Labral Debridement, Labral Reconstruction or Labral Repair in Revision Hip Arthroscopy

Marcelo C. Queiroz, MD, MSc
São Paulo, Brazil
macqueiroz@yahoo.com

Instructional Course Lecture #16: Revision Hip Arthroscopy: Pearls and Pitfalls of the Labrum, Articular Cartilage, Capsuloligamentous Complex, Residual Impingement, Extraarticular

September 17th, 2016
2016 ISHA Annual Scientific Meeting

REVISION HIP ARTHROSCOPY:

- What Hurts?
  - Difficult answer
    - Case series with multiple procedures don’t have a control group
    - Most commonly residual FAI
    - Degenerated labrum may have a role

- Revision surgery Goals:
  1) Pain free patient
  2) Biomechanical reconstruction of labrum function (focal debridement, repair or reconstruction) - Delay OA?
- Labral Management options:

1) Debridement
   o Focal intrasubstance degeneration, labral cysts
   o Do not disrupt labral seal
   o Controversial literature about potential labral regeneration
   o Pain relief may be more predictable than repairing, but primary surgeries show better results repairing
   o May be difficult to judge if it is a healthy labrum

2) Repair
   o Previous failure of repair
     ▪ Technical failure/ knots
     ▪ Anchor pullout
     ▪ Non-healing (rehabilitation?)
     ▪ Knot granuloma
   o “Repairable labrum”
     ▪ Sometimes difficult to judge
       - Which labrum is too bad to be preserved?
       - Is it degenerated and will keep as a pain generator?
       - Surgeons may be more comfortable to reconstruct it fearing postop pain
   o Advantage of maintaining original labrum, seal and functions

3) Reconstruction
   o Absent, irreparable, deficient or previously resected labrum
   o Loss of labral seal
   o “The labral damage is too severe or the tissue itself is too large or degenerative (> 10 mm) or too small or diminutive (< 3 mm)” (White, 2015)
“Hypotrophic labrum (≤ 5 mm of width), irreparable/complex tear and capsulolabral adhesions. A complex tear refers to a tear that completely disrupts the fibers.” (Geyer, 2013)

- Difficult concept of pathological X normal adhesions
- Improve joint pressurization and stability to distractive joint
- Early post op pain relief may be more predictable

**Options:**

- **Autologous**
  - **Advantage**
    - Versatile: intraop decision depending on labrum condition
  - **Disadvantages**
    - Harvest incision/ damage, time consuming, technical challenging, tissues don’t have identical anatomy and properties of the native labrum
    - Success based on clinical data, no *in vivo* labral healing/ metaplasia or function proof
  - **Types of grafts**
    - Iliotibial band
      - Fixation technique
        - Front and back, then in between (Philippon)
        - Front to back (White)
    - Indirect head of rectus femoris
    - Gracilis

- **Allograft**
  - Labrum allograft
    - May have a better function than other grafts
    - No harvest
    - Allograft immunogenic issues, diseases and infection
  - Semitendinous/ gracilis allograft
  - Iliotibial band allograft
REFERENCES:

18. Labral Reconstruction With Iliotibial Band Autografts and Semitendinosus Allografts