SPITALREGION
RHEINTAL
WERDENBERG
SARGANSERLAND

Femoro-acetabuläres Impingmentsyndrome

Femoroacetabuläres Impingement

- Erstbeschreibung durch Prof Ganz in Bern in den 80 Jahren
- Ein Anschlagen der Schenkelhalses an der Hüftpfanne bei Beugen der Hüfte.
- Dies kann unbehandelt über viele Jahre zum kompletten Verschleiß des Hüftgelenkes führen.

Klinik

- Typisch ist der Leistenschmerz
- Ein Ausstrahlender Schmerz in den Oberschenkel
- Bis ins Knie
- Schmerzen im Gesäss - zentrales Gelenk
- C Zeichen
- cave: Sportlerhüfte/chronische Adduktorenreizung

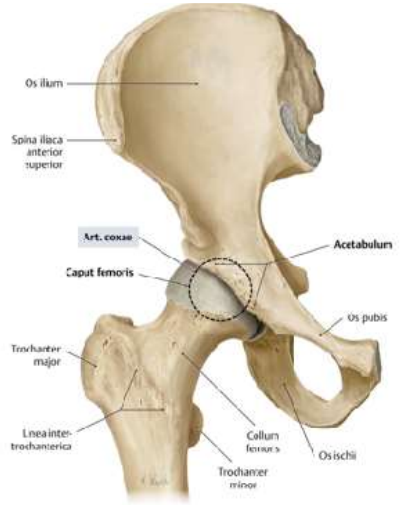
Differentialdiagnosen

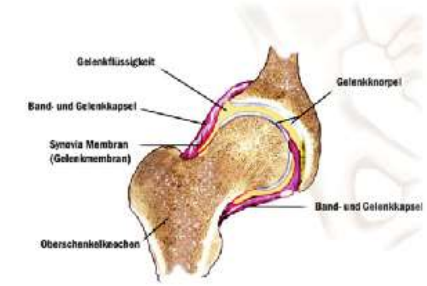
- Leistenbruch
- Schleimbeutelentzündungen
- Sehnenansatz Tendinopathien am T.major
- Ausstrahlende Schmerzen von der Wirbelsäule und Becken

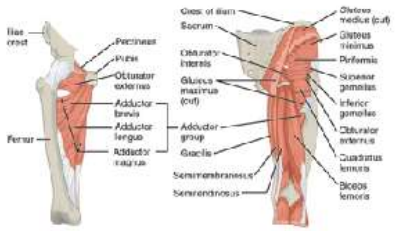
Die Anatomie des Hüftgelenkes

- Kugelgelenk
- Pfanne - Acetabulum, Facies lunata
- Kopf – oberes Ende des Oberschenkelknochens
- Ligamenta illiofemorale, pubofemorale, ischiofemorale
- Labrum
- Plica synovialis medialis und lateralis

Die Anatomie des Hüftgelenkes







FAI Syndrom
Warwick Agreement

What is FAI syndrome?

FAI syndrome is a motion-related clinical disorder of the hip with a triad of symptoms, clinical signs and imaging findings. It represents symptomatic premature contact between the proximal femur and the acetabulum.
Level of agreement: mean score 9.8 (95% CI 9.6 to 10).

FAI Syndrom
Warwick Agreement

Table 1 Agreement on terminology relating to femoroacetabular impingement (FAI)

Recommended terminology	Terminology to be avoided
FAI syndrome	Asymptomatic FAI
Cam morphology	Symptomatic FAI
Pincer morphology	FAI morphology
	Deformity, abnormality or lesion when referring to cam or pincer morphology

Level of agreement: mean score 10 (95% CI 9.8 to 10)

FAI Syndrom
Warwick Agreement

What is the prognosis of FAI syndrome?

In patients who are treated for FAI syndrome, symptoms frequently improve, and they return to full activity, including sports. Without treatment, symptoms of FAI syndrome will probably worsen over time. The long-term outlook for patients with FAI syndrome is unknown. However, it is likely that cam morphology is associated with hip osteoarthritis. It is currently unknown whether treatment for FAI syndrome prevents hip osteoarthritis.
Level of agreement: mean score 9.6 (95% CI 9.3 to 9.8).

