

Gluteus Medius (and Minimus) Tendon Tears: Repair or Regenerate

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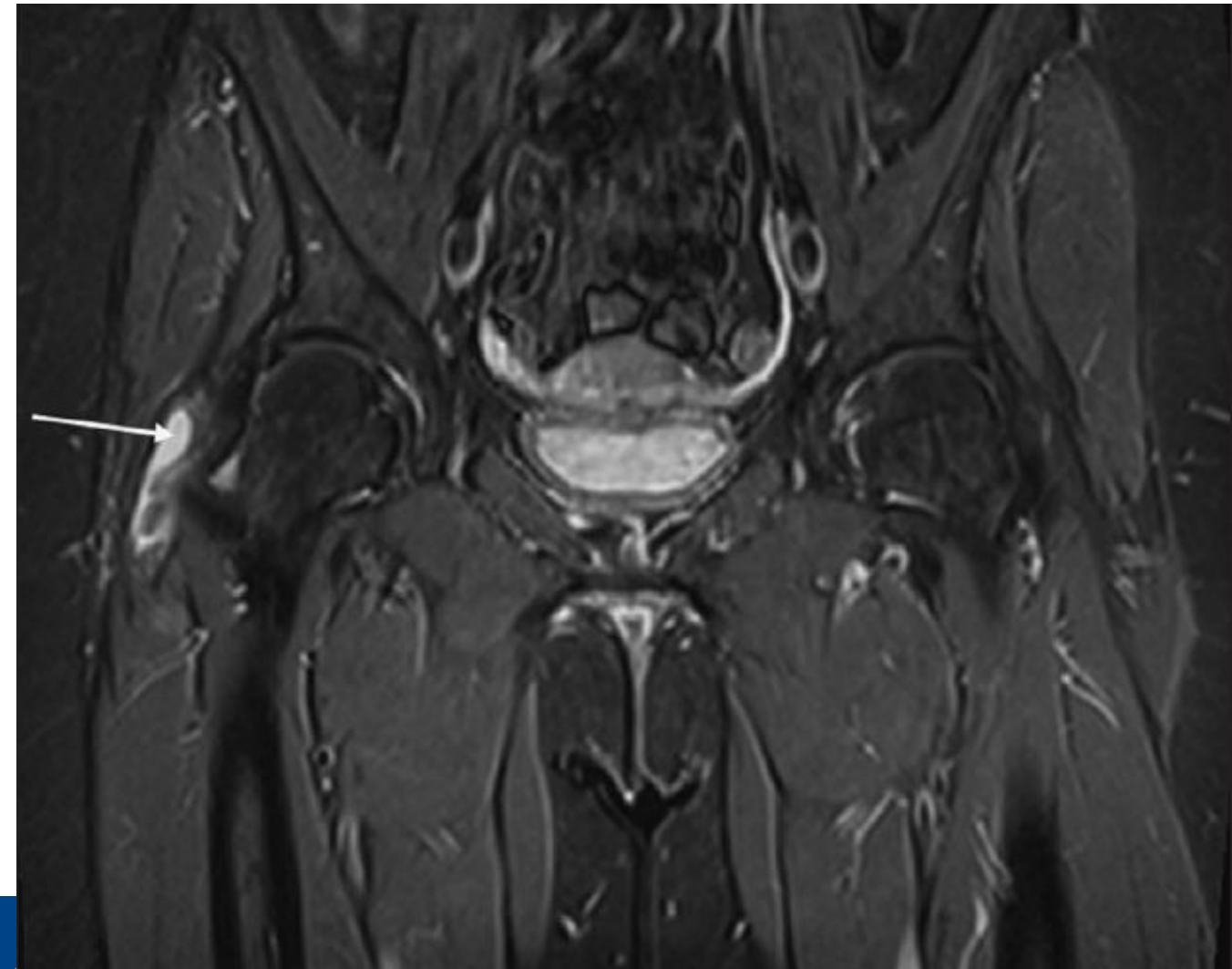
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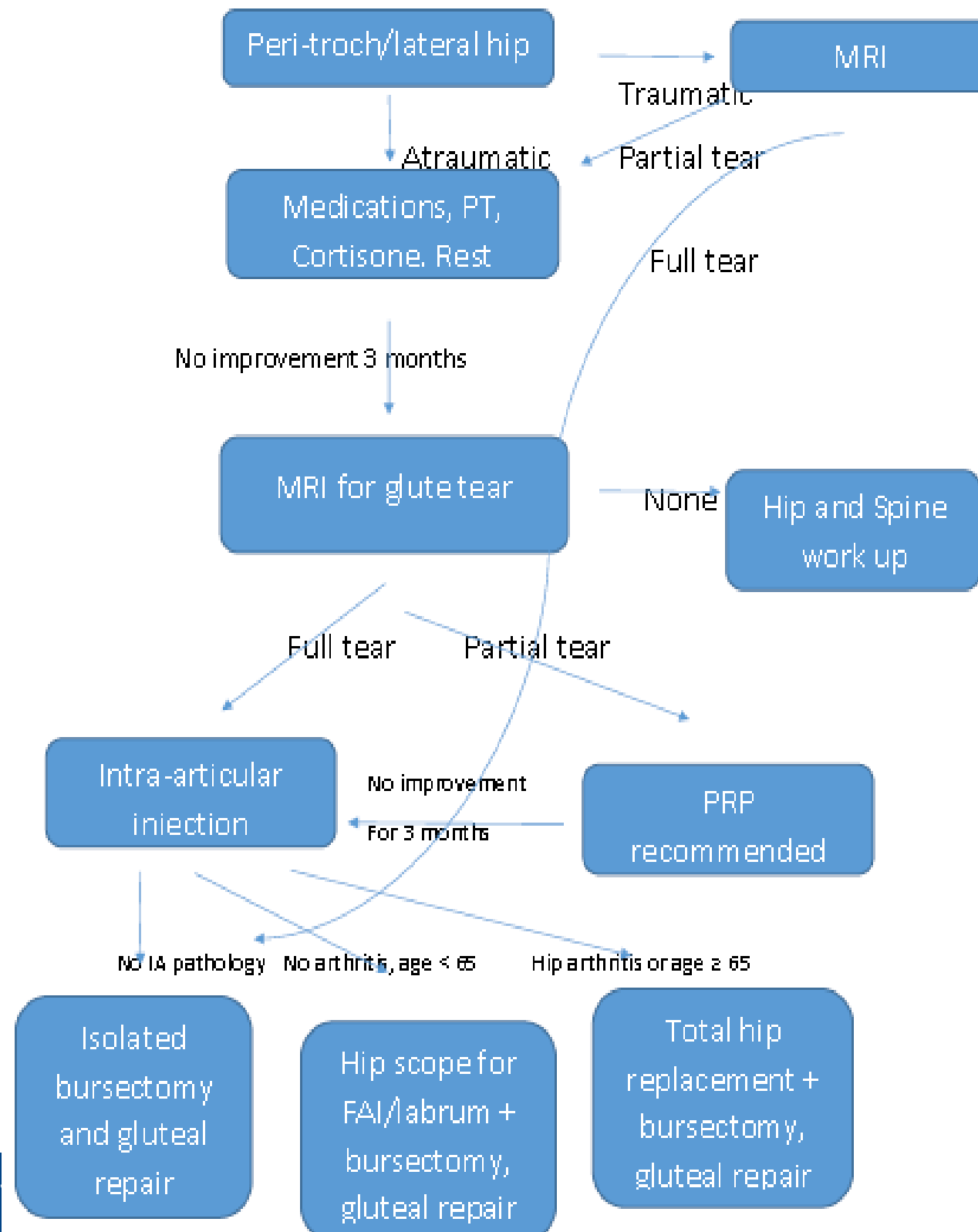
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Gluteus Medius Tears

