

Femoroacetabular Impingement (FAI)
A Real Pain in the Back

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INTRO

- FAI is thought to arise from bone deformity
- Pain 2/2 friction b/t femoral head and acetabulum eroding into cartilaginous labrum
- Risk factor for OA
- Gait disturbance & hip/groin pain are common
- Can rarely present with isolated LBP

METHODS

- Informed consent was obtained from patient for case report. IRB approval not required

PATIENT PRESENTATION

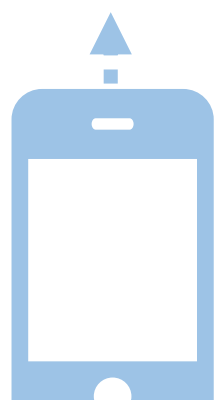
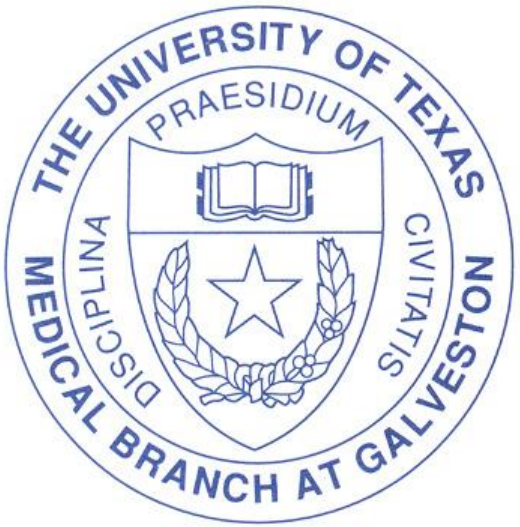
- 29 yo M with 12+ years of back pain
- Lower lumbar region, band-like distribution between the iliac crests and sacroiliac joints
- Worse with activity, left side worse than right
- No hip pain, radiculopathy, or weakness.
- No inciting event.

PHYSICAL EXAM

- Positive for lumbar paraspinal tenderness, reproducible with facet loading
- FADIR test produced mild discomfort at left anterior hip, but very mild compared to pain reproduced during above lumbar exam.
- FABER test was negative bilaterally.

