

Fatores de Risco para Progressão da Artrose



**III Jornada de Cirurgia Preservadora e
Artroscopia de Quadril
do Hospital Moinhos de Vento**

Fatores de Risco para Progressão da Artrose

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**JJS, 58a, masc, médico,
tenista amador**

**ROS, 18a, masc, universitário,
tenista profissional**



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PAI

FILHO



Hip Disease in the Young Adult: Current Concepts of Etiology and Surgical Treatment*

By John C. Cole, MD, Karl E. Lewin, MD, FRCS, Anna D. Melling, MD, Karen S. Horan, MD, and Benjamin D. Kelly, MD

The Evidence for Hip Arthroscopy: Grading the Current Indications

Michael S. Stevens, D.Sc., D.Sc.P.T., Douglas A. LeGay, D.Sc., M.D., F.R.C.S.C., Mark A. Glazebrook, M.Sc., Ph.D., M.D., F.R.C.S.C., and David Amis, M.D., F.R.C.S.C.

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Acetabular Cartilage Delamination in Femoroacetabular Impingement

Risk Factors and Magnetic Resonance Imaging Diagnosis

By Erik A. Anderson, B.Sc., Christopher T. Peters, MD, Brandon B. Pardy, MD, Gregory T. Stockwell, MPT, B.S., Ericson, Ph.D., and John D. Harris, MD

Investigation performed at the Department of Orthopaedic Surgery, University of Utah, Salt Lake City, Utah

Relationship Between Offset Angle Alpha and Hip Chondral Injury in Femoroacetabular Impingement

David E. Johnson, M.D., Maria L. Schenker, B.S., Karen K. Rogers, M.P.H., and Marc J. Philippon, M.D.

Prevalence of Malformations of the Hip Joint and Their Relationship to Sex, Groin Pain, and Risk of Osteoarthritis

A Population-Based Survey

By Roger Knapik, MD, Stefan Jacoby, MD, Philipp Simon, MD, PhD, Henrik Palm, MD, and Anders Linderoth, MD, PhD

Investigation performed at the Department of Orthopaedic Surgery, Department University Hospital of Gothenburg, Gothenburg, Sweden

Impacto femoroacetabular: uma das condições precursoras da osteoartrose do quadril*

Femoroacetabular impingement: a harbinger condition of hip joint osteoarthritis

MARCUS VINICIUS CRESTANI¹, MARCO AURELIO TELÓKEN², PAULO DAVID FORTES GUSMÃO³

Former Male Elite Athletes Have a Higher Prevalence of Osteoarthritis and Arthroplasty in the Hip and Knee Than Expected

Magnus Tveit, Björn E. Rosengren, Jan Åke Nilsson and Magnus K. Karlsson
Am J Sports Med 2006;34(11):1421-1427 originally published online November 30, 2006
DOI: 10.1177/0969546211422275

The online version of this article can be found at
<http://jhs.sagepub.com/journalsPermissions.nav>

Hip Pain in Young Adults

Femoroacetabular Impingement

Pereidoon M. Jafari, MD,* and Javad Parvizi, MD, FRCS†

Impingement of the Native Hip Joint

By Aditya V. Maheshwari, MD, Asmet Malik, MD, and Lawrence D. Dorr, MD

Investigation performed at the University of California, Los Angeles

Radiographic Structural Abnormalities Associated with Premature, Natural Hip-Joint Failure

By John L. Cahley, MD, Michael A. Delany, MD, David J. Adams, MD, James H. Wirth, MD, Bo Zhang, MS, Bruce S. Tan, MD, Thomas M. Wiland, MD, and John J. Callaghan, MD

Investigation performed at Orthopaedic Research Center of Cleveland, St. Louis, Missouri, and University of Iowa School of Medicine, Iowa City, Iowa

