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HIP LABRAL TEAR

What Is a Hip (Acetabular) Labral Tear?

An acetabular labral tear is damage to cartilage and tissue in the hip socket. In some cases, it causes no symptoms. In others it causes pain in the groin. It can make you feel like your leg is "catching" or "clicking" in the socket as you move it. Over time, labral tears in the hip may cause permanent damage to the joint.

Labral tears of the hip are more common in women. They also occur more often in people who have abnormalities of the hip structure, like hip dysplasia and other conditions.

In recent years, experts have found that acetabular labral tears are much more common than once thought. Studies show that up to 22% of athletes who complain of groin pain have a labral tear in the hip.

Figure 1: Staff illustration

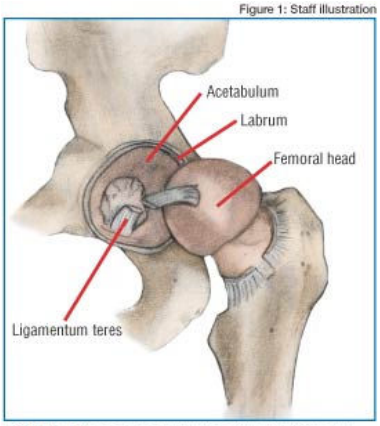

FIGURE 1. Anatomic structures of the hip (femoral head removed from hip socket to show acetabulum).

Anatomy

The labrum is a band of tough cartilage and connective tissue that lines the rim of the hip socket, or acetabulum. It cushions the joint of the hip bone, reducing any inequalities in its surface and preventing the bones from directly rubbing against each other. It deepens the socket adding stability to the hip joint as well as cushioning the joint itself.

Causes

The labrum can tear for many reasons. The cause may be degenerative or traumatic. Degenerative tears occur after years of repetitive minor injuries and are usually associated with arthritis of the hip. Traumatic injuries can occur with any sporting activity that causes rapid hip motion especially associated with sudden stops and turns on the field, mats, or court. Sports that require regular rotation of the hip -- like golf, soccer, hockey, and ballet -- increase the risk. So do running and sprinting. Some people get a torn labrum from falls or car accidents. But almost 75% cases of torn acetabular labrum have no known direct cause. Instead, these tears may develop gradually. Labral tears in the hip have been linked to osteoarthritis. However, it's not clear if they contribute to its development or are a symptom of it.

Symptoms

- Pain that can radiate into the groin, down the front of the thigh, buttock, greater trochanter and medial knee.
- A "catching" sensation within the joint associated with a sudden sharp groin pain felt and heard when the hip is extended, adducted and externally rotated.
- Pain with prolonged hip flexion or torsional activities.
- Little-to-no-pain during normal daily activities

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Imaging and Diagnosis

Imaging modalities can provide the key to successful physical therapy treatment planning, depending upon the specific tissue pathology revealed. CT and MRI are useful in demonstrating normal or abnormal intra-articular structures for diagnosis or exclusion of the intra-articular snapping. Arthrography may confirm the diagnosis if the snapping is due to a torn acetabular labrum.

Non- Operative Treatment

The treatment of a hip labral tear is symptom driven. A period of rest and a gradual return to weight bearing exercise may suffice for small tears to the labrum. Depending upon the findings on imaging, the focus of treatment may include tissue-specific stretching, core trunk strengthening and postural restoration therapy, modalities to decrease inflammation and improve muscle imbalances.

Alternative Treatment Options

- Glucosamine
- Non-steroidal Anti-inflammatory Medications (NSAIDs)

Operative

A surgical repair or excision through an arthroscopic procedure is the final intervention for this orthopaedic injury when symptoms persist beyond 4 to 6 weeks and do not allow a continuation of desired athletic activities. Hip arthroscopic surgery is reported to improve symptoms by 60-90%.The procedure is done on an out-patient basis and expected return to full recovery and normal activities within 12-16 weeks.

Differential diagnosis

It is important to note that labrum tears are uncommon. Therefore it is also important to consider differential diagnoses in athletes with groin pain.

- Bursitis
- Stress fractures of the femoral head or neck
- Slipped capital femoral epiphysis (SCFE)
- Osteoarthrosis of the femoral head
- Avascular necrosis of the femoral head
- Osteitis pubis
- Muscle lesions
- Chondral lesion
- Ligamentum Teres lesion
- Referred pain from the low back or the sacro-illiac joint.

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