



**XXXIV Congresso  
Brasileiro de  
REUMATOLOGIA**

13 a 16 de setembro de 2017  
CentroSul - Florianópolis - SC

A REUMATOLOGIA E SUA INTERAÇÃO COM A MEDICINA INTERNA.

# Síndrome do Impacto do Quadril

## Como Diagnosticar e Tratar

# Síndrome do Impacto do Quadril

## Como Diagnosticar e Tratar

**Richard Prazeres Canella**

Fernando Merlos

Priscila Cararo

Fernando Barone de Medeiros

Gerson Ganey

# **Hospital de Caridade**

## **Grupo de Quadril**

### **Florianópolis - SC**



*“Impingement of the femoral neck on the anterior acetabulum...such impingement would result in ‘traumatic arthritis’ with characteristic changes of the joint surfaces”*

*“Sufficient time has not elapsed to obtain true end results, but the author feels justified...because the method is non-destructive and seems effective in relieve pain in conditions for which is no other adequate treatment”*



*“Impingement of the femoral neck on the anterior acetabulum...such impingement would result in ‘traumatic arthritis’ with characteristic changes of the joint surfaces”*

*“Sufficient time has not elapsed to obtain true end results, but the author feels justified...because the method is non-destructive and seems effective in relieve pain in conditions for which is no other adequate treatment”*

**Smith-Petersen, MD, 1936**

Murray, 1965

65% das OA estariam relacionadas a deformidade da cabeça femoral

Stulberg, 1976

Anormalidades femorais e acetabulares relacionadas com OA “idiopática”

Salomon, 1976

90% de 300 casos das OA primárias havia evidência de deformidades estruturais no quadril

Resnik, 1976

Deformidade femoral levaria a OA quadril

Aronson, 1986

Doenças da infância subclínicas (Epifisiólise, LCP) estariam relacionadas com deformidade femoral e OA abaixo dos 50a

Harris, 1986

90% das OA do quadril relacionadas com sequelas de deformidades causadas por LCP e epifisiólise femoral proximal

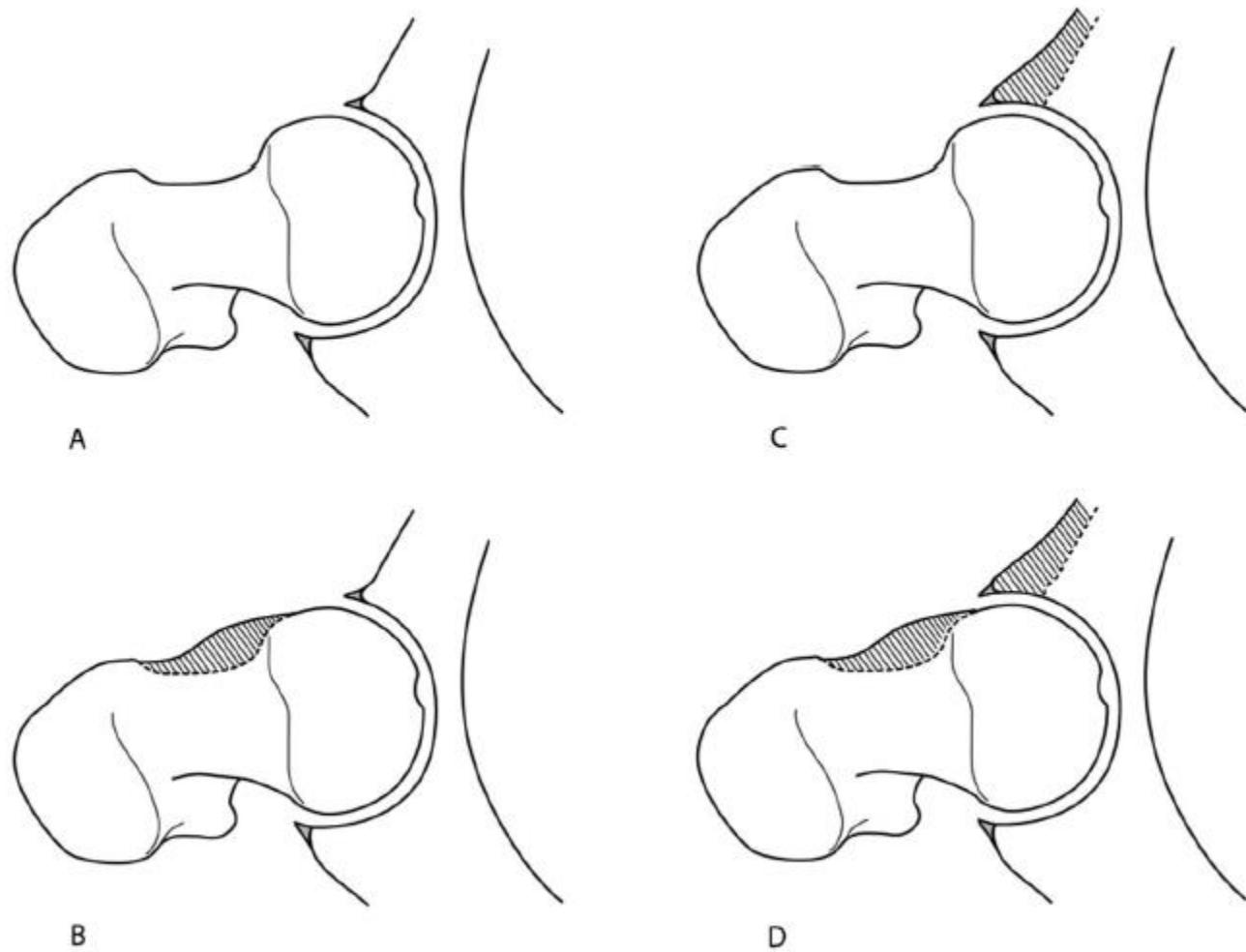


Clin Orthop Relat Res. 1999 Jun;(363):93-9.

**Anterior femoroacetabular impingement after periacetabular osteotomy.**

Myers SR<sup>1</sup>, Eijer H, Ganz R.

Department of Orthopedics, University of Berne, Inselspital,  
Switzerland.



Clin Orthop Relat Res. 2003 Dec;(417):112-20.  
**Femoroacetabular impingement: a cause for**  
**osteoarthritis of the hip**  
**Ganz R1, Parvizi J, Beck M, Leunig M, Nötzli H**

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## CURRENT CONCEPTS REVIEW

# Femoroacetabular Impingement

Asheesh Bedi, MD, and Bryan T. Kelly, MD

*Investigation performed at the University of Michigan, Ann Arbor, Michigan, and the Center for Hip Pain and Preservation,  
Hospital for Special Surgery, New York, NY*

1- Fatores Dinâmicos:

A- CAM

B- Sobrecobertura Acetabular:

B1- Focal

B2- Global

C- Extra-articular

C1- Retroversão femoral

C2- Coxa Vara

C3- Impacto Trocantérico

2- Fatores Estáticos:

A- Displasia de Desenvolvimento do Quadril (DDQ)

B- Anteversão Femoral Excessiva

C- Cova Valga

3- Combinação dos fatores:

A- CAM + retroversão femoral

A- CAM + DDQ

4- Lesões compensatórias causadas pelo Impacto Fêmoro-Aacetabular:

A- Entesopatias anteriores (psoas, reto femoral)

B- Entesopatias mediais (pubalgia, osteíte pública)

C- Entesopatias posteriores (isquio-tibiais)

D- Entesopatias laterais (abdutores)

J Bone Joint Surg Am. 2013 Jan 2;95(1):82-92. doi: 10.2106/JBJS.K.01219.

Femoroacetabular impingement.

Bedi A1, Kelly BT.

# ETIOLOGIA

- CONTROVERSA (?)

J Bone Joint Surg Am. 2013 Jan 2;95(1):82-92.  
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17 8 2005

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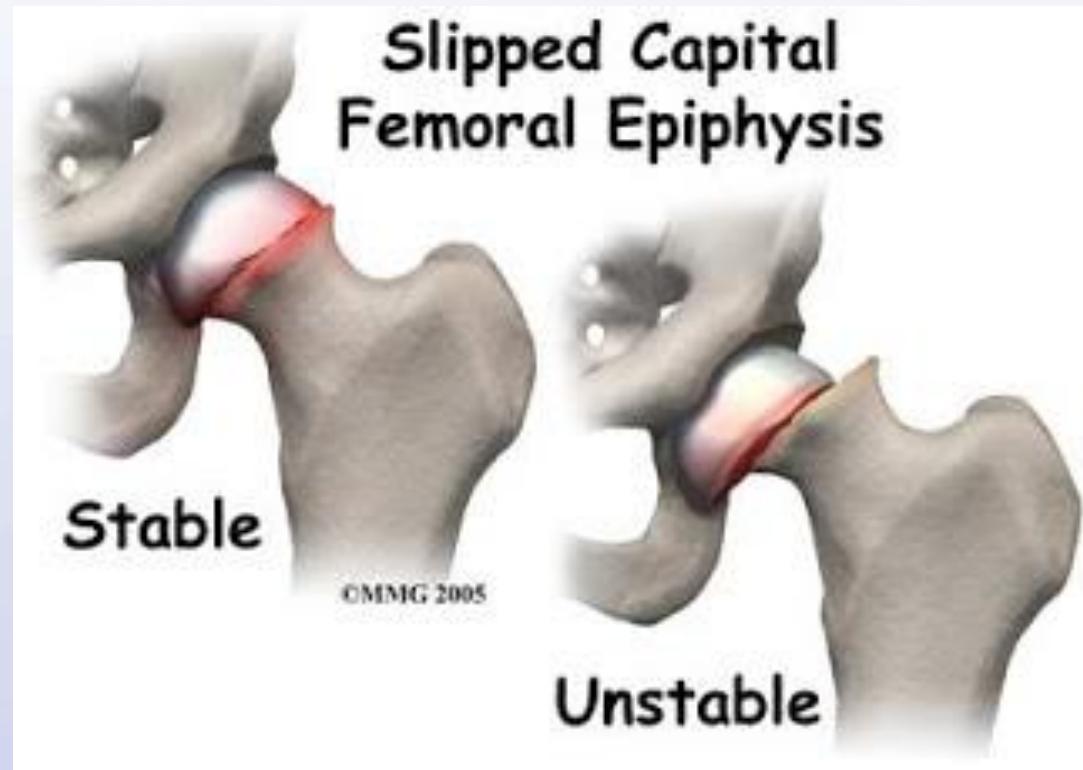
Bedi A1 Kelly BT.



