

Assessing morbidity in patients with greater trochanteric pain syndrome (GTPS)

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INTRODUCTION: Greater trochanteric pain syndrome (GTPS) continues to be a challenge among orthopedics to rid discomfort for their patients, especially since there are few studies on characterization of GTPS morbidity.

OBJECTIVE: The purpose of this study is to characterize the morbidity of GTPS in order to aid orthopedics in providing an early diagnosis and better treatment/care options for their patients.

METHODS: A total of 156 patients were included from January of 2016 to July of 2020. Refer to Figure 1 for a visual of inclusion criteria. All patient information was taken from first appointment notes, operative notes, chart reviews, and REDCap, an institutional database. Patient demographics and history of present illness were recorded. Patient's hips were evaluated for activity, pain, general health using the UCLA Activity Score, modified Harris Hip Score (HHS), Hip Outcome Score (HOS), Hip disability and Osteoarthritis Outcome Score (HOOS), SF-12 and iHOT12. Patients were then matched with osteoarthritis patients, who were characterized by Tonnis grade of 2 or 3.

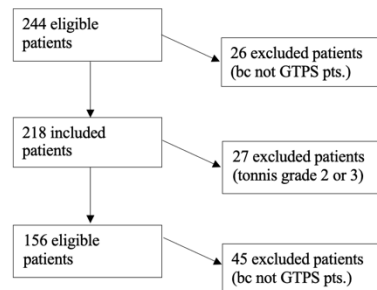


Figure 1. This is a flowchart indicating the study population.

RESULTS: Patient report outcomes were analyzed. UCLA Activity Score average of 4.89, HOS average is 55.16, HOOS quality of life average is 31.91. SF-12 averages ranged as low as 41.31 for general health to as high as 81.14 for emotional role. iHOT12 score averaged 42.73.

DISCUSSION: Knowledge of the anatomy, patient profiles, differential diagnoses, and imaging can aid in appropriate diagnosis of lateral hip pain (2). This study was useful in characterizing GTPS in order to aid in diagnosis and treatment. Based on the findings, patient reports on varying hip scores and surveys are just as important as physical exams and imaging. Characterizing GTPS based on patients level of pain, activity, mental wellness all has an effect on better outcomes (1). There were a few limitations to this study. The majority of our patient population is older and female, in which their baseline function could be decreased (3). Missing values were another limitation. Lastly, this study is a retrospective case series without a control group, which makes it susceptible to various biases, such as selection bias. However, selection bias was diminished through our inclusion criteria.

CLINICAL RELEVANCE: Future studies can focus on incorporating patient reports and creating personalized treatment based off of those reports. In addition, future studies could also stage or phase GTPS based on symptoms, imaging, and patient reports in order to better characterize progression of the disease.

REFERENCES:

1. Segal, N. A., Felson, D. T., Torner, J. C., Zhu, Y., Curtis, J. R., Niu, J., Nevitt, M. C., & Multicenter Osteoarthritis Study Group (2007). Greater trochanteric pain syndrome: epidemiology and associated factors. *Archives of physical medicine and rehabilitation*, 88(8), 988–992. <https://doi.org/10.1016/j.apmr.2007.04.014>
2. Redmond, John, Chen, Austin & Domb, Benjamin. (2016). Greater Trochanteric Pain Syndrome. *Journal of the American Academy of Orthopaedic Surgeons*, 24, 231-240. <https://doi.org/10.5435/JAAOS-D-14-00406>
3. Tortolani P.J., Carbone J.J., and Quartararo L.G.: Greater trochanteric pain syndrome in patients referred to orthopedic spine specialists. *Spine J* 2002; 2: pp. 251-254