

Femoro-Acetabular Impingement (FAI): an early sign of osteoarthritis of the hip?

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The Berne Hip Group have shown that femoro-acetabular impingement (FAI) causes repeated microtrauma to acetabular labrum. Labrum becomes hypertrophied and starts to fray, tear and detach. The degenerative process is initiated.

FAI is divided to cam- and pincer-types. Cam-impingement is described by "pistol-grip" deformity of the femoral head and pincher-impingement by acetabular overcoverage, occasionally retroverted acetabulum.

Typical symptom is groin pain during activities without significant trauma in the past. Flexion and internal rotation of the adducted hip is limited and painful.

X-rays can show deformity of the femoral head, calcifications of the labrum and also rule out other pathology, e.g. Perthes, slipped epiphysis, dysplasia etc. X-ray findings can also be normal. MRI/MRA is the best diagnostic tool of labral and both peri- and intra-articular pathology.

Conservative treatment consists of modification of both occupational and sports activities, physiotherapy and NSAID.

Operative treatment focuses on improving the clearance for hip motion and alleviation of femoral abutment against the femoral rim. Operative treatment can be open or arthroscopic.

There are no long-term results of the operative treatment. Promising short- and mid-term results show that operative treatment relieves symptoms and that it may decrease the progression of osteoarthritis.

Arthroscopic surgery is less invasive and the rehabilitation is quicker. Results of arthroscopic surgery are equal or better compared with open surgery.

Prevalence of FAI is 10–15 % which means that there is a great number of potential patients. We now need to find out who to treat and when.