17 8 2005

## ETIOLOGIA

- CONTROVERSA (?)
- EPIFISIÓLISE FEMORAL PROXIMAL



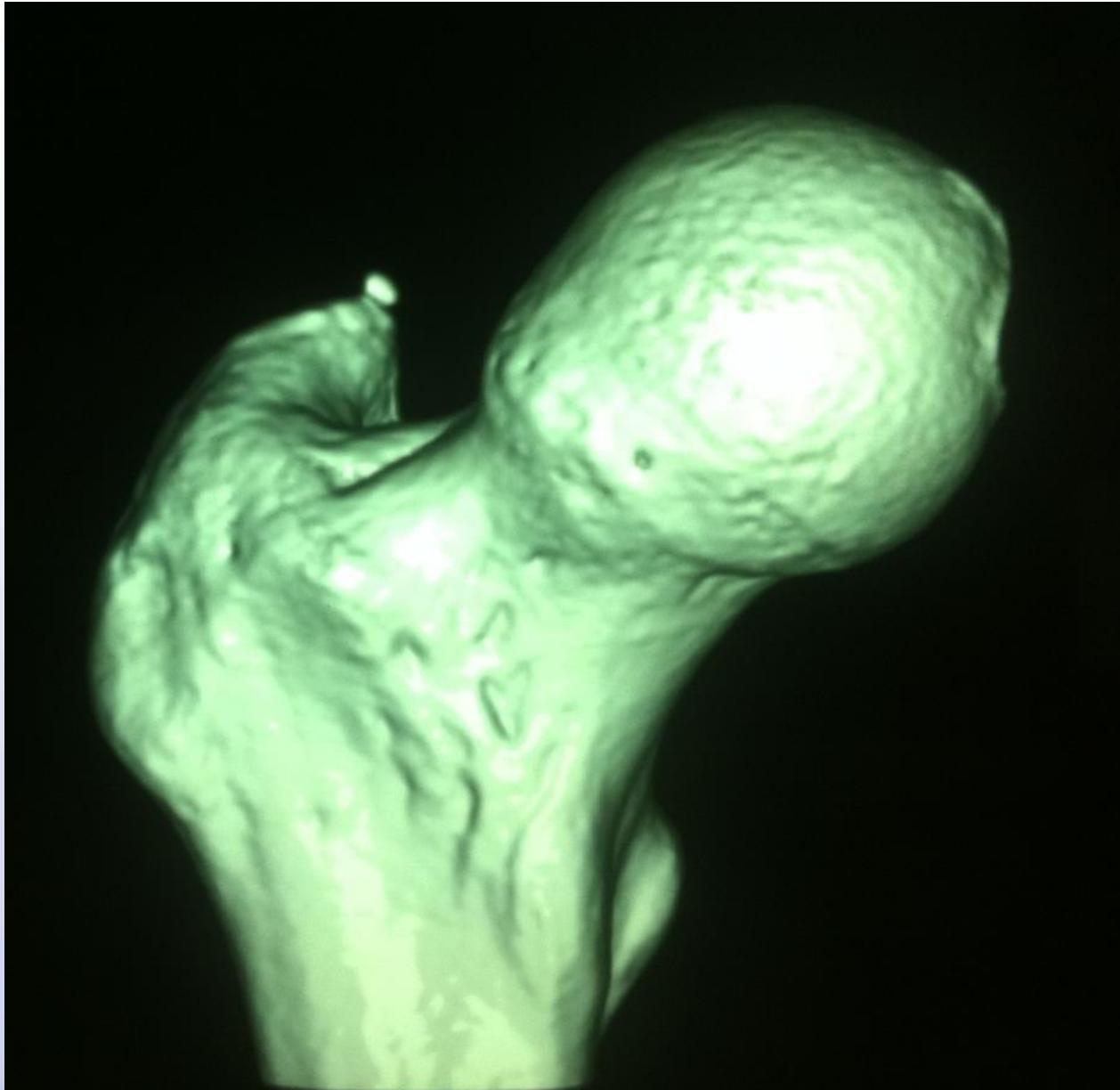
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Femoroacetabular impingement.

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# ETIOLOGIA

- CONTROVERSA (?)
- EPIFISIÓLISE FEMORAL PROXIMAL
- GENÉTICA
  - IRMÃOS:
    - CAM 2,8X



J Bone Joint Surg Am. 2013 Jan  
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Bedi A1 Kelly BT.

# ETIOLOGIA

-CONTROVERSA (?)

-EPIFISIÓLISE FEMORAL  
PROXIMAL

-GENÉTICA

- IRMÃOS:
  - CAM 2,8X
  - PINCER 2,0X



J Bone Joint Surg Am. 2013 Jan

2:95(1):82-92. doi:

10.2106/JBJS.K.01219.

Femoroacetabular impingement.

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# Como Diagnosticar?

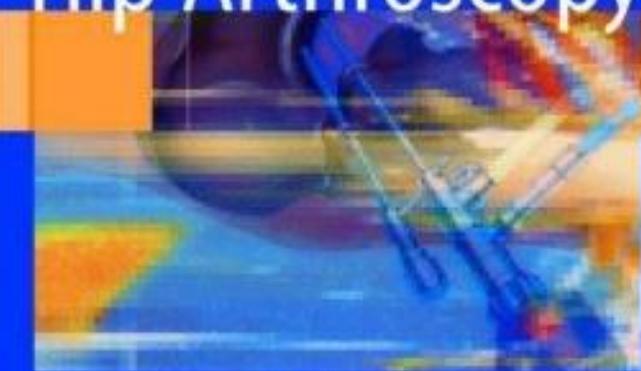
# Exame Físico

Physical Examination

J.W. Thomas Byrd

J.W.Thomas Byrd  
*Editor*

## Operative Hip Arthroscopy



Second Edition

Springer

# Exame Físico



# Exame Físico



# Exame Físico



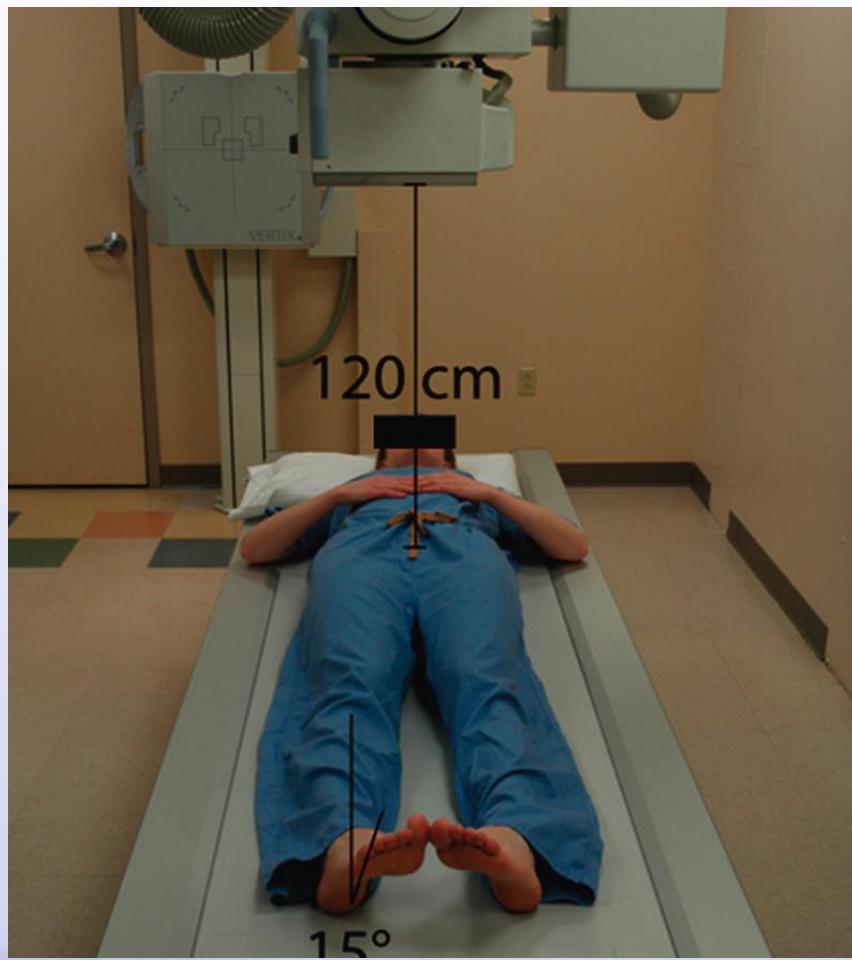
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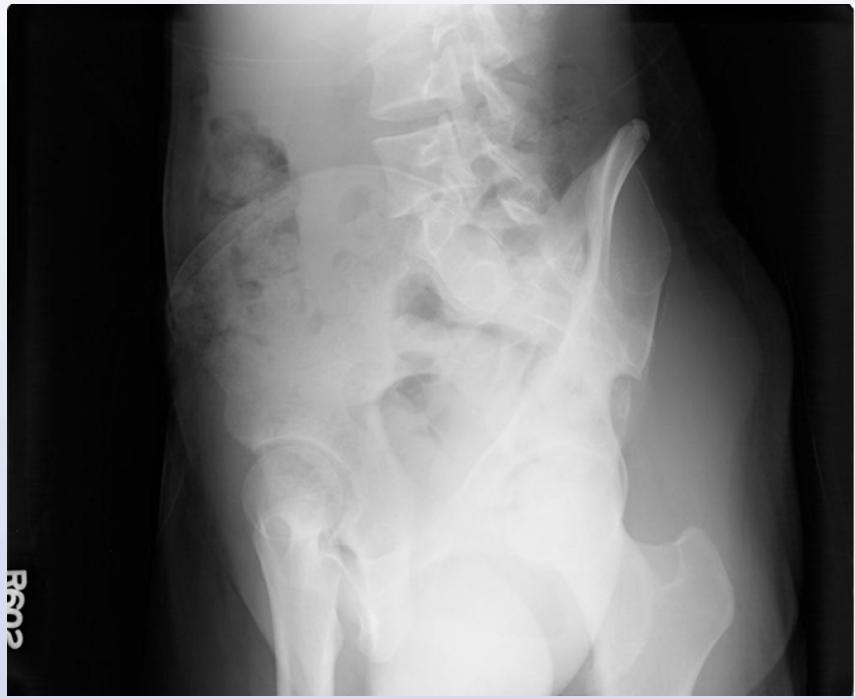


# Radiografias

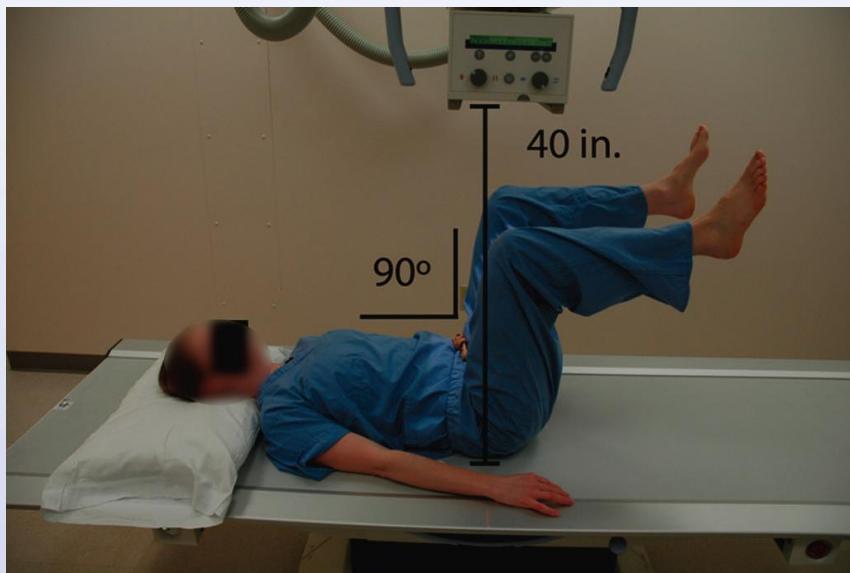
- Rx Bacia (AP panorâmico em ortostatismo)
- Rx do quadril D e E em falso perfil de Lequesne
- Rx do quadril D e E (Dunn 45º)
- Rx do quadril D e E (Dunn 90º)