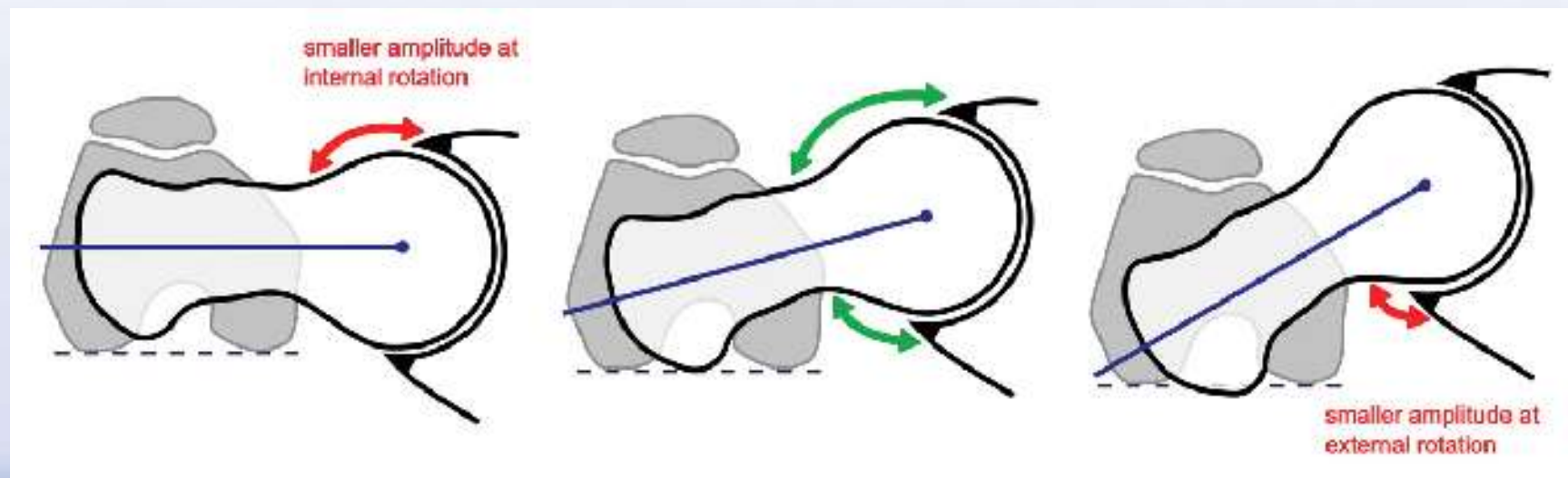
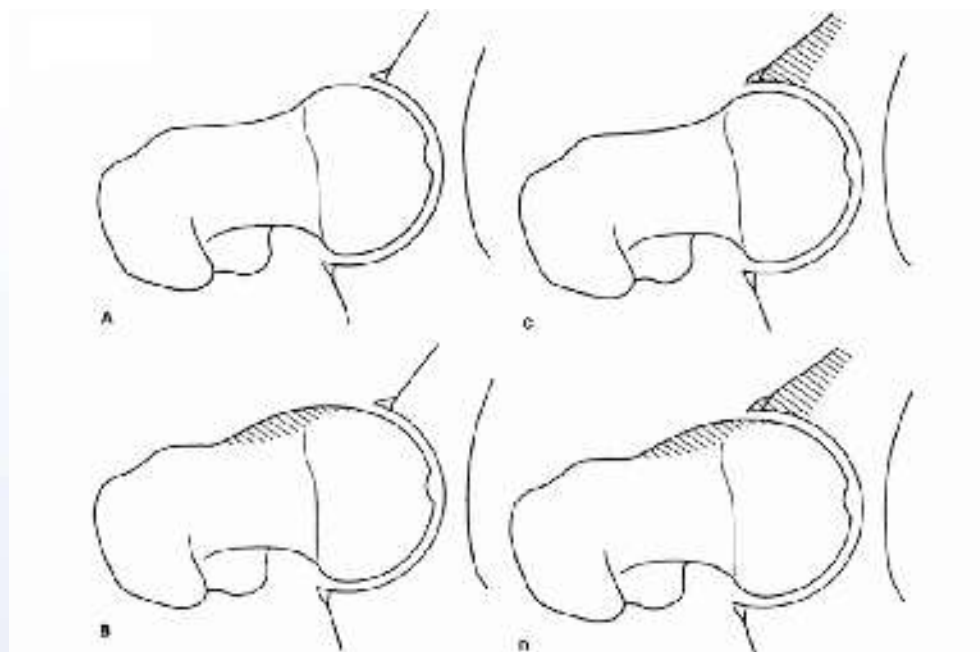
Hip Disease in the Young Adult: Current Concepts of Etiology and Surgical Treatment*