FAI Syndrom
Ätiologie und Epidemiologie

- unklar
- exzessiver Sport bei Epiphysenschluss (Cam)
- milde Formen SCFE
- milde Formen Perthes
- Prävalenz bis 25% Männer und 10% Frauen
- Alpha Winkel über 60° 4x Risiko für OA, 80° 10x

FAI Syndrom
Diagnostik

- Cam Impingment, Alpha Winkel
- Pincer Impingment, acetabuläre Retroversion, Beta Winkel, CE Winkel, AC Index
- Femorale Antetorsion
- Femorale Retrotorsion
- Hüftdysplasie
- Coxa profunda
- Spinopelvic influence

FAI Syndrom
Diagnostik

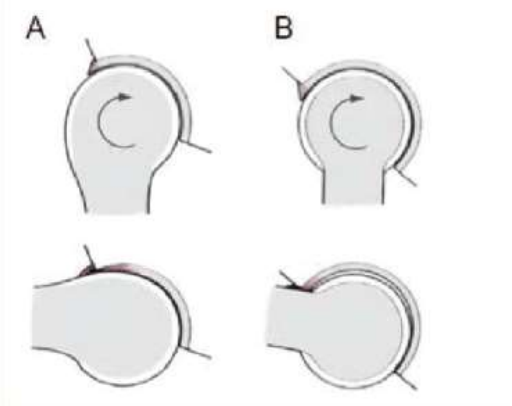
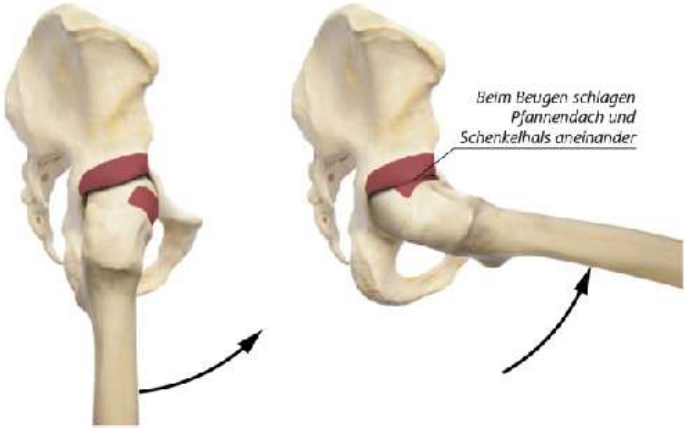


Abbildung 1: Schematische Darstellung der beiden Formen des femoroacetabulären Impingements (FAI): (A) Nockenwellen- oder „cam-type" FAI und (B) Beisszangen- oder „pincer-type" FAI (entnommen aus (54), Nachdruck mit freundlicher Genehmigung von Springer Medizin, Urban & Vogel GmbH). Erläuterung siehe Text.

FAI Syndrom Diagnostik



FAI Syndrom Diagnostik

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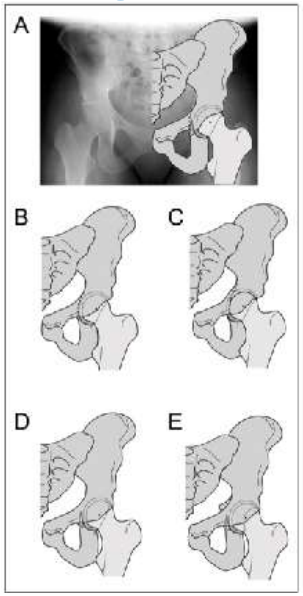
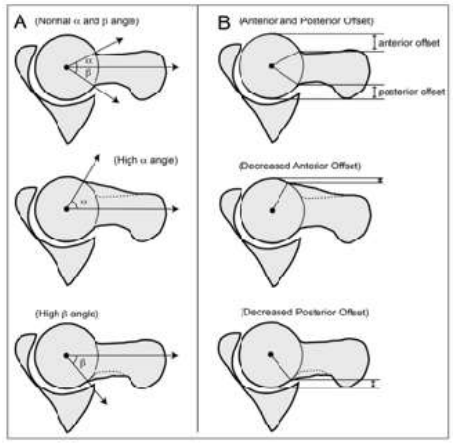
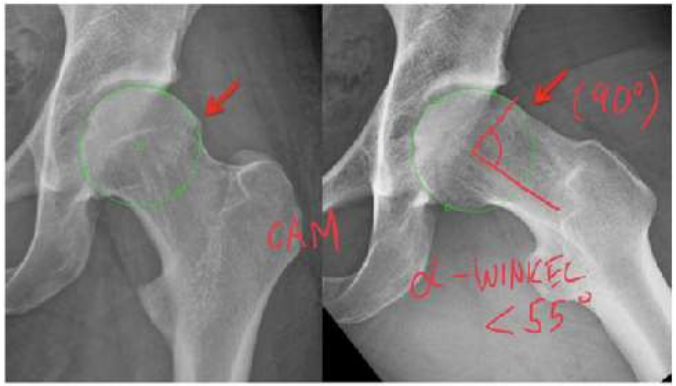