A Systematic Approach to the Plain Radiographic Evaluation of the Young Adult Hip,  
Clohisy, *JBJS Am*, 2008

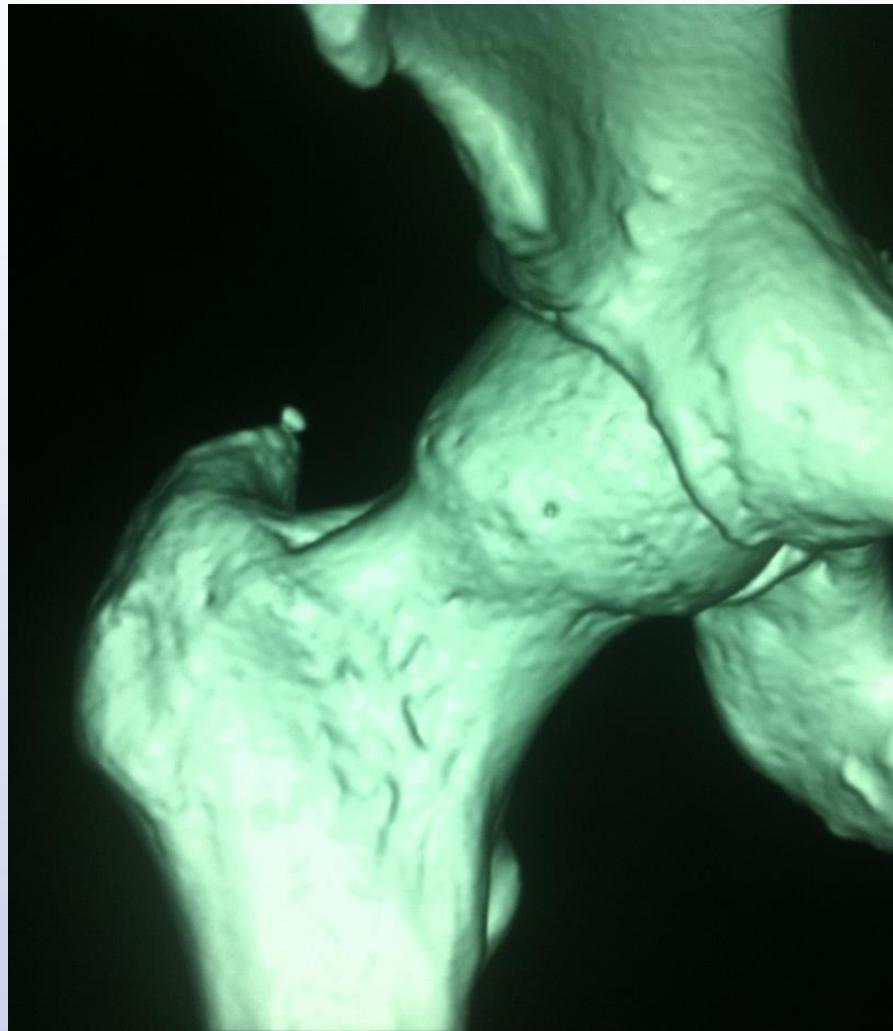


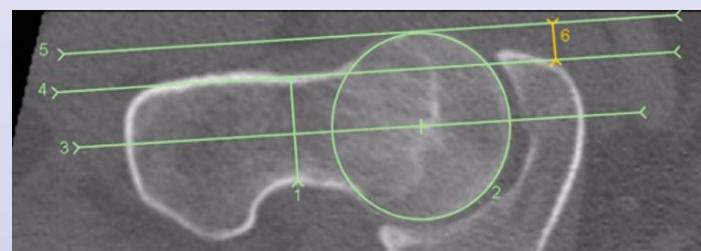
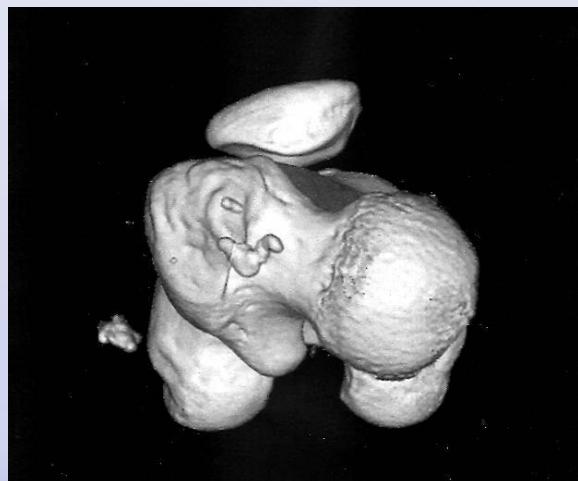
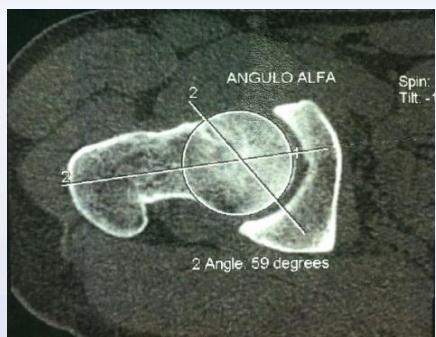
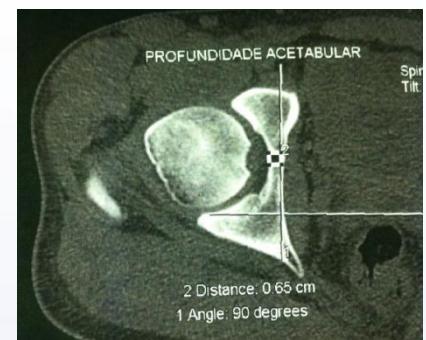
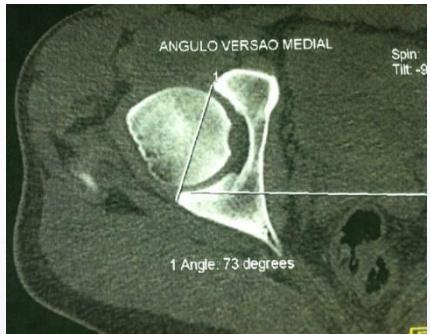






# Tomografia Computadorizada





# Artro-RM

## Convencional X Artro

- Sensibilidade:
  - 47% X 93%
- Especificidade:
  - 77% x 89%



**J Bone Joint Surg Am.** 2009;91 Suppl 1:138-43

# Como Tratar?

# TRATAMENTO CONSERVADOR



RBO

REVISTA BRASILEIRA DE ORTOPEDIA

[www.rbo.org.br](http://www.rbo.org.br)



Artigo original

## Sobrediagnóstico do impacto femoroacetabular: correlação entre a clínica e a tomografia computadorizada em pacientes sintomáticos<sup>☆</sup>



Richard Prazeres Canella<sup>a,\*</sup>, Guilherme Pradi Adam<sup>b</sup>, Roberto André Ulhôa de Castillo<sup>c</sup>,  
Daniel Codonho<sup>a</sup>, Gerson Gandhi Ganev<sup>d</sup> e Luiz Fernando de Vicenzi<sup>a</sup>

<sup>a</sup> Imperial Hospital de Caridade, Florianópolis, SC, Brasil

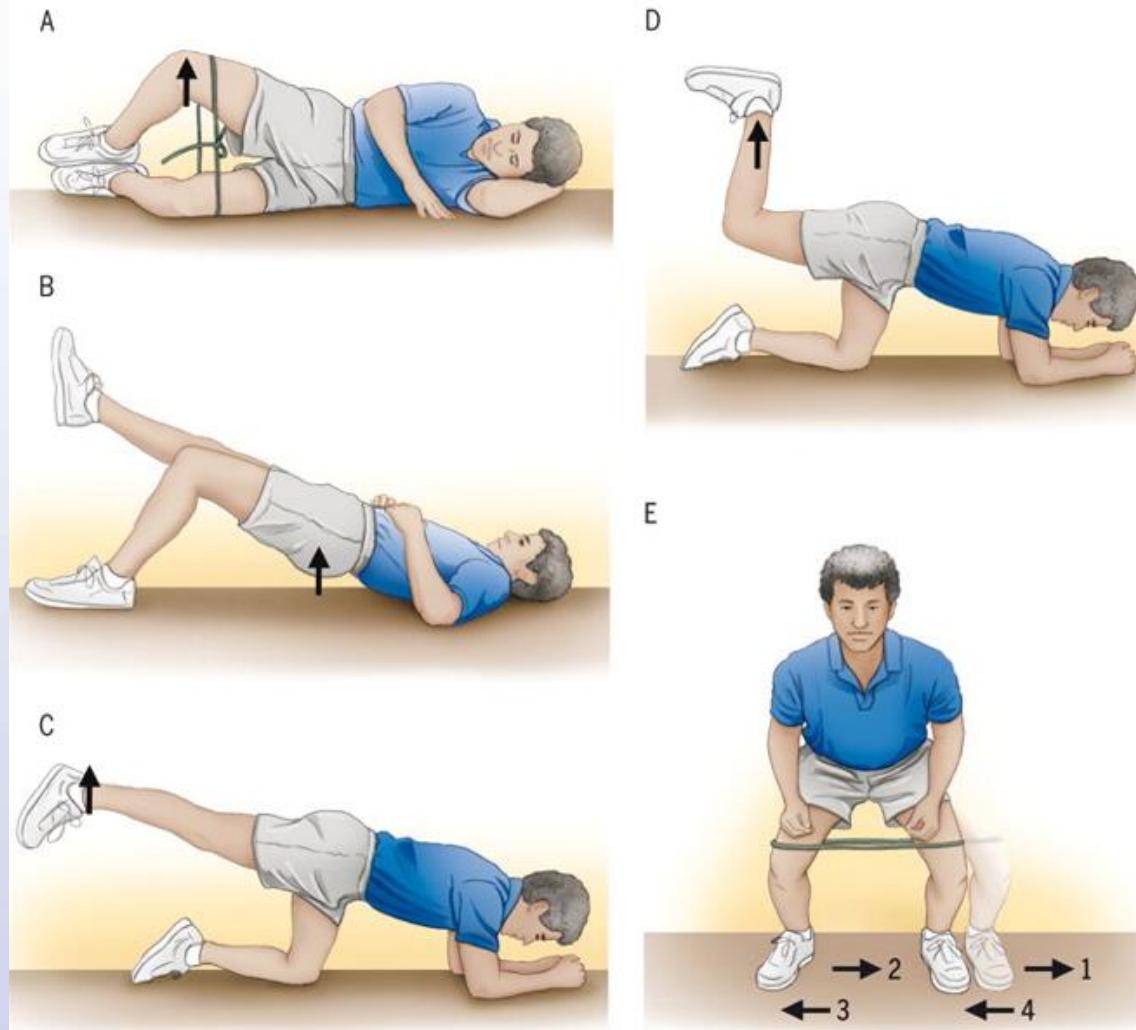
<sup>b</sup> Clínica Imagem, Florianópolis, SC, Brasil