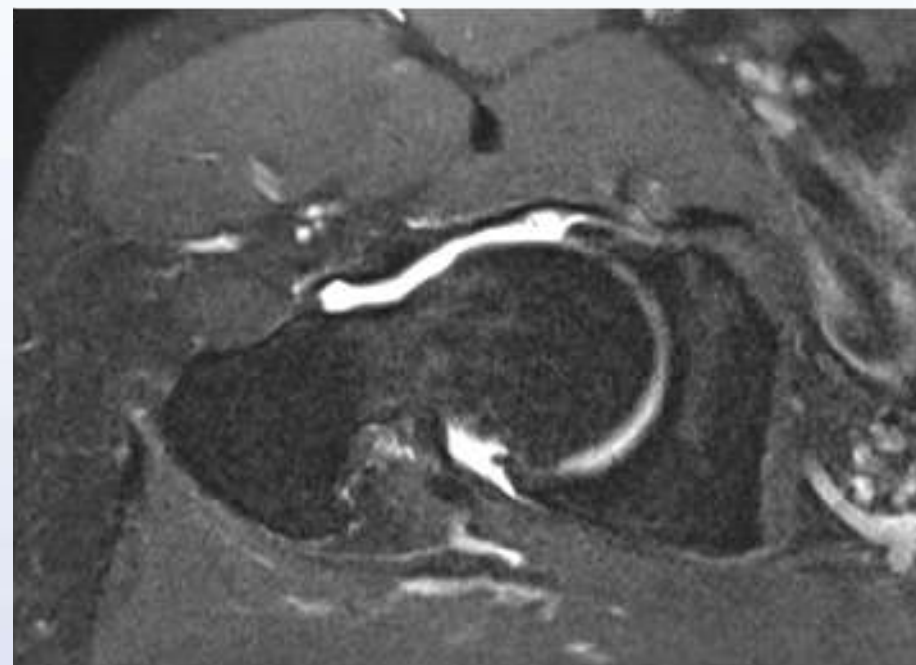
By John C. Clohisy, MD, Paul E. Beaulé, MD, FRCSC, Aran O'Malley, MD, Marc R. Safran, MD, and Perry Schoenecker, MD

J Bone Joint Surg Am. 2008;90:2267-81









The Evidence for Hip Arthroscopy: Grading the Current Indications

Michael S. Stevens, B.Sc., B.Sc.P.T., Douglas A. LeGay, B.Sc., M.D., F.R.C.S.C.,
Mark A. Glazebrook, M.Sc., Ph.D., M.D., F.R.C.S.C., and David Amirault, M.D., F.R.C.S.C.

Arthroscopy: The Journal of Arthroscopic and Related Surgery, Vol 26, No 10 (October), 2010: pp 1370-1383

