

General Joint Laxity Does Not Alter Patient-Reported Outcomes After Hip Arthroscopic Surgery

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Introduction: The purpose of this study was to determine if general joint laxity (GJL) is correlated with clinical outcomes after hip arthroscopy.

Methods: In this study, 296 patients who underwent hip arthroscopy between August 2010 and March 2015 were included. All patients had lateral center edge (LCE) angle of 30 degrees or less. Mean age of the patients was 31.5 ± 12.4 years (136 males and 160 females), and mean LCE angle was 25.7 ± 3.5 degrees. We evaluated GJL of the patients using Beighton score (BS, range 0 to 9). We defined GJL as BS of 4 and more.

Results: One hundred sixty-five patients (56%) scored 0 in BS, 46 patients (16%) had BS of 1 to 3 and BS of 4 and more was seen in 85 patients (28%). Female (40%) were more likely to have GJL compared to males (15%) ($p < 0.001$). There were no significant differences the rate of conversion to THA between the GJL group and those without GJL. (GJL=4%; No GJL=3%, $p = 0.739$) or revision hip arthroscopy rates (GJL=19%; No GJL=15%, $p = 0.303$). Postoperative WOMAC score (GJL=16.6; No GJL=8.5, $p = 0.02$) and HOS-Sports (GJL=69; No GJL=81.8, $p = 0.03$) were significantly lower in the GJL patients.

Conclusion: GJL was relatively common in this population of patients with low center edge angle, especially in female. Patients with GJL and those with no GJL had similar rates of conversion to THA and revision hip arthroscopy; however some outcomes measures were lower in patients with GJL after hip arthroscopy. Laxity and low center edge angle in the setting of hip arthroscopy should be further studied to determine the impact on patient outcomes.