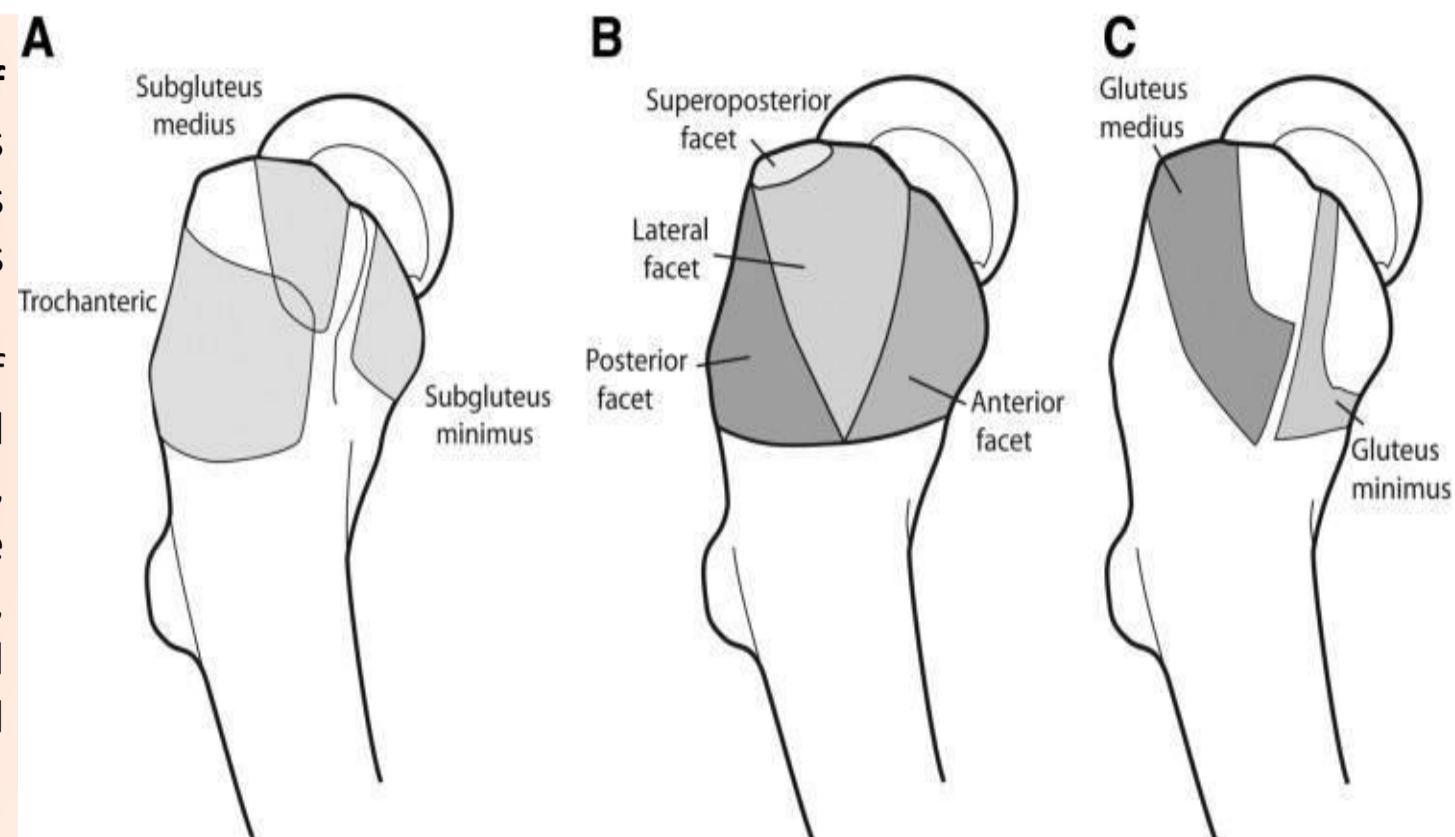




## Introduction

Greater Trochanteric Pain Syndrome (GTPS) is a **common cause of pain on the lateral aspect of the thigh**, encompassing entities such as the external snapping hip, trochanteric bursitis and tendinopathies (especially of the gluteus medius and minimus). Its prevalence is approximately 10-25% and affects **mainly women**, after 40 years.

The **diagnosis is clinical** and complex, due to the variety of pathologies that may occur with pain in this region. The gold-standard for imaging is **Magnetic Resonance**. Treatment is usually conservative, and solves the symptoms, provided that executed for an appropriate period of time, for a minimum of 6 months. Surgery, by arthroscopy, including microfractures of the insertion of the gluteus medius and minimus in the great trochanter and partial tenotomy of the proximal third of the gluteus maximus, is indicated in refractory cases.



