

## **ARTROSCOPIC RELEASING IN EXTERNAL SNAPPING HIP – CASE PRESENTATION**

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### **PURPOSE**

*MOST OF THE CASES WITH EXTERNAL SNAPPING HIP SYNDROME ARE TREATED CONSERVATIVELY, BUT IN CASE OF FAILURE OF THIS THERAPY THE TREATMENT IS SURGICAL. OPERATIVE TECHNIQUES USED ARE MAINLY CLASSIC OPEN SURGERY. THE PURPOSE OF THIS STUDY IS TO REMARK THE UTILITY OF ARTHROSCOPIC TECHNIQUES USED IN TREATMENT OF THIS PHATOLOGY.*

### **MATERIALS AND METHODS**

*THIS PAPER PRESENT THE PACIENT, 21 YO, BEING DIAGNOSED WITH RIGHT EXTERNAL SNAPPING HIP SYNDROME. THE PATIENT UNDERWENT A CLASIC INTREVENTION FOR THE SAME CONDITION ON THE SAME HIP ONE YEAR AGO. THREE MONTHS POSTOPERATIVE, THE SYMPTOMS RETURN, WITH PAINFUL FLEXION OF THE HIP, INCRESING PAIN ACCOMPANIED BY HIP POP-UPMOTION, GENERATING LIMITATION OF THE PHYSICAL ACTIVITY AND ATROPHY OF THIGH MUSCLES. WE DECIDED TO PERFORM A SURGICAL CURE BY ARTHROSCOPY.*

### **RESULTS**

*THE SURGICAL INTERVENTION WAS PERFORMED WITH THE PATIENT IN PRONE POSITION ON THE SURGERY TABLE, WITH SLIGHT CONTRALATERAL INCLINATION, USING TWO PORTALS. WE HAVE USED THE ANTEROLATERAL PORTALFOR THE SCOPE AND THE ACCESORY ANTEROLATERAL PORTAL FOR WORKING TOOLS, BOTH PORTALS BEING ANTERIOR OF THE FASCIA LATA. THE FIRST PORTAL WAS THE ANTEROLATERAL. AFTER DEBRIDEMENT AND EXCISION OF ADHESIONS/SCAR TISSUE PRESENT FROM THE PREVIOUS INTERVENTION, WE HAVE IDENTIFIED THE EXPANSION OF THE GLUTEUS MAXIMUS WITCH WAS RESECTED AT THE LEVEL OF THE INSERTION ON FASCIA LATA, USING A RADIOFREQUENCY PROBE. IN ORDER TO COMPLETE THE DECOMPRESSION OF THE PERTROCHANTERIC REGION WE HAVE THEN RESECTED THE POSTERIOR HALF OF THE ILIOTIBIAL TRACT. DURING SURGERY WE HAVE USED THE LATERAL ACCESORY PORTAL FOR SCOPE ONLY*

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*FOR INSPECTION.THE PATIENT DID NOT PRESENT ANY POSTOPERATIVE COMPLICATIONS, BUT THERE HAS BEEN A MARKED INFILTRATION OF LIQUID IN THE THIGH, WHICH RESULTED IN A PAINFUL RESTRICTION OF MOBILITY OF THE HIP IN THE FIRST TWO WEEKS AFTER SURGERY. AFTER REHABILITATION THE PATIENT HAS RETURNED TO THE INITIAL ACTIVITY (TEGNER 6), BUT THERE'S STILL A DECREASE IN MUSCULAR STRENGTH AND MASS OF THE HIP EXTERNAL ROTATORS AND OF THE QUADRICEPS.*

**CONCLUSIONS**

*HIP ARTHROSCOPY ADDRESSES TO A MORE EXTENSIVE PATHOLOGIES , INCLUDING PERIARTICULAR DISORDERS. THE EXTERNAL SNAPPING HIP, ACCOMPANIED BY THE TROCHANTERIC BURSITIS, SHORTENING OF THE ILIOTIBIAL TRACT, OF THE GLUTEUS MEDIUS, EVEN RECURRENT, CAN BE TREATED SUCCESFULLY ARTHROSCOPICALLY, BENEFITING FROM ALL THE ADVANTAGES OF MINIMALLY INVASIVE TECHNIQUES.*

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**KEYWORDS:** SNAPPING HIP SYNDROME, ARTHROSCOPY, RELEASE