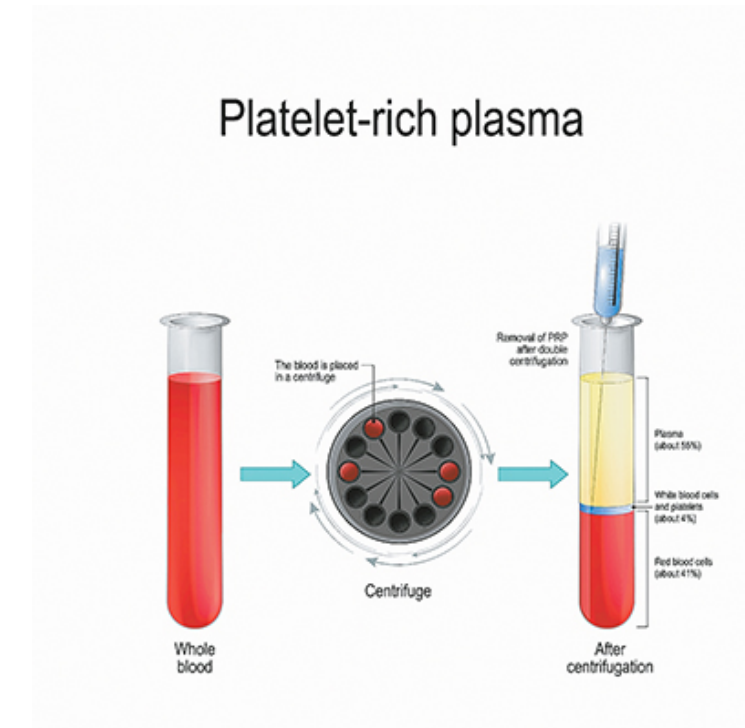
- Why do we care?
 - Most common cause of GTPS
 - GTPS affects 25% of women >50 years





