There is a condition so common and confusing that I feel it is time to give it some attention.

The condition is called trochanteric bursitis, which is very painful and disabling and is often thought by patients to be related to the hip joint and even to arthritis in the hip. When we see patients in the office with this condition they usually come in referring to the problem as arthritis.

After a careful history and physical examination, x-rays of the affected hip are usually taken. In many cases, these x-rays are perfectly normal. Patients are astounded that their hip can be so painful and the x-rays look normal. Pain often will radiate from the outer aspect of the hip, down the thigh to the knee or even below in some cases.

The condition of trochanteric bursitis can come on without any precipitating injury or anything that the patient remembers doing that might have caused it. Often times it can seem to appear over night. It causes the patient to limp and is very tender to the touch on the outer or lateral aspect of the hip. This is a very important point because pain from the hip joint itself usually is in the front or the groin area and causes pain in the front of the thigh. Arthritis in the hip also frequently causes limitation of motion of the affected joint whereas trochanteric bursitis, except for the discomfort that is precipitated by movement of the hip, is not associated with actual stiffness of the joint.

Trochanteric bursitis is sometimes associated with an additional inflammation in the lateral and somewhat posterior aspect of the hip, termed gluteus medius tendinitis. The two conditions often coexist.

**Treatment**

Treatment of trochanteric bursitis takes several forms. If it has been present for a short period of time, a one or two week course of anti-inflammatory medication taken by mouth might do the job. If it has been present for a longer period of time, injection of the affected bursa area with anti-inflammatory medication such as Celestone is very frequently curative. Sometimes the injection needs to be repeated in one month.

In some instances, physical therapy is sometimes employed to try to achieve healing in the bursa and to reduce inflammation and therefore pain.
Rarely, arthroscopic surgery is performed to remove inflamed tissue from the affected hip allowing healthier tissue and new little blood vessels to come in to the area. This promotes the body’s own healing of this painful area.

Happily, the condition is not associated with arthritis of the hip, which can be severe and disabling and even lead to hip replacement surgery. The fact that a person may have trochanteric bursitis of the hip does not in any way indicate that they will develop arthritis in the hip joint itself.

We have seen many patients over the years with this condition. It is important that a good history and physical examination be done in addition to plain x-rays of the hip to make an accurate diagnosis and begin treatment.

Answers to all your Orthopaedic Surgery and musculoskeletal questions can be answered by logging onto www.orthopodsurgeon.com, which can take you to Your Orthopaedic Connection. Check it out.

Good health. Good life. All the best to you.

Be well.

Dr. Haverbush