## Purpose

This paper intends to review the recent literature on the subject and present the casuistry of 16 patients undergoing surgery for GTPS.

## Method

For the review, we searched in Pubmed with the terms "Greater Trochanteric pain syndrome", "Greater Trochanteric pain syndrome diagnosis and treatment" between 2010-2017. Of the 99 articles found, 41 were included. For the casuistry, we included 16 patients undergoing surgery for GTPS. We applied The Harris Hip Score (HHS) and the Visual Numeric Pain Scale (VNS) in the pre and postoperative periods.

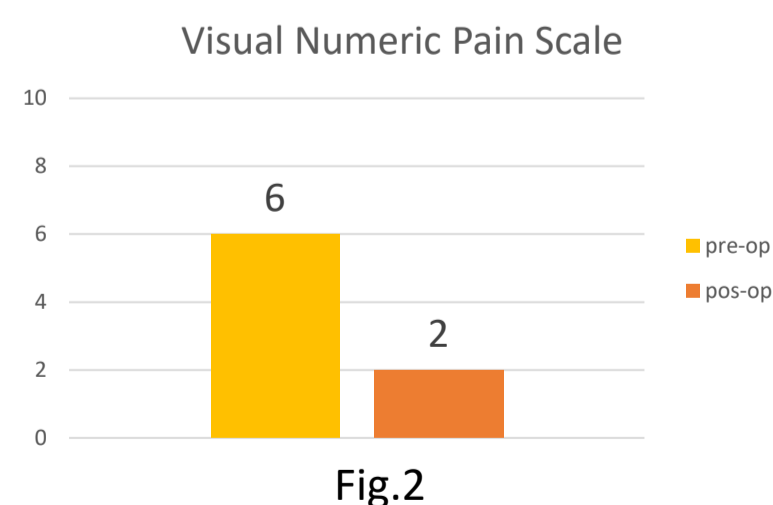
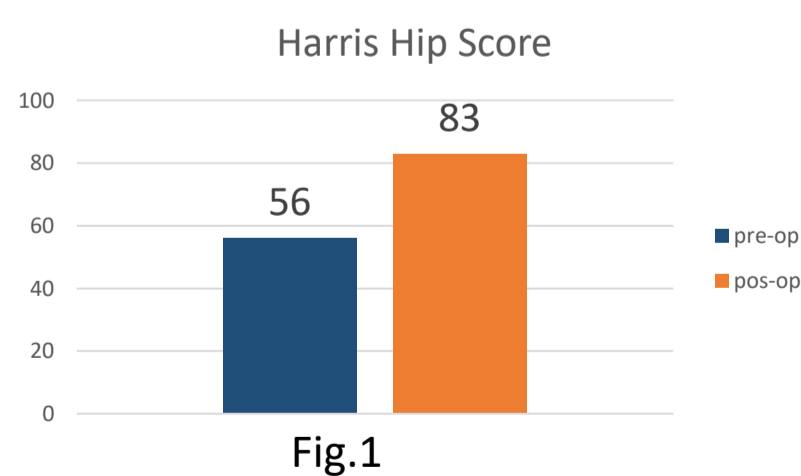
## Results

The 16 patients had performed a 6-month rehabilitation plan (focused initially on pain control with relative rest, ice and antiinflammatory medication and then on strengthening the abductors and extensors of the hip and stretching of the piriformis and iliotibial band, with straight leg raises, wall squats, and gluteal strengthening exercises), corticosteroid infiltration and were operated between 2013-2016.

All treated patients **were women** with a mean age 39.7 years and the mean duration of symptoms of 23 months.

they underwent arthroscopic surgery with microfractures of the insertion of the gluteus medius and minimum and the tenotomy of the proximal third of the gluteus maximus

The mean follow-up was 21 months. All the patients presented clinical relief (HHS- fig.1 and VNPS-fig.2 scales) and returned to previous professional activity.



## Discussion and Conclusion:

**GTPS** is common, although the diagnosis is difficult. The **intervention of Physical Medicine and Rehabilitation is the first line** of treatment, being effective in 66-90% of the cases, reducing the pain and improving the functionality. In refractory patients, arthroscopic surgery with microfractures of the insertion of the gluteus medius and minimum and tenotomy of the proximal third of the gluteus maximus might be a good option, but is necessary to maintain the follow-up.