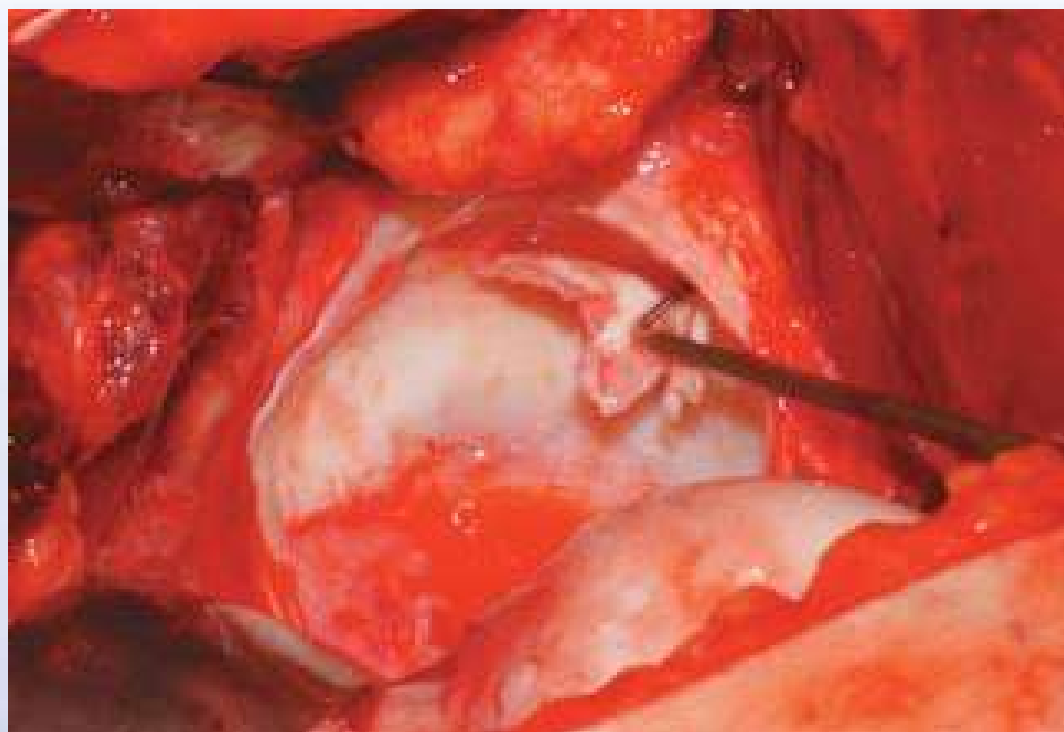
Indication	Grade of Recommendation	Grade of Recommendation With Proposed Subscale
FAI	B	B for intervention
Acetabular labral tears	C	C _f (for intervention)
Extra-articular lesions	C	C _f (for intervention)
Septic arthritis	C	C _f (for intervention)
Loose bodies	C	C _f (for intervention)
Mild to moderate hip osteoarthritis	C	C _c (conflicting)

Acetabular Cartilage Delamination in Femoroacetabular Impingement

Risk Factors and Magnetic Resonance Imaging Diagnosis

By Lucas A. Anderson, PA-C, Christopher L. Peters, MD, Brandon R. Park, MD, Gregory J. Studdard, MPH, Jill A. Erickson, PA-C, and Juli R. Crim, MD

Investigation performed at the Department of Orthopaedic Surgery, University of Utah, Salt Lake City, Utah



Femoral Risk Score	Delamination Absent (no. of hips)	Delamination Present (no. of hips)
0 (n = 9)	7 (77.8%)	2 (22.2%)
1 (n = 23)	14 (60.9%)	9 (39.1%)
2 (n = 25)	13 (52.0%)	12 (48.0%)
3 (n = 7)	2 (28.6%)	5 (71.4%)

*As the femoral risk score increased, the presence of delamination increased ($p = 0.055$).

Acetabular Risk Score	Delamination Absent (no. of hips)	Delamination Present (no. of hips)
0 (n = 25)	12 (48.0%)	13 (52.0%)
1 (n = 24)	13 (54.2%)	11 (45.8%)
2 (n = 14)	10 (71.4%)	4 (28.6%)
3 (n = 1)	1 (100.0%)	0 (0.0%)

*As the acetabular risk score increased, the presence of delamination decreased ($p = 0.139$).