<sup>c</sup> Hospital Governador Celso Ramos, Florianópolis, SC, Brasil

<sup>d</sup> Centro de Pesquisas Oncológicas (Cepon), Florianópolis, SC, Brasil

# CONSERVADOR

- Mudança de hábitos
- AINE
- Alongamentos
- Mobilização articular
  
- Fisioterapia
  - Controle neuromuscular
  - Postura
  - CORE
  
- Eficácia
  - Sem dados para mudança na história natural do IFA e OA



# TRATAMENTO CIRÚRGICO

# Luxação cirúrgica do quadril (GANZ)



# Luxação cirúrgica do quadril (GANZ)

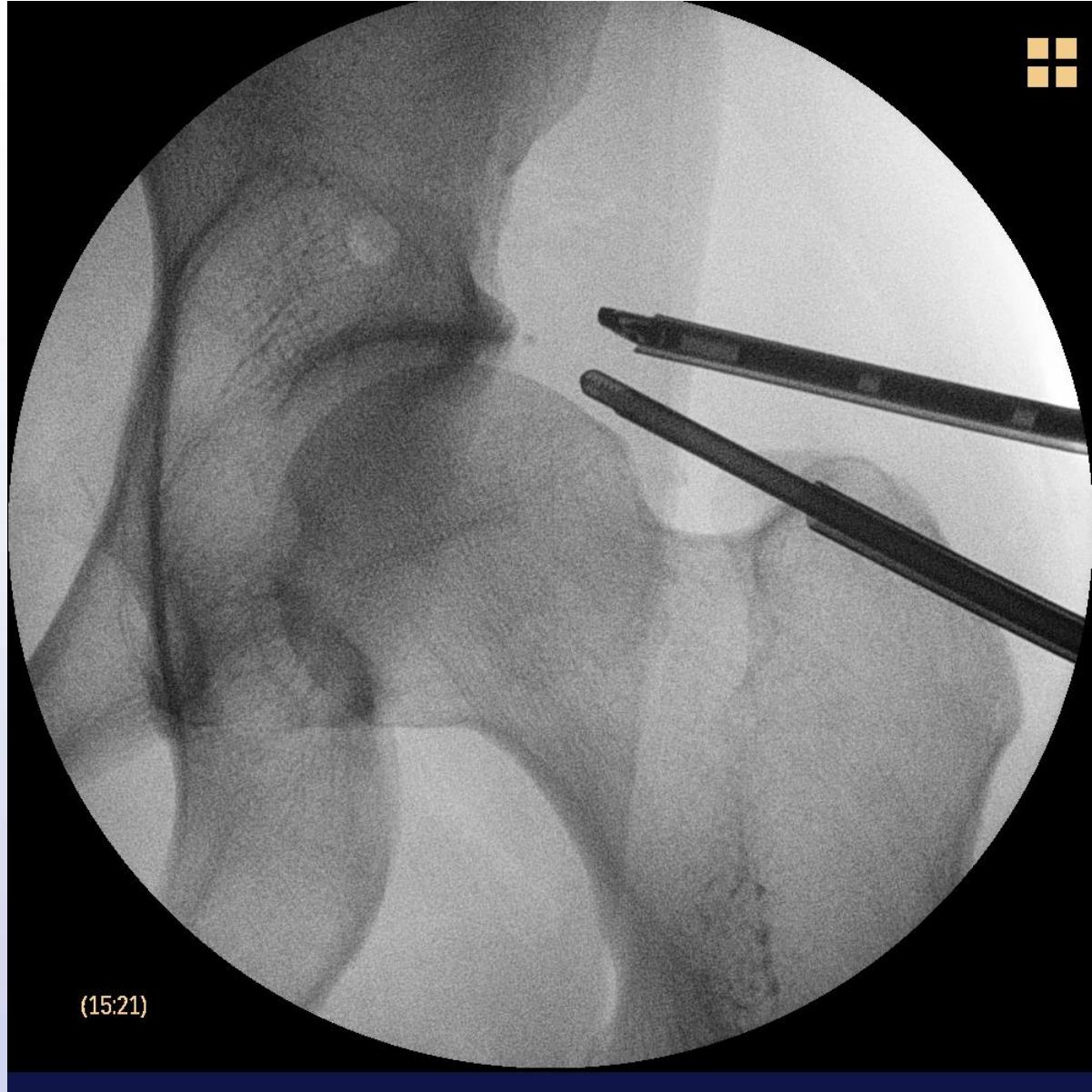
- Pseudartrose TM
- Osteonecrose cabeça femoral
- Ossificação heterotópica
- Fraqueza persistente da musculatura abdutora





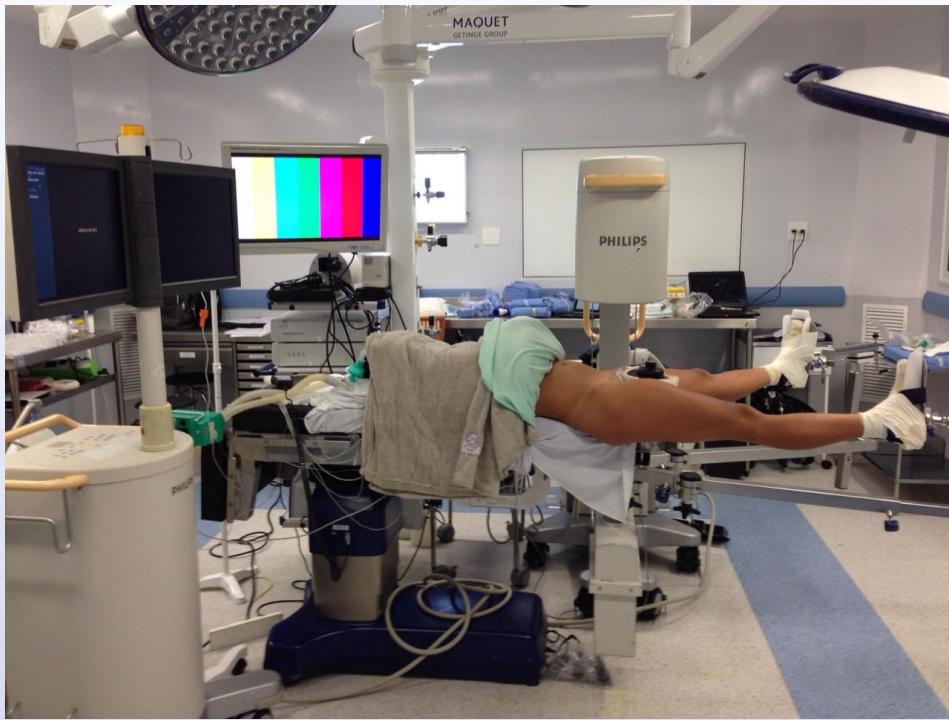
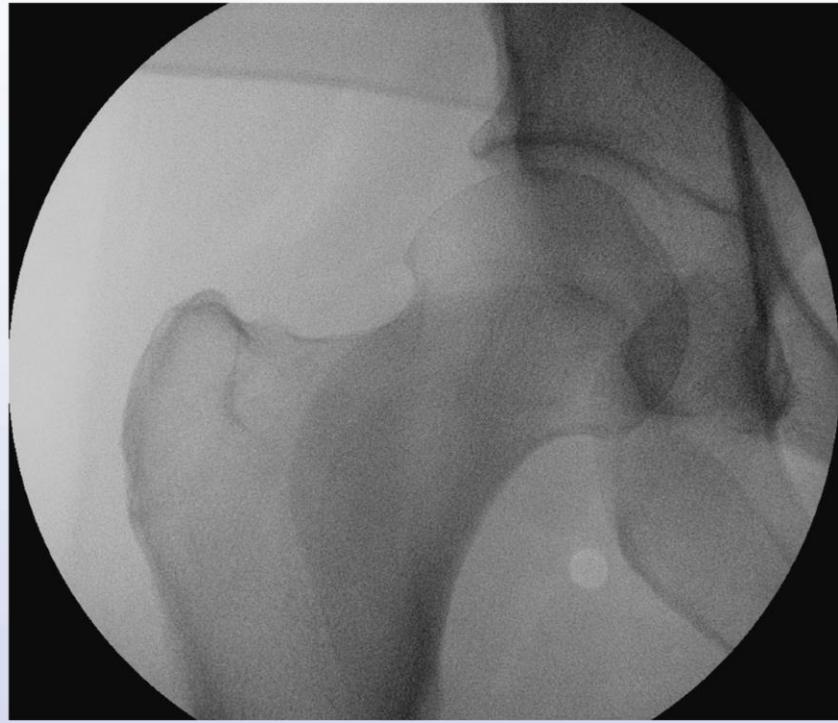
# Artroscopia

- Eficácia comparável ao tratamento aberto para correção do IFA
- Maior retorno aos esportes
- Complicações menos frequentes e transitórias