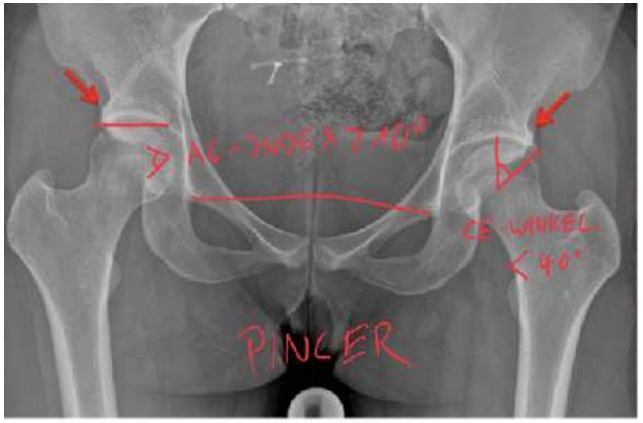
FAI Syndrom Diagnostik



FAI Syndrom
Diagnostik



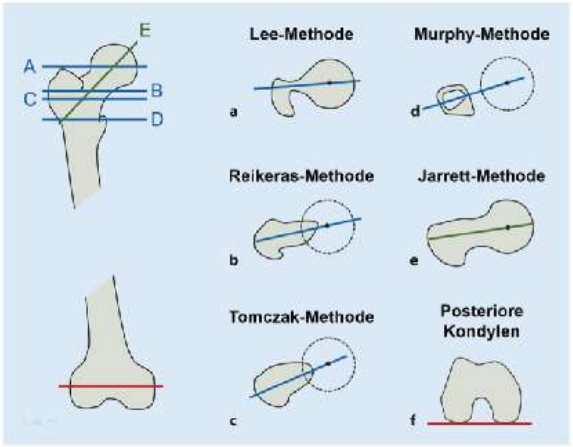
FAI Syndrom
Diagnostik



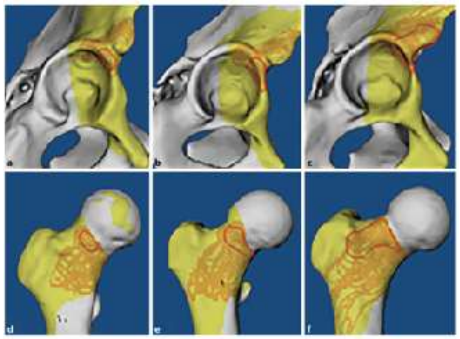
FAI Syndrom
Diagnostik „Herniation Pit“

FAI Syndrom
Diagnostik „Herniation Pit“

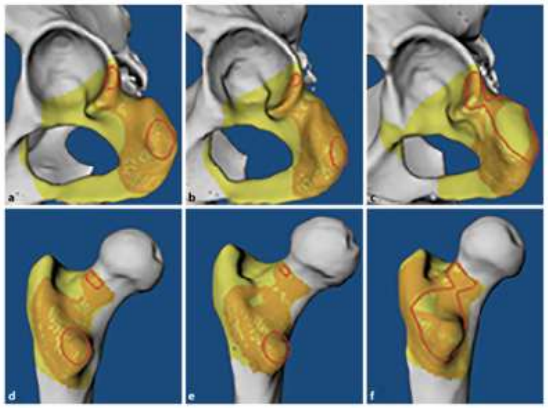
FAI Syndrom
Diagnostik femorale Antetorsion