Platelet Rich Plasma

- Deliver high number of growth factors inducing anabolic response, proliferation, angiogenesis, tendon collagen synthesis and healing response
- Leukocyte rich vs. leukocyte poor



Glute Tears

Systematic Review

Platelet-Rich Plasma Versus Surgery for the Management of Recalcitrant Greater Trochanteric Pain Syndrome: A Systematic Review

Rafael Walker-Santiago, M.D., Natalia M. Wojnowski, B.S., Ajay C. Lall, M.D., M.S.,
David R. Maldonado, M.D., Stephanie M. Rabe, A.C.N.P.-B.C., and
Benjamin G. Domb, M.D.

- 94 PRP, 185 surgery
- Modified harris hip score
 - PRP: (53 to 82), (56 to 72)
 - Surgery: (53 to 80), (53 to 76)



Table 3. PRO Scores for All Studies

	Follow-up	PRO Measure	PRO Score		Pain Measure	Pain Score		Complications
			Before Intervention	Final Follow-up		Before Intervention	Final Follow-up	
PRP Injections								
Fitzpatrick et al., ³³ 2019	104 wk	mHHS	53.77 ± 12.08 (23-77)	82.59 ± 9.71	NR	NR	NR	Minor adverse events, self-limited localized soreness at target site resolved in 48 h
Lee et al., ²⁰ 2016	19.7 mo (12.1-32.33 mo)	mHHS	56.73 ± 11.19 (35.20-73.70)	74.17 ± 15.07 (42.90-95.70)	NR	NR	NR	Minor adverse events, with most common being self-limited localized soreness at target site
		HOS-ADL	68.93 ± 16.48 (20.59-100.0)	84.14 ± 12.44 (48.53-100.00)				
		HOS-SSS	45.54 ± 23.40 (5.56-94.40)	66.72 ± 24.61 (28.13-100.00)				
		iHOT-33	34.06 ± 15.33 (6.45-74.06)	66.33 ± 23.12 (19.60-94.60)				
Jacobson et al., ²⁶ 2016	2 mo ± 27.7 d (21-108 d)				Mean pain score estimate	31.4 ± 7.3 (11-41)	19.4 ± 10.26 (4-42)	No complications
Mautner et al., ²² 2013	NR	Moderate improvement to complete resolution of symptoms		81%				NR
Unlu et al., ²¹ 2017	6 mo				VAS	6.29 ± 0.49 (6.00-7.00)	1.14 ± 0.38 (1.00-2.00)	NR
Surgery								
Coulomb et al., ⁴¹ 2016	37.6 ± 10.4 mo (20-62 mo)	IHHS	53.5 ± 8.4 (36-68)	79.8 ± 14.7 (45-96)	VAS	7.2 ± 1.1 (5-9)	3.3 ± 1.9 (1-7)	No major complications Occasional pain at incision site: 3 Recurrent external snapping hip: 1 Retear after fall: 2
Davies et al., ⁴² 2013	70.8 mo (61-100 mo); 19 patients (83%)	IHHS	53 ± 10.9	88 ± 11.5	NR	NR	NR	
		LEAS Oxford	6.7 ± 0.5 20.4	37.3	VAS	7.8	2.8	No complications
Drummond et al., ⁴³ 2016	20.7 mo (5.3-41.2 mo)	iHOT-33	23.8	70.2				
Hartigan et al., ³⁵ 2018	38 mo (26.6-68 mo)	mHHS	54.9	76.2	VAS	7.1	2.7	No complications
		HOS-ADL	50.2	80.6				
		HOS-SSS	30.9	67.3				
		NAHS	51.9	82.4				
		Trendelenburg sign (+)	14 of 25 patients	2 of 25 patients				