# ROTINA VAQ

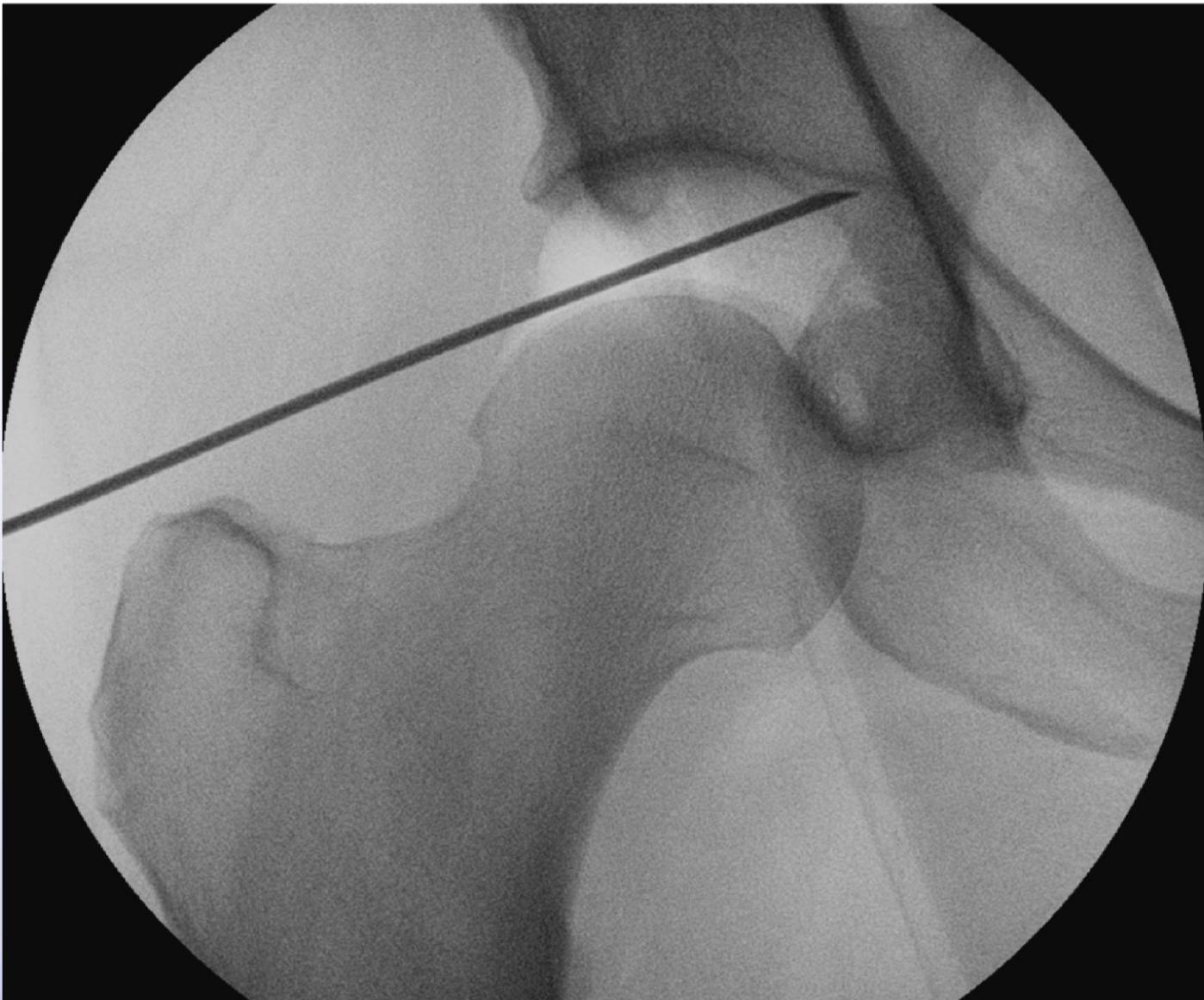


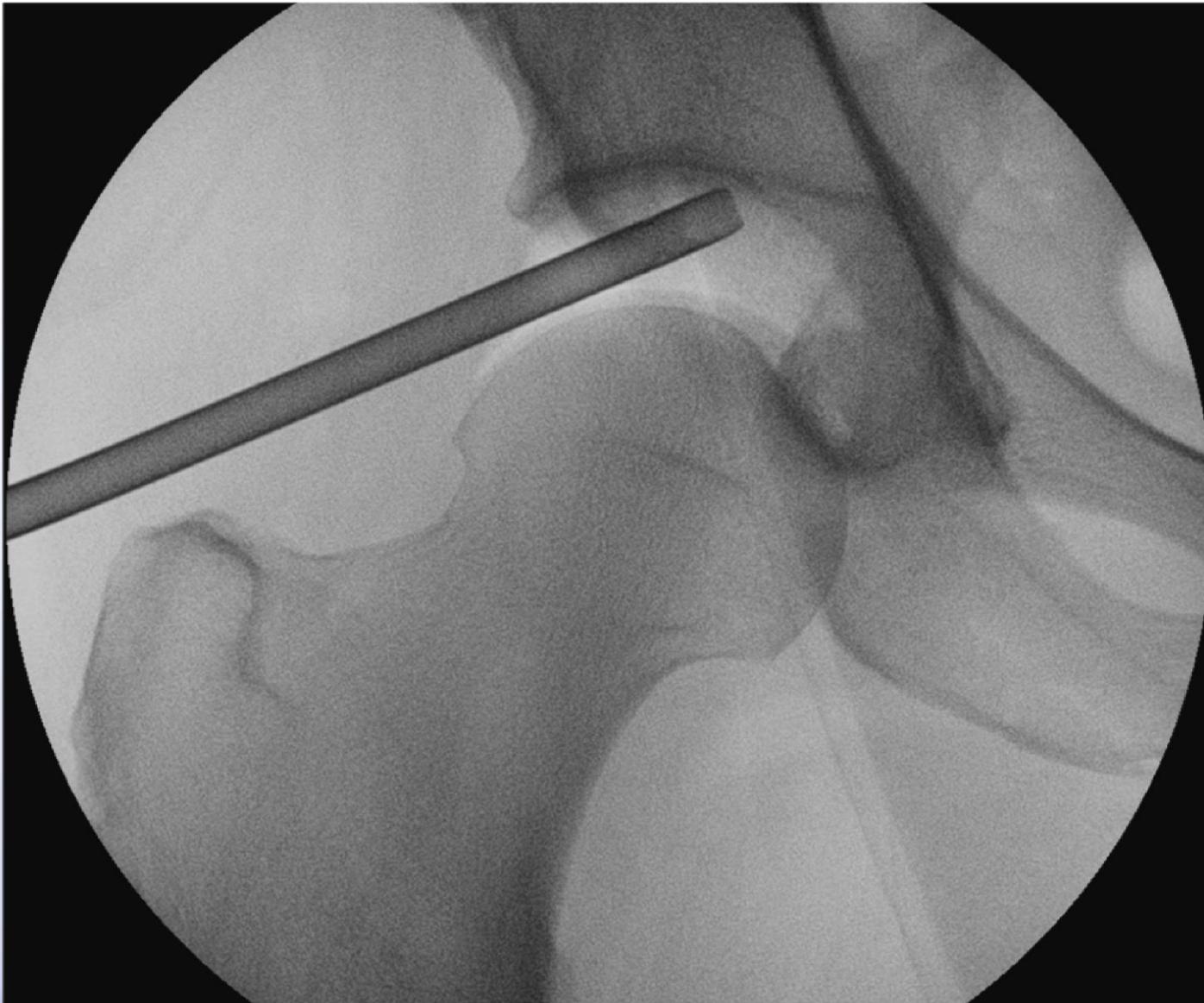


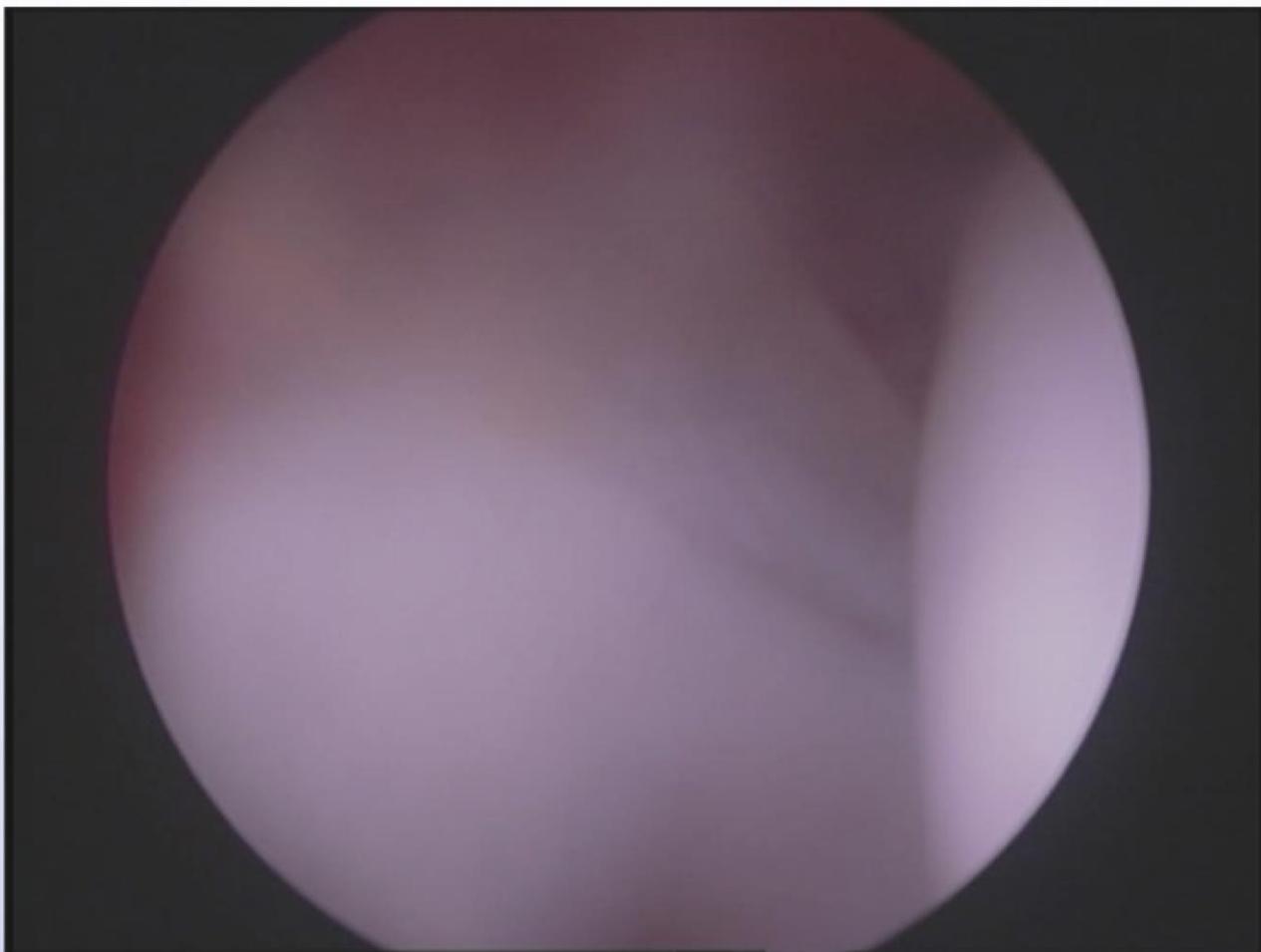


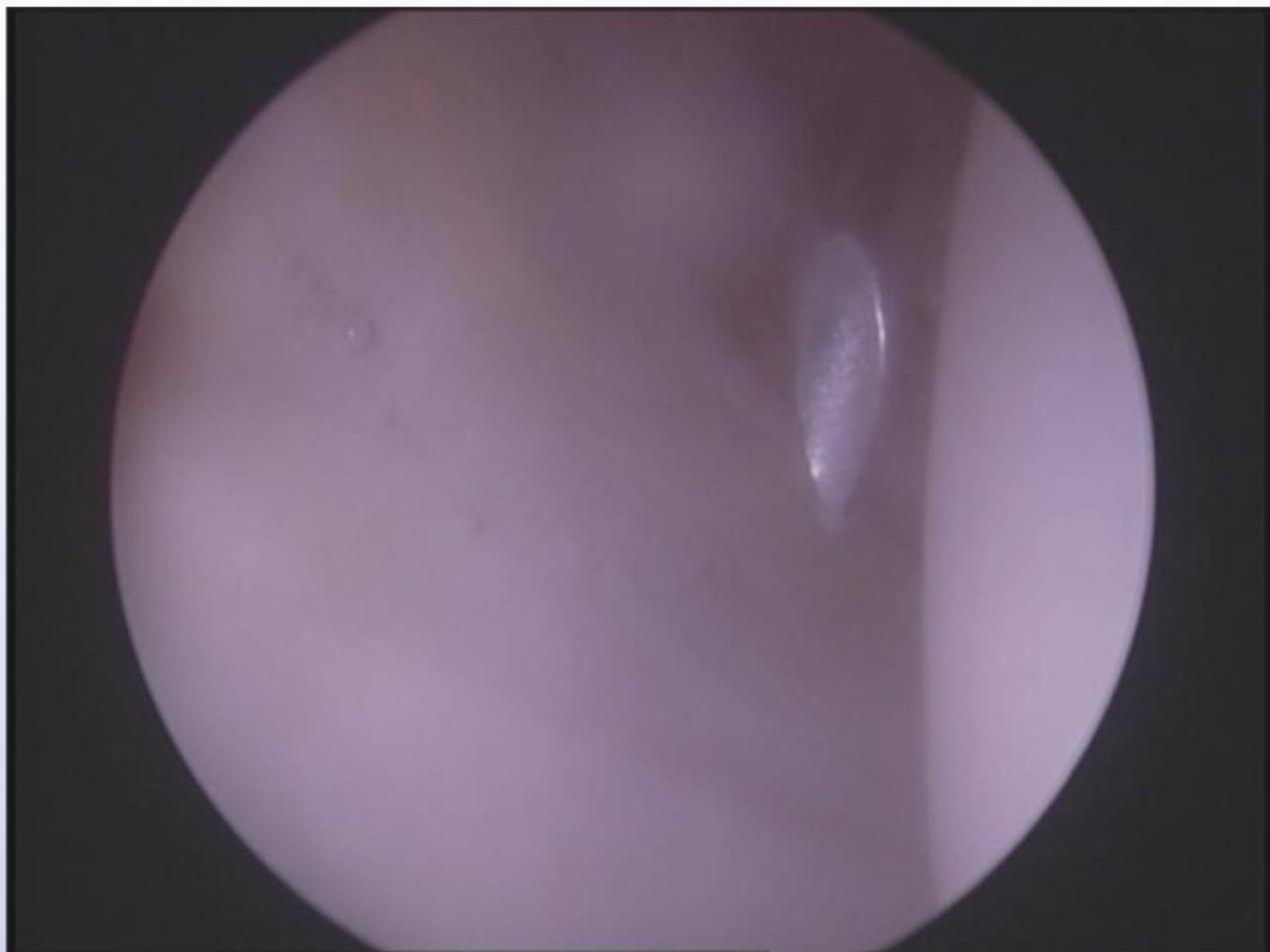




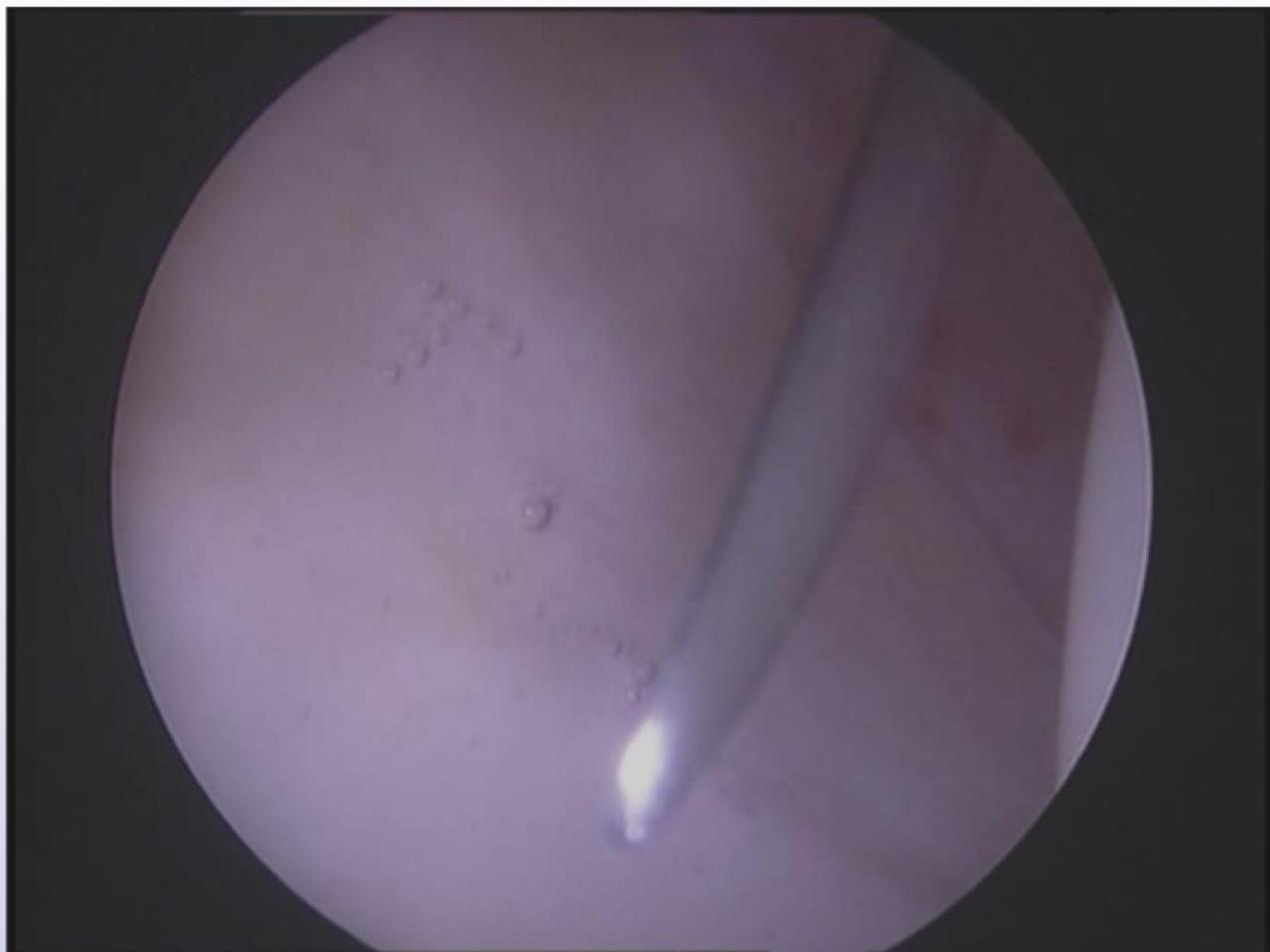


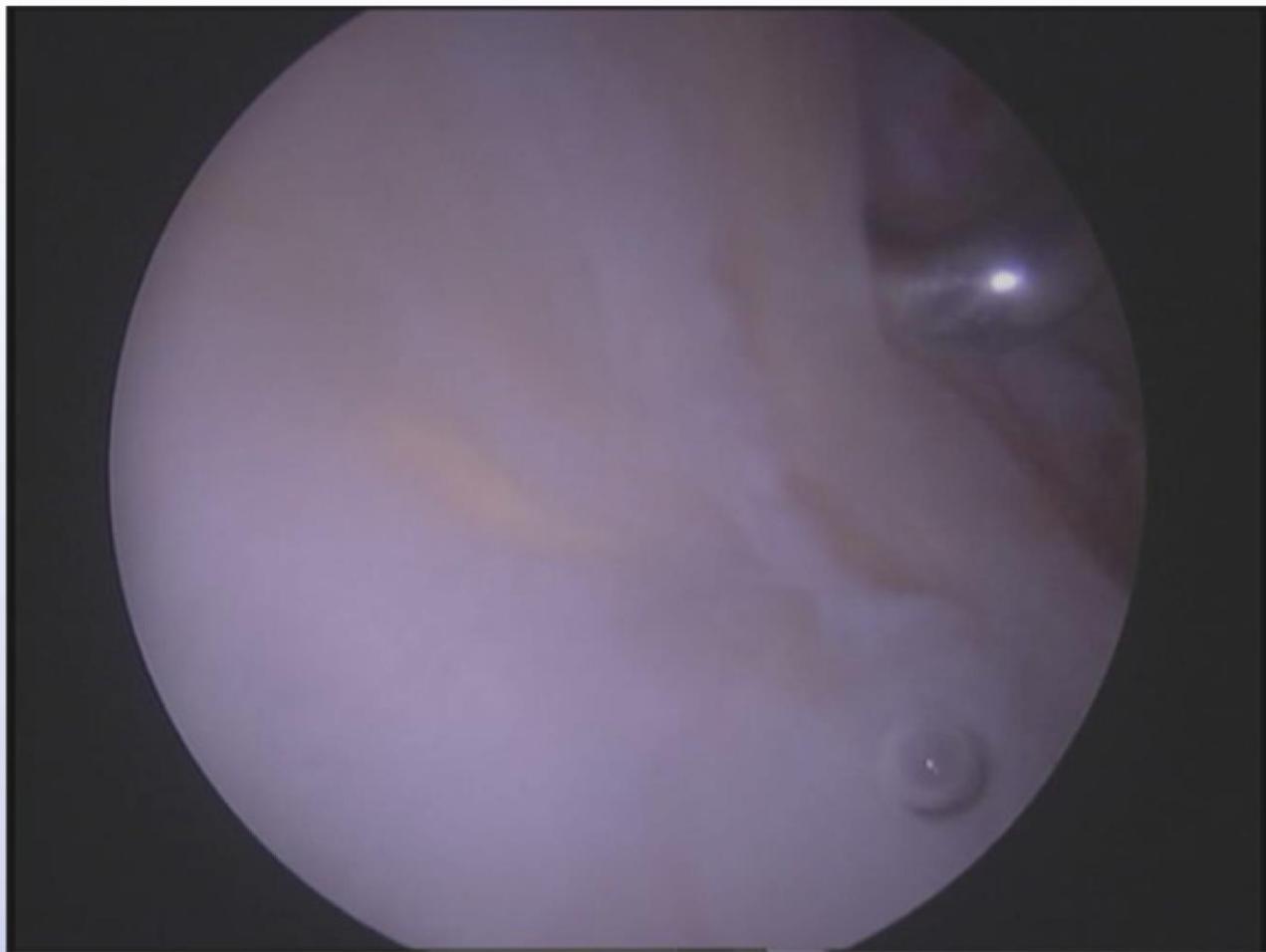


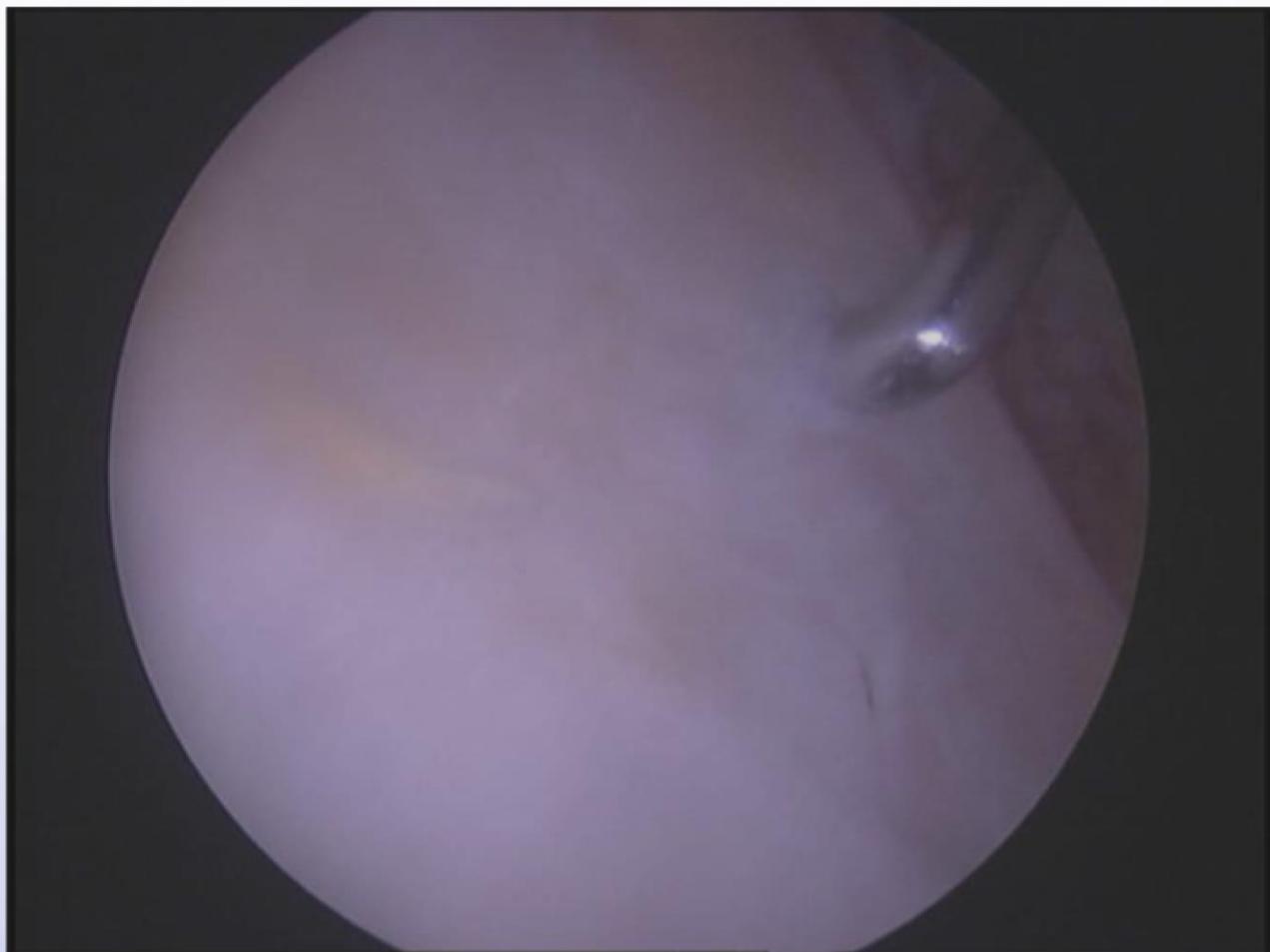