“O impacto tipo *Pincer* leva a contato linear entre o *labrum* e a junção cérvico-capital e sobrecobertura acetabular protegeria contra a delaminação da cartilagem”

Predictor	Odds Ratio	95% Confidence Interval	P Value
Male	3.79	1.03 to 13.95	0.045
Femoral bump	11.87	1.76 to 79.9	0.011
Age, per 1-year increase	1.08	1.01 to 1.17	0.029

Relationship Between Offset Angle Alpha and Hip Chondral Injury in Femoroacetabular Impingement

Todd L. Johnston, M.D., Mara L. Schenker, B.S., Karen K. Briggs, M.P.H., and
Marc J. Philippon, M.D.

Arthroscopy: The Journal of Arthroscopic and Related Surgery, Vol 24, No 6 (June), 2008: pp 669-675

Area of Damage	Mean Offset Angle Alpha (Range)
Acetabulum	
No cartilage defect	49° (38°-72°)
Cartilage defect (any size)	55° (29°-80°)
Large defects (>1.5 cm)	63° (35°-76°)
No cartilage delamination	51° (29°-75°)
Full-thickness delamination	60° (35°-80°)
Labrum	
No labral tear	50° (34°-79°)
Labral tears	56° (29°-80°)
Midsubstance tear	51° (34°-79°)
Labral base tear	57° (29°-80°)
Femoral head	
No cartilage defect	54° (29°-75°)
Cartilage defect (any size)	57° (35°-80°)

Former Male Elite Athletes Have a Higher Prevalence of Osteoarthritis and Arthroplasty In the Hip and Knee Than Expected

Magnus Tveit, Björn E. Rosengren, Jan-Åke Nilsson and Magnus K. Karlsson
Am J Sports Med 2012 40: 527 originally published online November 30, 2011
 DOI: 10.1177/0363546511429276

The online version of this article can be found at:
<http://ajs.sagepub.com/content/40/3/527>

Prevalence of Hip Osteoarthritis and Hip Arthroplasty^a

	N ^b	Participants With Osteoarthritis/Arthroplasty, Unadjusted n (%)	P Value	Adjusted for Age OR (95% CI)	Adjusted for Age, BMI, and Occupational Load OR (95% CI)	Adjusted for Age, BMI, Occupational Load, and Soft Tissue Knee Injury OR (95% CI)
Hip osteoarthritis						
All athletes	662	94 (14.2)	<.0001	2.03 (1.51-2.76)	2.18 (1.53-3.10)	2.18 (1.52-3.13)
Controls	1247	98 (7.9)	—	1.00	1.00	1.00
Nonimpact sport	90	8 (8.9)	.78	1.35 (0.63-2.92)	0.90 (0.34-2.39)	0.94 (0.35-2.52)
Impact sport	572	86 (15.0)	<.0001	2.14 (1.57-2.92)	2.37 (1.65-3.38)	2.35 (1.62-3.40)
Soccer	366	52 (14.2)	<.001	2.01 (1.40-2.89)	2.19 (1.40-3.29)	2.14 (1.40-3.25)
Handball	141	21 (14.9)	.005	2.09 (1.25-3.47)	2.41 (1.38-4.22)	2.65 (1.50-4.67)
Ice hockey	65	13 (20.0)	<.001	3.13 (1.64-5.98)	3.41 (1.72-6.76)	3.24 (1.58-6.65)
Hip arthroplasty						
All athletes	663	55 (8.3)	<.0001	2.47 (1.64-3.70)	2.71 (1.67-4.38)	2.94 (1.78-4.85)
Controls	1247	47 (3.8)	—	1.00	1.00	1.00
Nonimpact sport	90	5 (5.6)	.40	1.87 (0.71-4.90)	1.75 (0.57-5.35)	1.90 (0.61-5.91)
Impact sport	573	50 (8.7)	<.0001	2.56 (1.69-3.87)	2.83 (1.74-4.61)	3.05 (1.84-5.07)
Soccer	368	32 (8.7)	<.001	2.54 (1.59-4.06)	2.83 (1.65-4.85)	3.02 (1.72-5.28)
Handball	141	12 (8.5)	.008	2.48 (1.27-4.82)	2.91 (1.37-6.16)	3.29 (1.53-7.07)
Ice hockey	64	6 (9.4)	.03	2.95 (1.20-7.27)	3.25 (1.26-8.40)	3.50 (1.32-9.27)