(continued)

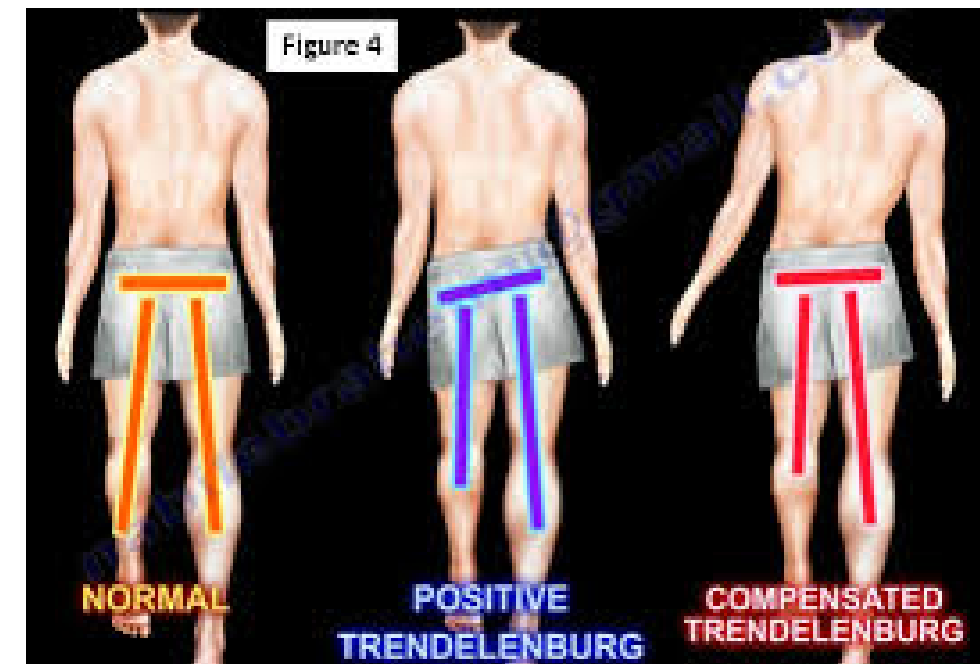


PRP

- Why PRP
 - It works (grade 1-3). Level 1 evidence
 - Better option than surgery
 - Treat the functional unit
 - Prevent other injuries
- Why not PRP
 - Different kit, different preparation, different delivery
 - It takes up to 3 months to take effect
 - Not for full thickness tears (grade 4)

Why Surgery

- PRP is expensive
 - Insurance doesn't cover it
- It works
 - Huge improvement in PROs meeting MCID
 - “Hug factor” per Dr. Byrd
- Ability to address intra-articular pathology
- Full thickness tear
 - Especially acute, traumatic
 - High grade partial thickness



Why Not Surgery

- It's surgery
 - Expensive
 - Anesthesia
 - Complications
 - Fracture
 - Wounds
 - Retear
- Recovery isn't easy - > long and hard
- You don't have help
- Other options have the possibility to work and don't "burn bridges"

