

Greater Trochanteric Pain Syndrome Similar in Morbidity to Hip Osteoarthritis

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INTRODUCTION: Greater Trochanteric Pain Syndrome (GTPS) is a frequently encountered problem in orthopedic practice, yet there is little data on assessing the relative morbidity of GTPS. We sought to characterize the morbidity upon presentation of GTPS and compared it to patients with end-stage, hip osteoarthritis (OA) awaiting total hip arthroplasty (THA). We hypothesize that patients with GTPS will have similar or worse morbidity than hip OA patients.

METHODS: This retrospective case-control study examined patient reported outcomes measures (PROMs) on activity limitations, quality of life, pain, and level of disability, in 156 GTPS patients (193 hips) and 300 pre-THA hip OA patients (326 hips). PROMs contained the following validated scales: Harris Hip Score (HHS), UCLA Activity Score, Visual Analogue Pain Scale (VAS), Hip Outcome Survey (HOS), and Hip Disability and Osteoarthritis Outcome Score (HOOS). All patients presented at a single academic medical center. Patients with secondary hip conditions or previous hip surgeries were excluded from the study. PROMs were analyzed using an equivalence test and two-one-sided t-tests.

RESULTS SECTION: Equivalence in mean UCLA Activity score between GTPS and OA groups were established with tolerance margin of ± 5 . The difference in mean UCLA Activity score was 0.002 (95% CI -0.45 to 0.43, $p < 0.01$) between GTPS and OA patients. Equivalence in mean Visual Analogue Pain Scale (VAS) score between GTPS and OA were established with tolerance margin of ± 10 . The difference in mean VAS score was 0.35 (95% CI -0.86 to 0.16, $p = 0.02$). HOOS Quality of Life score was much worse in GTPS patients, placed well outside of the ± 10 tolerance margin and difference in means score was 1.72 (95% CI -2.17 to -1.26, $p = 0.99$).

DISCUSSION: This cumulative evidence characterizes GTPS as painful and limiting in activities of daily living, as pre-THA hip OA, and with poorer quality of life scores than hip OA. Clinicians and researchers should consider GTPS as seriously as hip OA. Future studies could also stage or phase GTPS based on symptoms, imaging, and patient reported outcomes to better characterize progression of the disease for timely management.

SIGNIFICANCE/CLINICAL RELEVANCE: This study validates results of other studies that have investigated PROMs in GTPS to be nearly identical or even worse than hip OA. The results warrant prioritizing improvement in quality of treatment in GTPS patients.