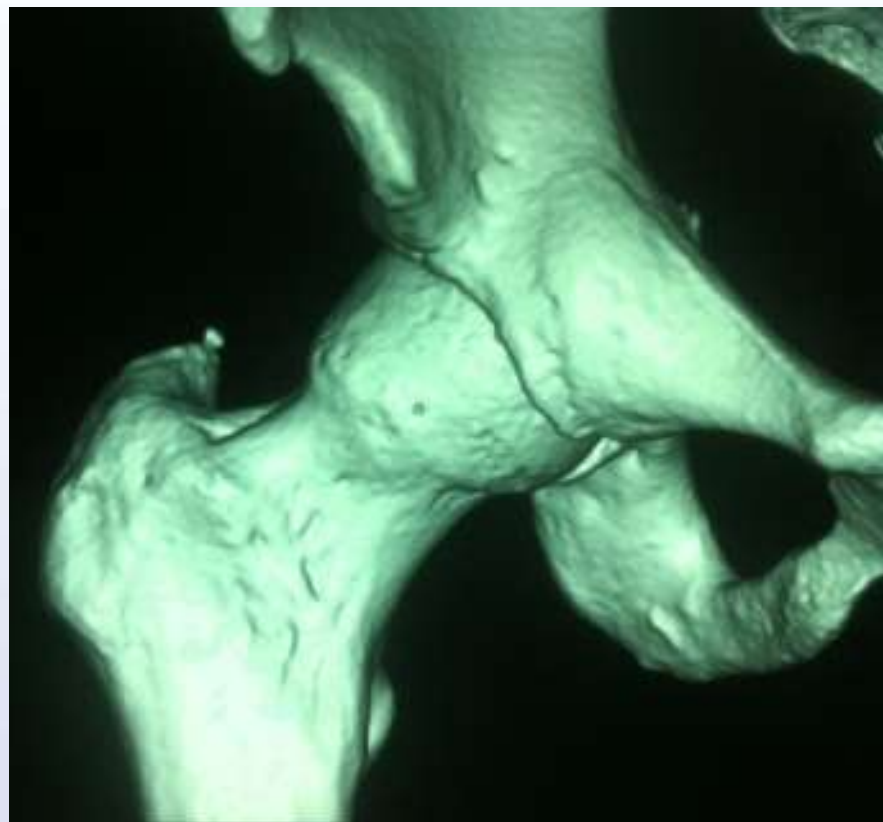
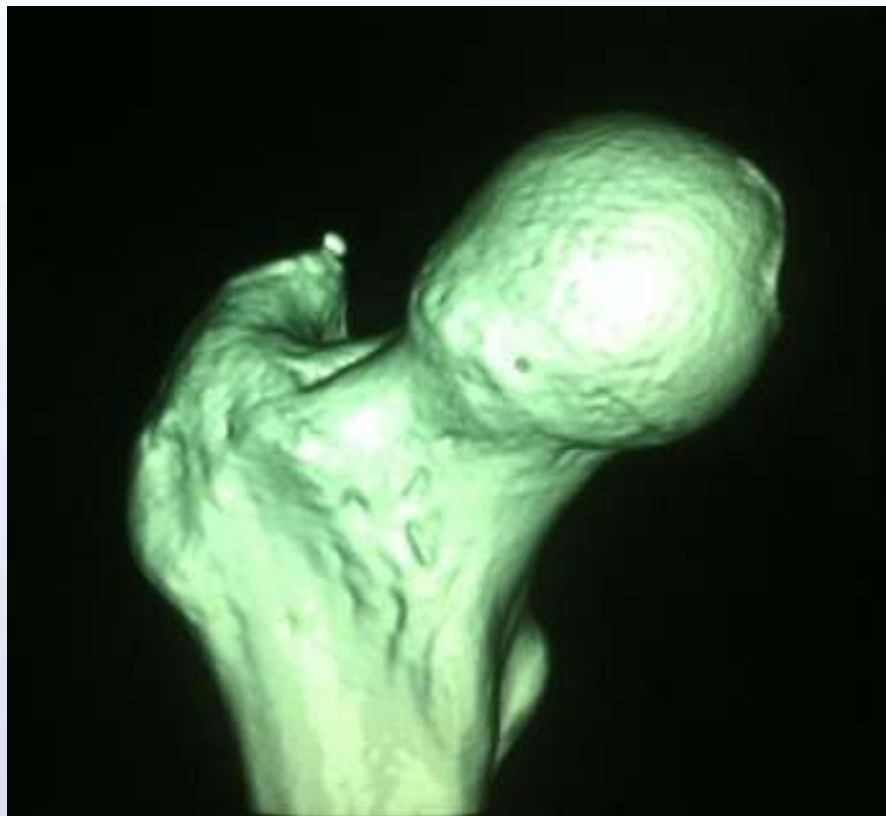
“FATORES DE RISCO PARA PROGRESSÃO DA ARTROSE”

