

# Degenerative hip disease

[Trochanteric bursitis](#) (TBS) and degenerative arthritis of the hip are also included in the differential diagnosis of [neurogenic claudication](#) (NC).

Although TBS may be primary, it can also be secondary to other conditions including [lumbar stenosis](#), degenerative arthritis of the lumbar spine or knee, and leg length discrepancy.

TBS produces intermittent aching pain over the lateral aspect of the hip. Although usually chronic, it occasionally may have acute or subacute onset. Pain radiates to lateral aspect of thigh in 20–40% (so called “pseudoradiculopathy”), but rarely extends to the posterior thigh or as far distally as the knee. There may be numbness and paresthesia-like symptoms in the upper thigh which are usually not dermatomal in distribution. Like NC, the pain may be triggered by prolonged standing, walking and climbing, but unlike NC it is also painful to lie on the affected side. Localized tenderness over the greater trochanter can be elicited in virtually all patients, with maximal tenderness at the junction of the upper thigh and greater trochanter. Pain increases with weight bearing (and is often present from the very first step, unlike NC) and with certain hip movements, especially external rotation (over half the patients have a positive Patrick-[FABERE test](#), and rarely with hip flexion/extension. Treatment includes NSAIDs, local injection of glucocorticoid (usually with local anesthetic), physical therapy (with stretching and muscle strengthening exercises) and local application of ice. No controlled studies have compared these modalities.

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