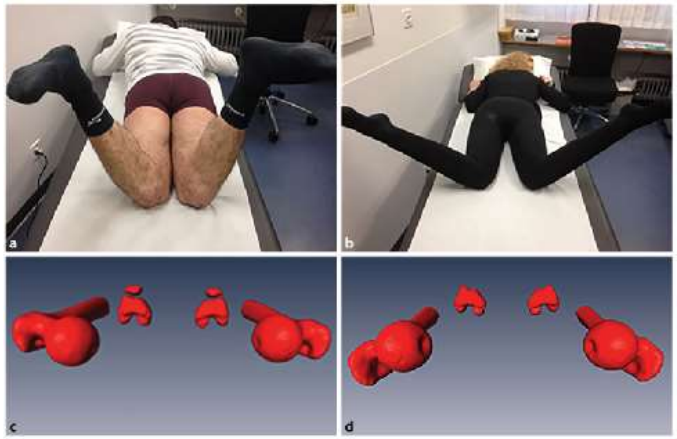
FAI Syndrom
Diagnostik



FAI Syndrom
Diagnostik



FAI Syndrom
Diagnostik



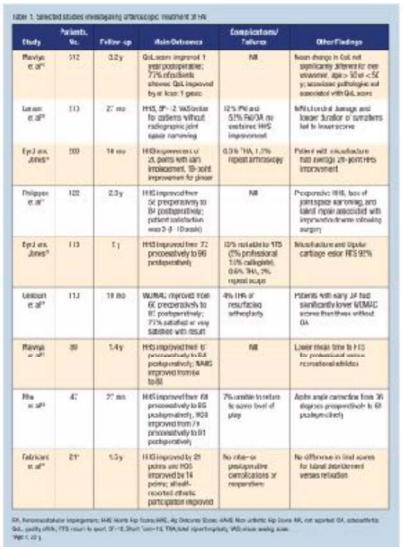
FAI Syndrom
Behandlung

Hip arthroscopy versus best conservative care for the treatment of femoroacetabular impingement syndrome (UK FASHIoN): a multicentre randomised controlled trial

Damian R Griffin, Edward J Dickenson, Peter D H Wall, Felix Achana, Jenny L Donovan, James Griffin, Rachel Hobson, Charles E Hutchinson, Marcus Jepson, Nick R Parsons, Stavros Petrou, Alisa Realpe, Joanna Smith, Nadine E Foster, on behalf of the UK FASHIoN Study Group*

Interpretation Hip arthroscopy and personalised hip therapy both improved hip-related quality of life for patients with femoroacetabular impingement syndrome. Hip arthroscopy led to a greater improvement than did personalised hip therapy, and this difference was clinically significant. Further follow-up will reveal whether the clinical benefits of hip arthroscopy are maintained and whether it is cost effective in the long term.

FAI Syndrom
Behandlung



FAI Syndrom
Warwick Agreement

How should someone with an asymptomatic hip with cam or pincer morphology be managed?

It is not known which individuals with cam or pincer morphologies will develop symptoms and, therefore, FAI syndrome. Preventive measures may have a role in higher risk populations, but it is rarely indicated to offer surgery to these individuals.
Level of agreement: mean score 9.6 (95% CI 9.4 to 9.8).