- Idade
- Sexo masculino
- Atleta
- CAME
- Anteversão ou Retroversão femorais acentuadas



CASOS

LGL, 39, masc, atleta amador



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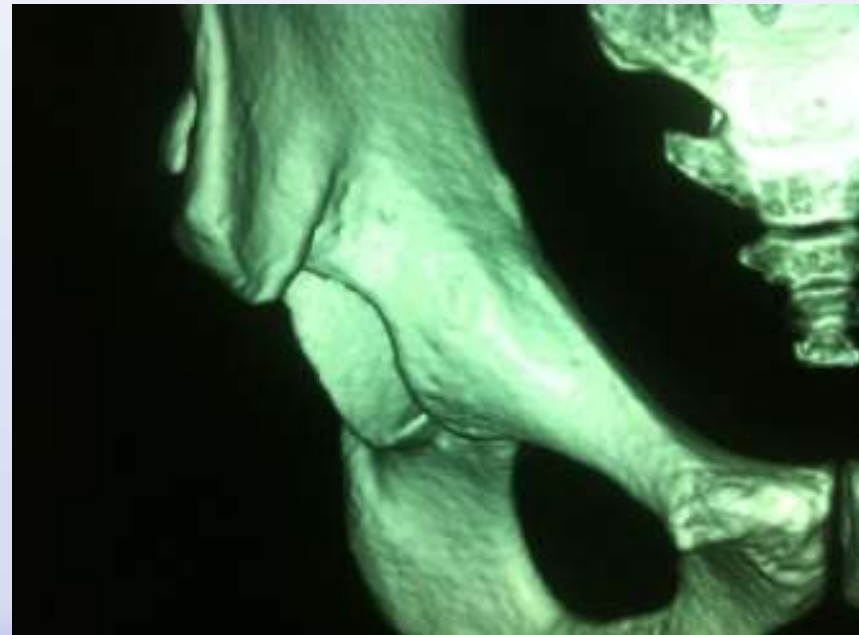
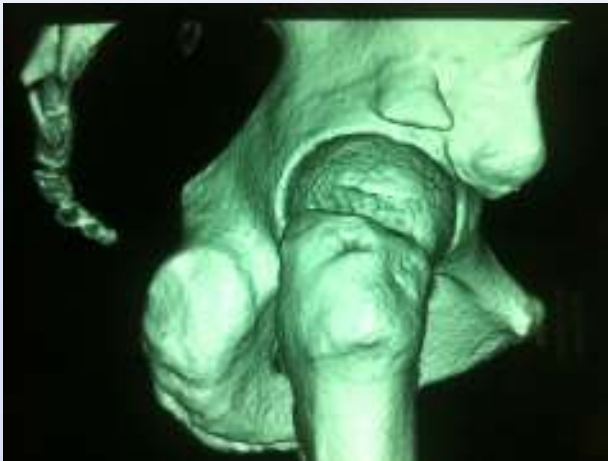
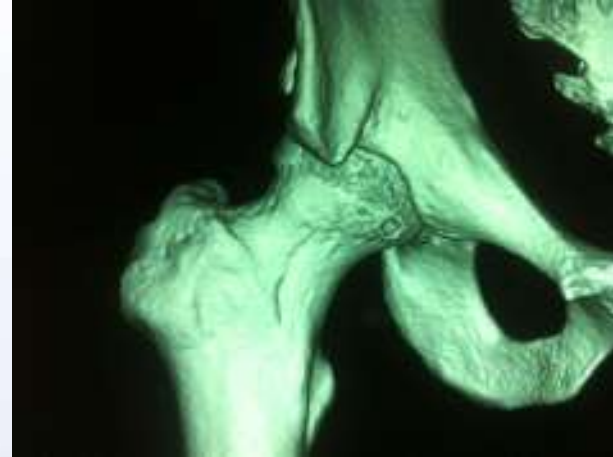
LGL, 39, masc, atleta amador



