0.011 for all) and male patients 30 to 45 years of age (p ≤ 0.021 for all). Incorporating both sexes, patients older than 45 years of age scored significantly worse on all outcomes compared with patients younger than 30 years of age (p < 0.0001 for all) and patients 30 to 45 years of age (p < 0.001 for all). Female patients older than 45 years of age had significantly reduced radiographic preoperative joint space width compared with the two other female groups and the male groups who were 45 years of age or younger (p < 0.05 for all).

CONCLUSIONS: Although all patients had significant improvements in all outcomes following hip arthroscopy, patients older than 45 years of age performed worse than younger patients, with female patients older than 45 years of age demonstrating the lowest outcome scores. In the age group of 45 years or younger, female patients performed as well as male patients in terms of hip clinical outcome scores. Overall, care must be individualized to optimize outcomes following hip arthroscopy for femoroacetabular impingement.