FAI Syndrom
Konservative Behandlung

- bei milden Formen ist ein konservative Versuch möglich
- Physiotherapie
- Infiltrationen (Kortison, ACP, Hyaluronsäure)

FAI Syndrom
Operative Behandlung

- Genaue Diagnose!
- Chirurgische Hüftluxation
- Miniopen Schenkelhalsplastik
- **Arthroskopische Hüftchirurgie**
- (Subtrochantäre) Derotationsosteotomien
- Periazetabuläre Osteotomien (Ganz)
- Kombinationen

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FAI Syndrom
Operative Behandlung

- Hüftarthroskopie
- 70° Optik
- Traktionstisch
- lange Instrumente
- Kapselmanagement

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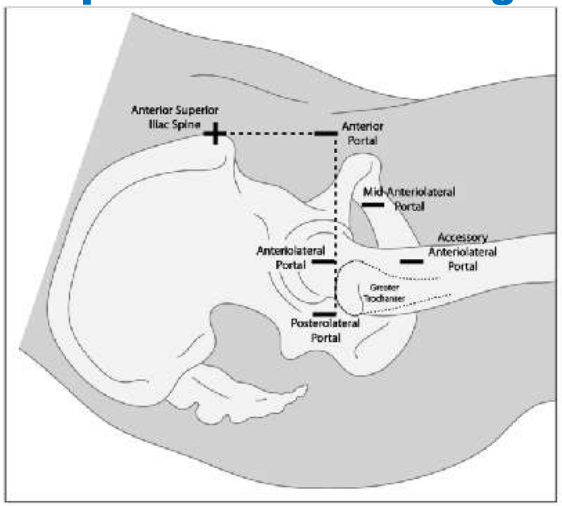
FAI Syndrom
Operative Behandlung



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FAI Syndrom
Operative Behandlung gemischtes Impingment

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FAI Syndrom
Operative Behandlung

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FAI Syndrom
Operative Behandlung

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FAI Syndrom
Operative Behandlung

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FAI Syndrom
Operative Behandlung

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FAI Syndrom
Operative Behandlung

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FAI Syndrom
Operative Behandlung RP 21 yo, CAM+Retrotorsion

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FAI Syndrom
Operative Behandlung RP 21 yo, CAM+Retrotorsion

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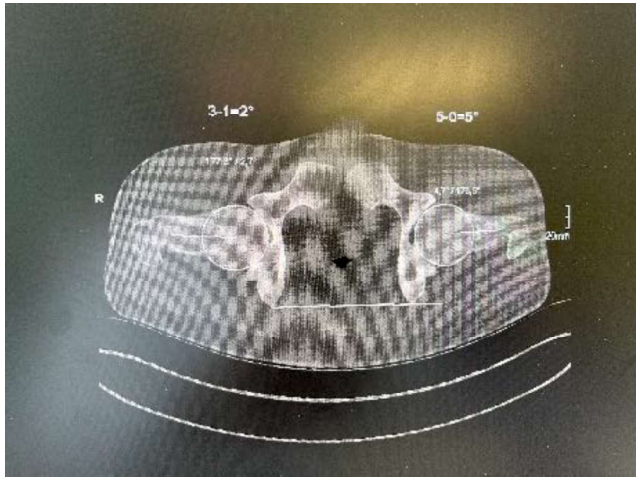

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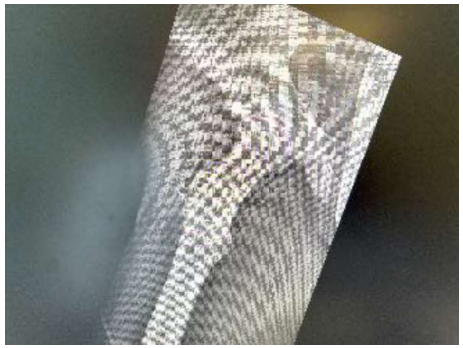
FAI Syndrom
Operative Behandlung RP 21 yo, CAM+Retrotorsion



FAI Syndrom
Operative Behandlung RP 21 yo, CAM+Retrotorsion

FAI Syndrom
Operative Behandlung RP 21 yo, CAM+Retrotorsion

FAI Syndrom
Nachbehandlung

- 20 kg TB für 4-6 Wochen
- bei Labrumrefixation Flex Limite 60 grad für 6 Wochen
- Kontaktsport ab 4 Monat
- Heilungsprozess bis 6 Monate

FAI Syndrom
Take Home

- meist Kombinationssyndrom
- hohe Prävalenz
- Präarthrose
- operative Therapie der konservativen Überlegen
- unklare Ätiologie mit mechanischer Komponente