LGL, 39, masc, atleta amador



RO, masc, 30a, atleta amador



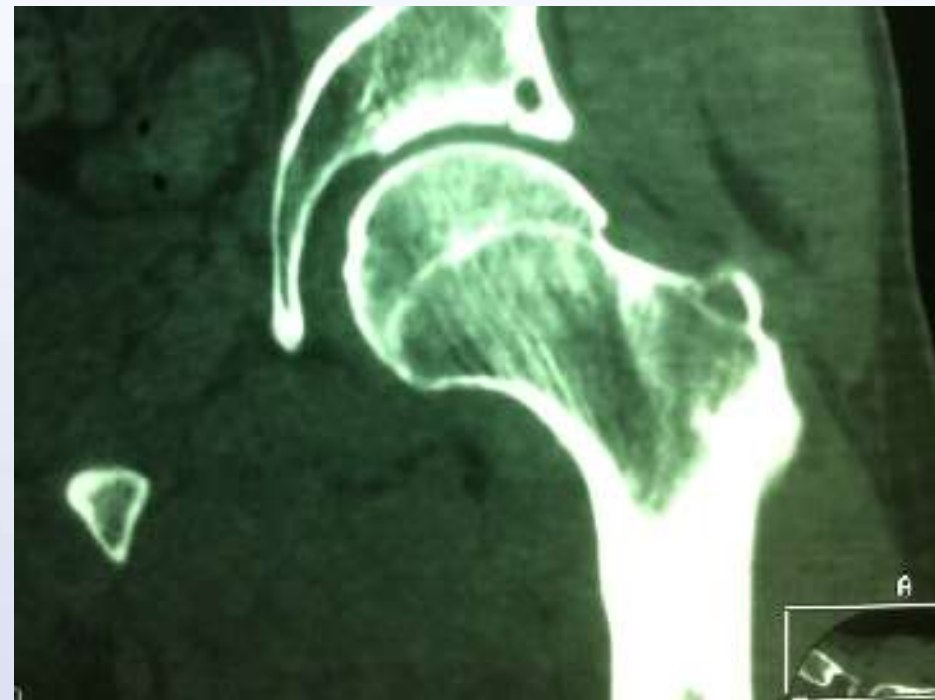
RO, masc, 30a, atleta amador



RS, masc, 37a, atleta amador



RS, masc, 37a, atleta amador



RS, masc, 37a, atleta amador



RS, masc, 37a, atleta amador



JP, masc, 31a, tenista profissional



JP, masc, 31a, tenista profissional



CAB, masc, 45a, atleta amador



CAB, masc, 45a, atleta amador



LMS, masc, 30a, atleta amador



LMS, masc, 30a, atleta amador









Obrigado



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