INTERVENTIONS

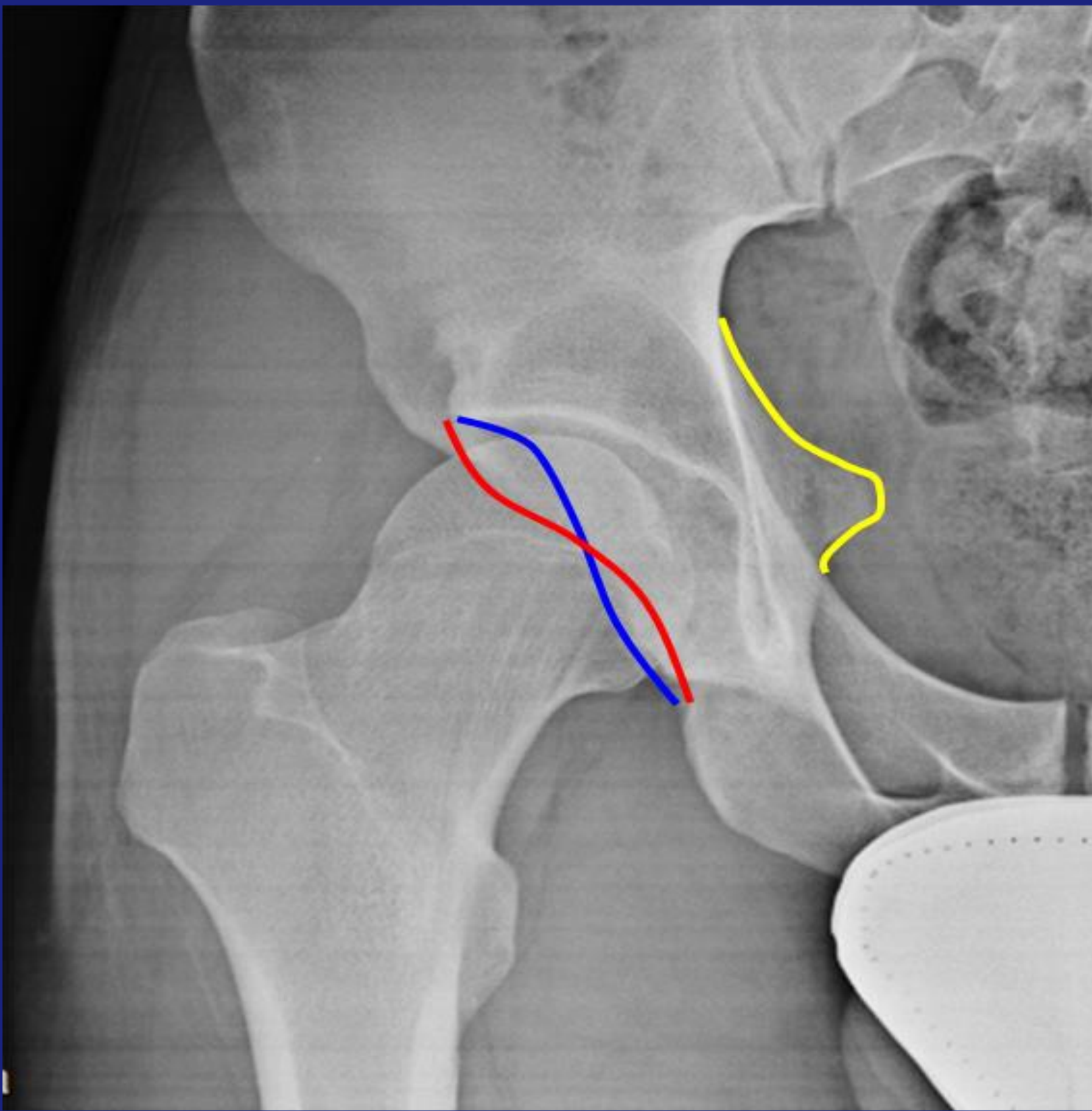
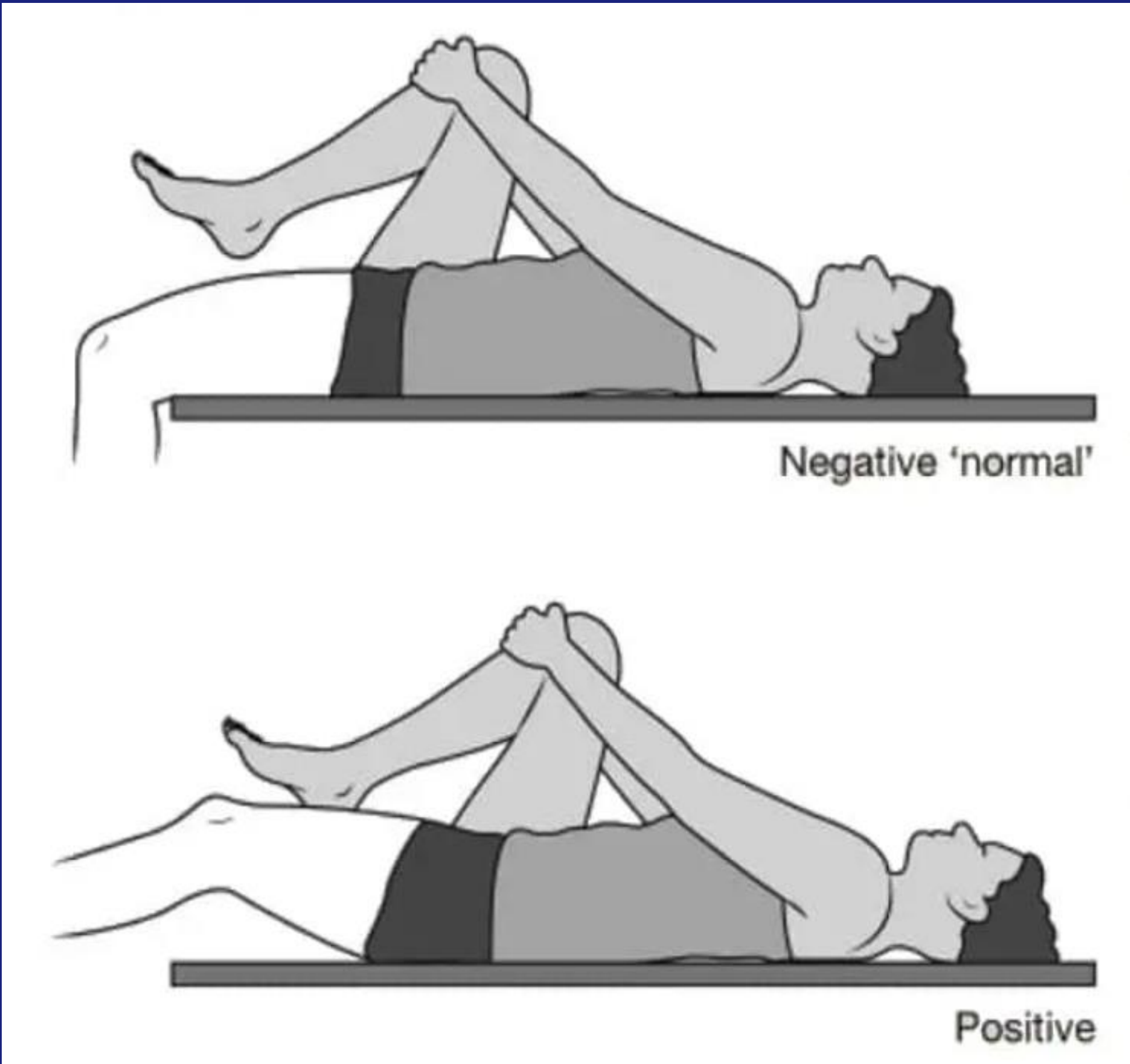
- Failed conservative treatment with medications and physical therapy
- Autoimmune workup negative.
- RFA of L3-S1 facets provided > 50% relief for 6 months in past.
- Diagnostic hip injections provided moderate relief
- Imaging of hips obtained
- ORS reluctant to operate d/t subtle findings



