

[THU0352] BLINDED VS ULTRASOUND-GUIDED CORTICOSTEROID INJECTIONS FOR THE TREATMENT OF THE GREATER TROCHANTERIC PAIN SYNDROME (SDPT): A RANDOMIZED CONTROLLED TRIAL

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Background: The peritrochanteric corticosteroid injections with anesthetics is one of the suggested treatments for the refractory case of the Greater Trochanteric Pain Syndrome and this therapeutic intervention can be guided or not.

Objectives: To compare the effectiveness of both injections in the Greater Trochanteric Pain syndrome treatment: The blinded corticosteroid injections and the ultrasound-guided corticosteroid injections.

Methods: A prospective, randomised, double – blind, controlled study was made involving 60 patients (from 19 – 65 years old) who were diagnosed with GTPS for at least 30 days. The patients were randomised in two groups. Both groups were infiltrated once. Group 1 (n=30) was infiltrated blindly. Group 2 (n=30) was infiltrated with the ultrasound guidance. In both groups betamethasone (6 mg) and lidocaine (2 cc) were used in a same syringe. Two blinded observers evaluated the experiment during week 0, 1, 4 and 8 after the procedure, using a visual analogue scale (VAS: 0-10). The patients were followed according: Spontaneous pain, painful palpation, global health, external rotation pain, pain when testing against resistance, repositioning functional testing, "time up and go" (time in minutes), test six-minute walk (distance in meters), Lequesne hip; goniometry hip (flexion, extension and abduction), and ultrasound qualitative and quantitative (in mm) measurements of the gluteus medius tendon, minimum tendon and trochanteric bursa. Side effects were observed and evaluated during the research.

Results: We studied 60 patients with a mean age of 54 years (10.1), mean duration of pain peritrochanteric of 32.2 months (35.8), with 98% of women, 90% white and 61.66% sedentary. After 8 weeks of follow-up, there was improvement over the initial time (intra-group evaluation) in both groups. Using repeated measures ANOVA, there was no significant difference between the groups for local pain VAS (p=0.347), VAS of pain on palpation (p=0.873), EVA external rotation (p=0.215), test repositioning against resistance (p=0.855), test "time up and go" (p=0.062), test the six-minute walk (p=0.537), Lequesne hip (p=0.802). There was also no statistical difference in the sonographic assessment (p>0.1). The variable VAS global health, was the only one that evolved differently between groups over time (p=0.023) with better intergroup evaluation for group 2. There were no significant adverse effects.

Conclusions: There are benefits when it comes to the patient's general perception, but according to this study, there is no benefit (intermediate-term) when ultrasound-guided infiltration is used in GTPS patients.

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