



Paper #33

Clinical Outcomes of Hip Arthroscopy with Microfracture: A Matched-pair Controlled Study with Minimum 2-year Follow-up

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Introduction: Microfracture in the setting of hip arthroscopy has limited follow-up data; no comparative studies have been performed to assess 2-year outcomes between microfracture and non-microfracture patients. The purpose of the study is to compare two-year clinical outcomes of patients who underwent hip arthroscopy with microfracture to a matched control group not receiving microfracture.

Methods: During the study period, June 2008 and July 2011, data was collected on all patients treated with microfracture during hip arthroscopy. All patients were assessed pre- and postoperatively with 4 patient-reported outcome (PRO) measures: the modified Harris Hip Score (mHHS), Non-Arthritic Hip Score (NAHS), Hip Outcome Score-Activities of Daily Living (HOS-ADL), and Hip Outcome Score-Sport Specific Subscales (HOS-SSS). Pain was estimated on the visual analog scale (VAS), and satisfaction was measured on a scale from 0 to 10. A matched-pair group of patients not receiving microfracture was selected on a 1:2 ratio. Matching criteria were age within 5 years, sex, surgical procedures, and radiographic findings.

Results: Forty-nine hips were included in the microfracture group and 98 in the non-microfracture group. There was no significant difference in PRO scores preoperatively between the groups. Both groups demonstrated statistically significant postoperative improvement in all scores, and the average amount of change from preoperative to postoperative scores between the 2 groups was not statistically significantly different for any PRO scores. Patient satisfaction was 6.9 for the microfracture group and 7.84 for the non-microfracture group and statistically significant ($p < 0.05$).

Conclusion: Our study demonstrated that patients receiving microfracture during hip arthroscopy did not show a statistically significant difference in PRO scores when compared to a matched-pair control group. Both groups demonstrated statistically significant postoperative improvement in all scores. These findings suggest that full-thickness chondral defects do not portend an inferior outcome in hip arthroscopy when microfracture is performed.