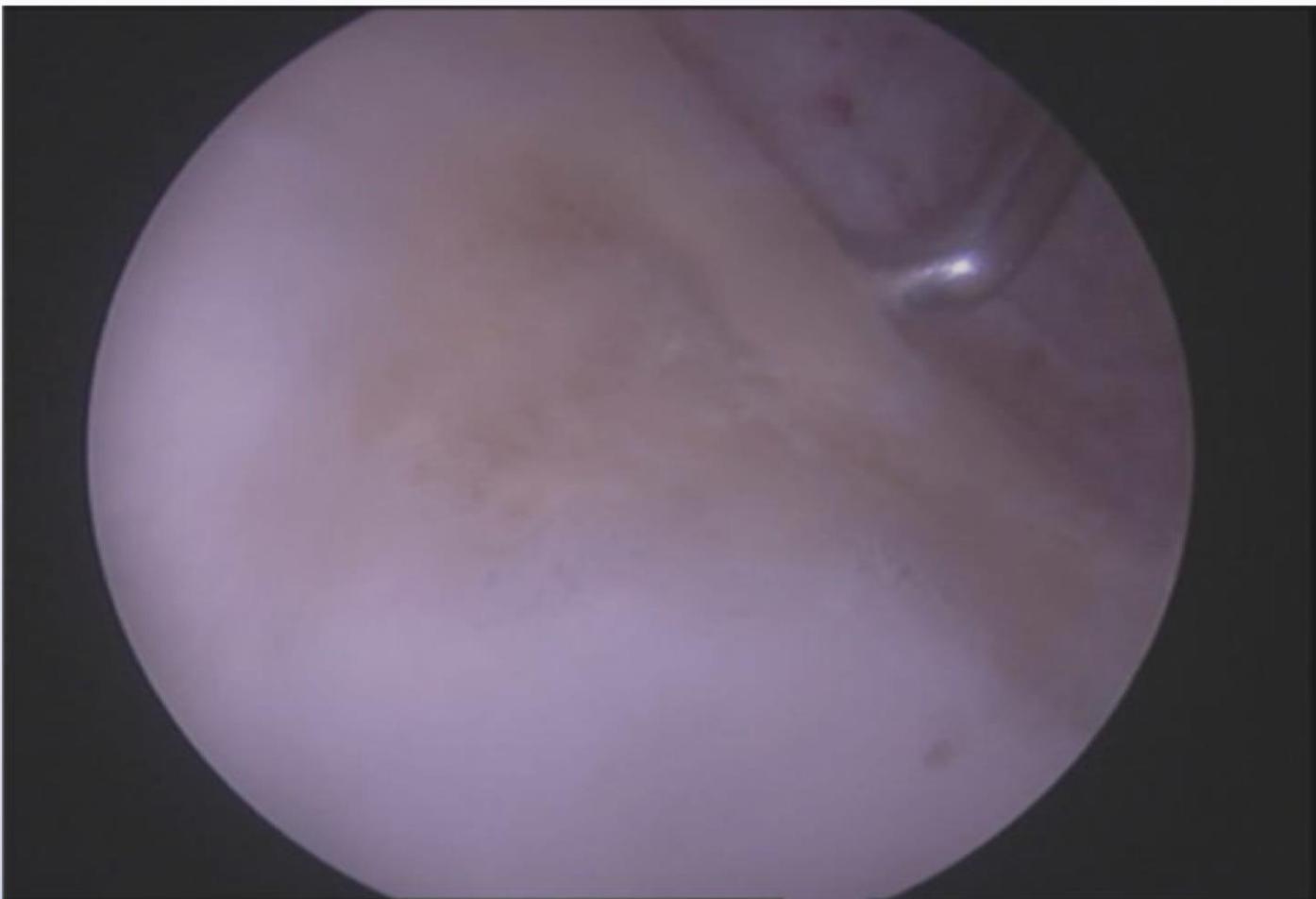


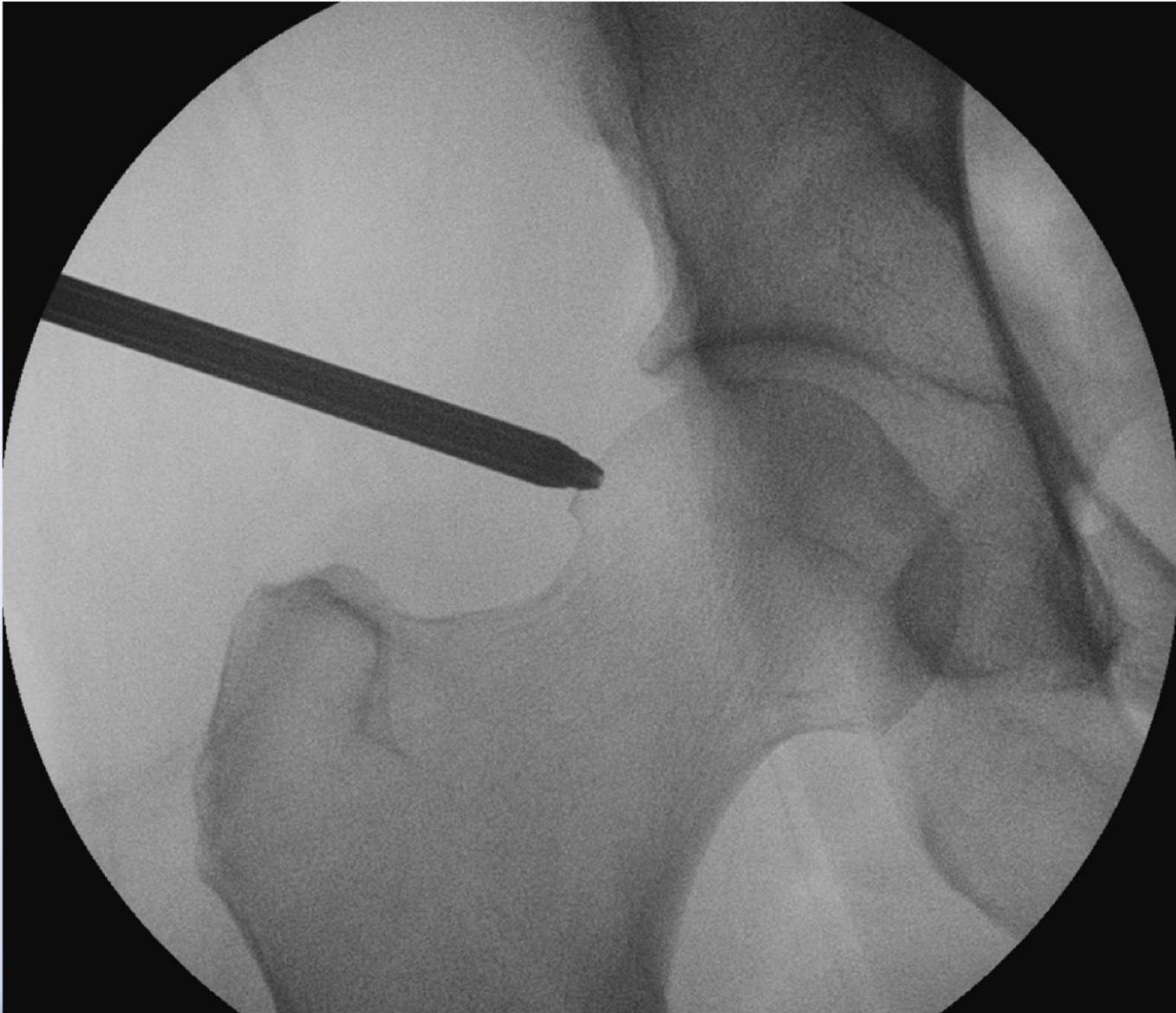


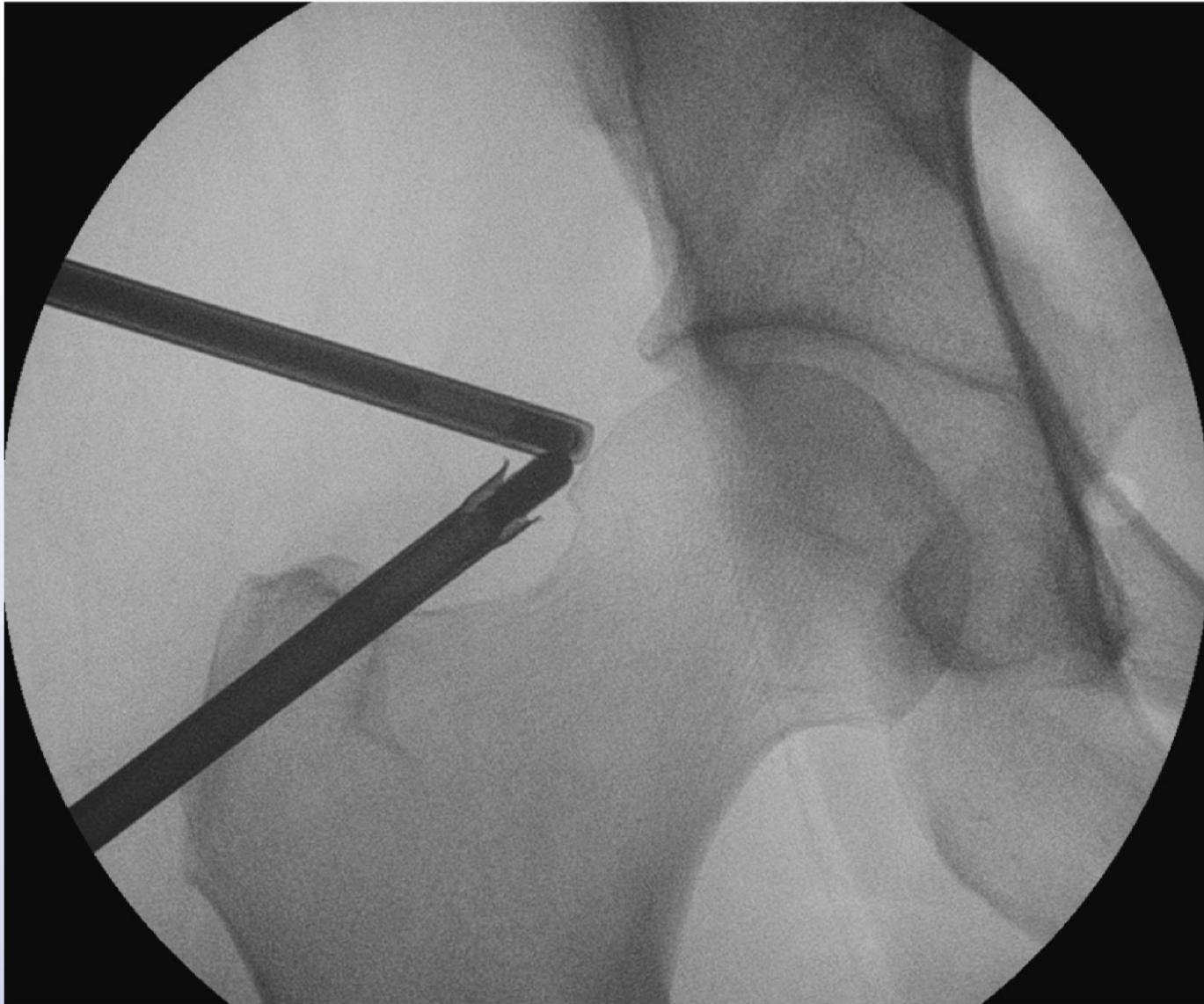




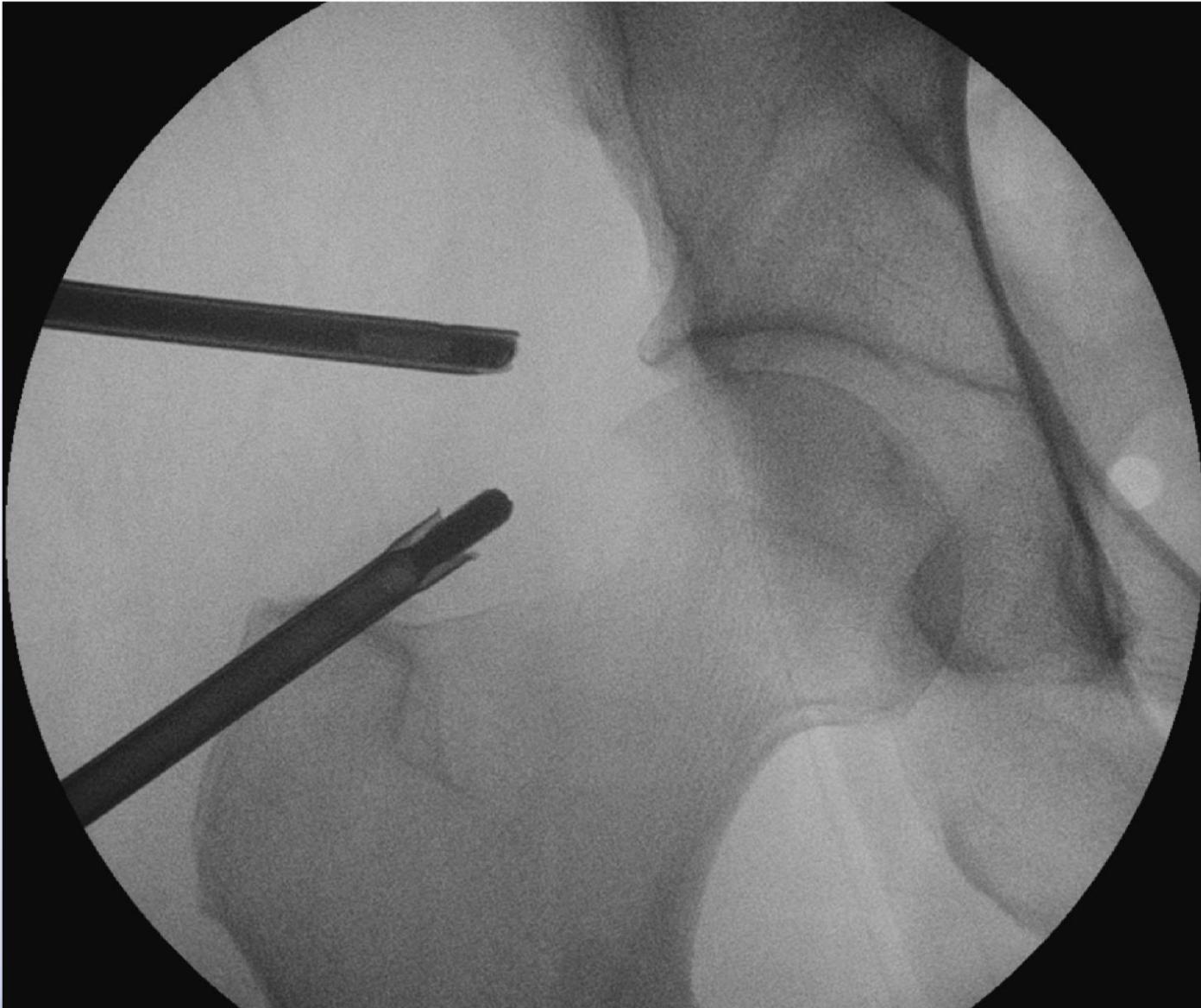


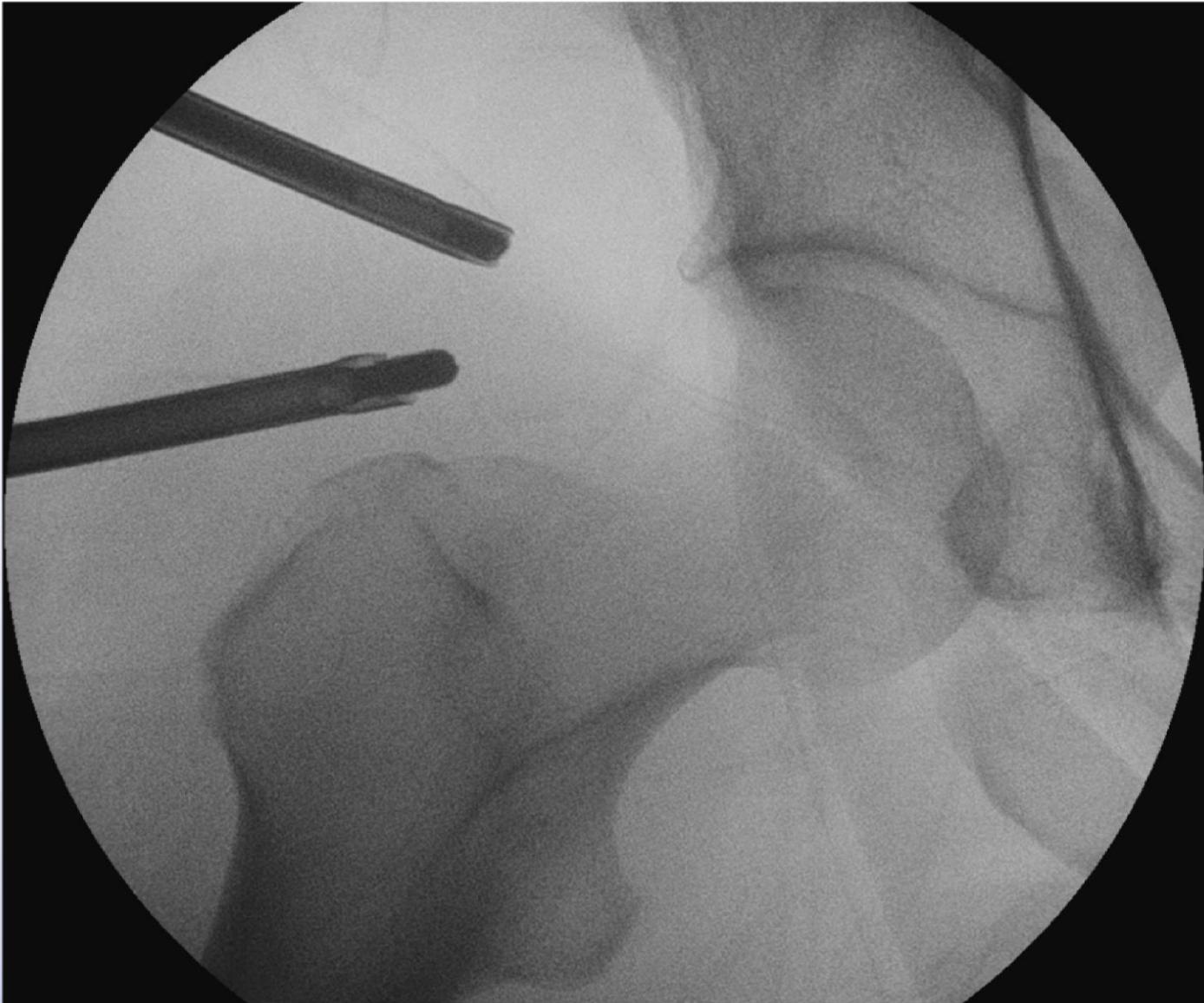














# **Reabilitação Pós-VAQ**

Duas semanas: deambular com par de muletas, bicicleta ergométrica, crioterapia.

Segunda a sexta semana: associar hidroterapia

Sexta semana ao quarto mês: fisioterapia

Quarto mês em diante: retorno às atividades esportivas

# Complicações VAQ

5% dos casos / Transitórias

Neuropaxia: mais comum

Lesões de pele: escroto / vulva

TVP / TEP: 0,08%

Infecção: relatos

Arthroscopy. 2015 Feb 7. pii: S0749-8063(14)00990-6. doi: 10.1016/j.arthro.2014.12.013.  
[Epub ahead of print]

**Complications and Survival Analyses of Hip Arthroscopies Performed in the National Health Service in England: A Review of 6,395 Cases.**

Malviya A1, Raza A2, Jameson S2, James P3, Reed MR2, Partington PF2.

# Obrigado



[www.richardcanella.com](http://www.richardcanella.com)