Polesello et al e5

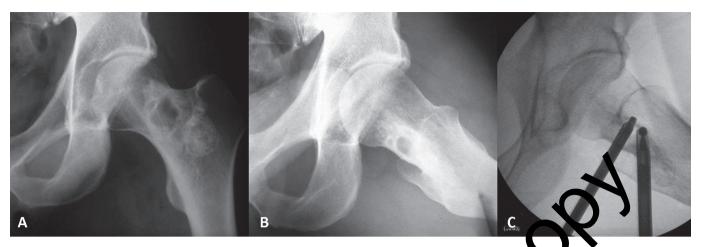


Fig. 3 - (A) Left hip x-ray anteroposterior view with a posteromedial femoral neck cystic lesion. (B) Left... x yay ofile view with a posteromedial femoral neck cystic lesion. (C) Fluoroscopy view of scope in the anterior medial portal (AMP) and boar in the posterior medial portal (PMP) working inside the cyst.

Similar location to the PMP has been described for septic arthritis drainage (6), removal of loose bodies (7) and congenital hip dislocation treatment (8). Polesello et al (2) have described medial portals and their relation to deep structures. The main structure at risk for the posterior portals is the obturator nerve and for the AMP the profundafemoris bundle. To minimise the risk of damaging the anterior branch of the obturator nerve, posterior portals should be positioned at the posterior border of the adductor longus (PMP and DPMP). In minimise the risk to the profundafemoris, the AMP should be placed close to the inguinal crease. All portals should be detected towards the femoral neck junction to avoid the posterior and medial circumflex artery.

The main indication for using these portals would be medial femoral neck affection requirings urgery. An alternative open surgery would be a surgical hy dislocation with trochanteric flip osteotomy or a Lydon powach, but both would be much more invasive than an art proscopy.

The limitation of this poor is the small number of cases, which is the result of strik case selection and the rarity of isolated hip pathology canageable through hip arthroscopy.

Conclusion

The medial portals described were safe and useful for medial hip p thology, especially at the peripheral compartment.

Disclosures

Financial support: Voie. Conflict Cintered: None.

Reieren es

- Robertson WJ, Kelly BT. The safe zone for hip arthroscopy: a cadaveric assessment of central, peripheral, and lateral compartment portal placement. Arthroscopy. 2008;24(9):1019-1026.
- Polesello GC, Omine Fernandes AE, de Oliveira LP, Tavares Linhares JP, Queiroz MC. Medial hip arthroscopy portals: an anatomic study. Arthroscopy. 2014;30(1):55-59.
- Hoppenfeld S, deBoer P. The hip and acetabulum. In: Surgical exposures in orthopaedics: The anatomic approach. 3rd ed. Philadelphia: Lippincott Williams & Wilkins 2003;455-462.
- Ludloff BK. The open reduction of the congenital hip dislocation by an anterior incision. Am J Orthop Surg (Phila Pa). 1913; 10:438-454.
- Ferguson AB Jr. Primary open reduction of congenital dislocation of the hip using a median adductor approach. J Bone Joint Surg Am. 1973;55(4):671-689.
- Chung WK, Slater GL, Bates EH. Treatment of septic arthritis of the hip by arthroscopic lavage. J Pediatr Orthop. 1993; 13(4):444-446.
- Teloken MA, Schmietd I, Tomlinson DP. Hip arthroscopy: a unique inferomedial approach to bullet removal. Arthroscopy. 2002;18(4):E21.
- Eberhardt O, Fernandez FF, Wirth T. Arthroscopic reduction of the dislocated hip in infants. J Bone Joint Surg Br. 2012; 94(6):842-847.

