

Browser's Notes

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A cam deformity is gradually acquired during skeletal maturation in adolescent and young male soccer players. A prospective study with minimum 2-year follow-up
Agricola R, et al.
Am J Sports Med (2014) Apr;42(4):798–806

In this prospective study, radiographs of the hips of 63 adolescent elite, pre-professional soccer players aged 12–19 years were obtained at baseline and after a mean 2.4 year follow-up. Over time, the quantitative and semi-quantitative assessments of the femoral head-neck junctions showed an increase in the prevalence and severity of cam deformities in the subgroup with open physes at baseline, but not in the group with closed physes. None of the subjects suffered from slipped capital femoral epiphyses. The authors concluded that cam deformity develops only during skeletal growth and is likely a response to frequent impact activities.

Incidence of hip pain in a prospective cohort of asymptomatic volunteers. Is the cam deformity a risk factor for hip pain?
Khanna V, et al.
Am J Sports Med (2014) Apr;42(4):793–7

In this prospective study to determine the natural history of hip pain in cam deformity of the proximal femur, 170 asymptomatic healthy volunteers were evaluated for mid-term results (4–5 years post-enrollment). At the start of the study, all 200 enrolled subjects underwent MR imaging of both hips, and cam deformity, i.e. α -angle $>50.5^\circ$ at the 1:30 or 3:00 clock position, was found in 56 of 400 hips. Of the 77 males and 93 females aged 25.7–54.5 years (mean 29.5 years) who

completed follow-up questionnaires regarding the development of hip pain, 11 subjects reported hip pain, 3 bilaterally. Seven of the 14 painful hips had cam deformity compared to only 37 of the 318 hips in patients without hip pain indicating 4.3 times relative risk of developing hip pain when cam deformity is present. Of hips with cam deformity, the α -angle at baseline was significantly greater for those that developed pain (61.5° vs. 57.9° at 1:30 clock position). While only 27 % of the hips with cam deformity developed hip pain, the authors concluded that cam deformity represents a significant risk factor for development of hip pain, and that further research is required to better define which patients have the greatest risk.

Platelet-rich plasma injections in acute muscle injury
Reurink G, et al.
N Engl J Med (2014) Jun 26;370(26):2546–7

This randomized, double-blind, multicenter, placebo-controlled study compared the treatment of MR-diagnosed acute grade 1 or 2 hamstring injuries with injection of platelet-rich plasma (PRP) or isotonic saline placebo in 80 competitive or recreational athletes. The ultrasound-guided injections were performed within 5 days of injury and repeated 5–7 days later. Neither the treating physician nor the patient was informed of the treatment type. Rehabilitation protocols were identical for both groups. The median time to return to sports, the primary outcome, was 42 days for both treatment groups, and there was no difference in re-injury rates between groups.

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