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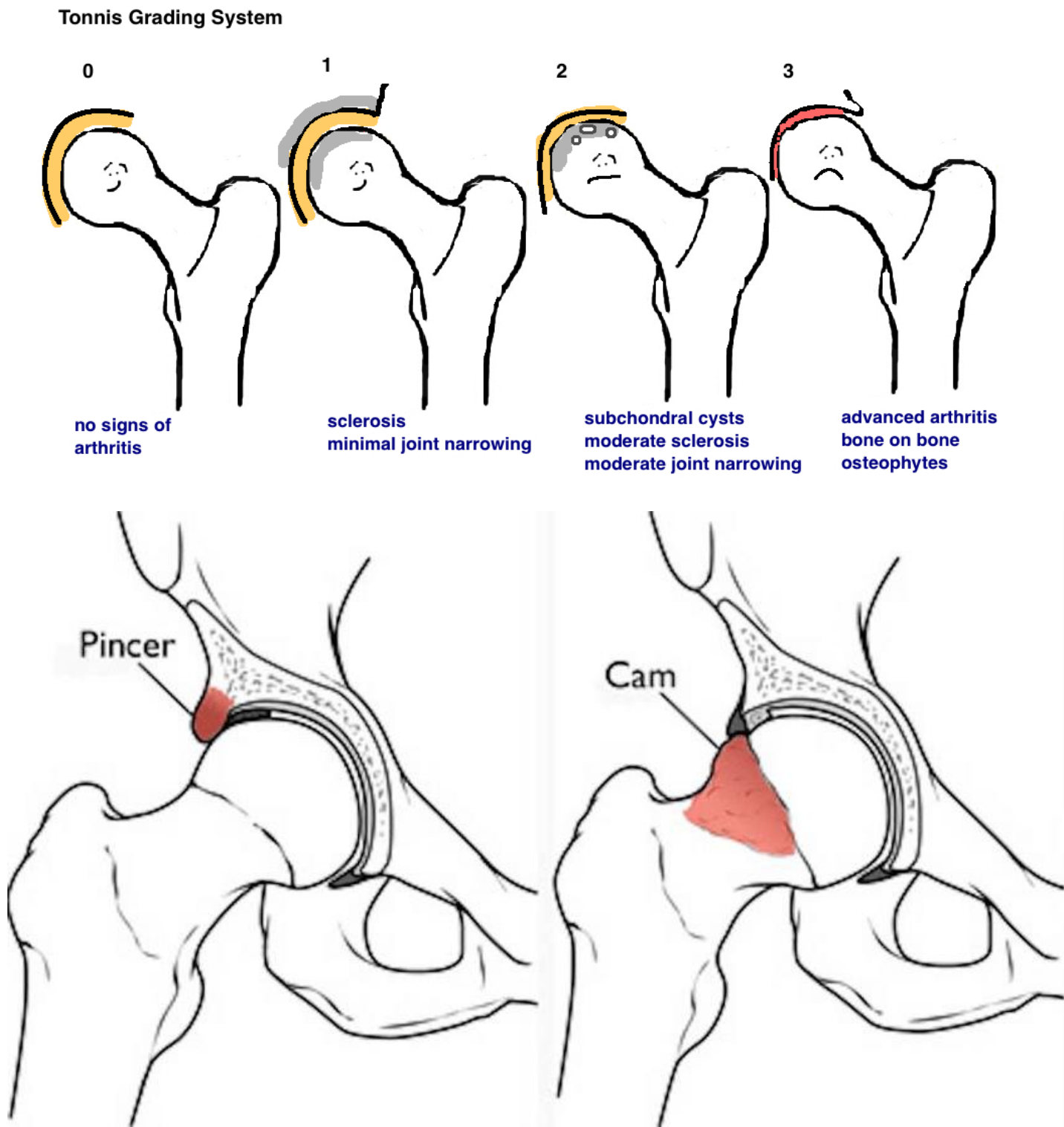
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BILATERAL HIP IMAGING

X-ray:

- (L) Peripheral crossover sign
- Tönnis grade 0 = no signs of osteoarthritis
- No ischial spine sign nor significant cam lesion



MRI:

- (R) Mild to mod. cartilage loss; no labral tear
- (L) Articular cartilage was intact; increased signal in labrum but no definitive tear

DIAGNOSTIC ARTHROSCOPY

Left hip:

- Significant labral tear from 11 o'clock to 3 o'clock

OUTCOME

- >90% reduction in pain after left labral repair.
- Patient plans to repeat surgery on right hip.

DISCUSSION

- Hip pathology can contribute to LBP, despite subtle exam & imaging findings.
- Incidence of primary hip disorder presenting as isolated LBP is reported to be as low as 2.5%.
- Case highlights importance of aggressively seeking hip pathology even in patients presenting w/ isolated LBP.

Physical Exam/Imaging	Sensitivity	Specificity
FADIR [1]	59-100%	10-100%
Thomas Test [1]	89%	92%
Scour Test [1]	50-100%	29%
Crossover sign [2]	92%	55%
Ischial Spine [3]	90%	71%