

Avascular Necrosis of the Hip



Avascular Necrosis of the Hip (AVN) is a rare condition that occurs when blood supply is disrupted to the head of the femur (thighbone). Bone cells need a steady supply of blood to remain healthy. Disruption to the blood flow over a long time can affect the head of the femur in the hip, resulting in tissue breakdown. In circumstances of advancing AVN, bone tissue can fail resulting in damage to the hip joint. This is accompanied by pain and difficulty walking. In advanced stages of AVN it may be necessary to have hip replacement surgery.

Over 20,000 people each year enter hospitals for treatment of AVN of the hip and in some cases; both hips are affected by the disease. These will be managed differently dependent upon individual circumstances.

Symptoms

AVN develops in stages. Hip pain is usually the first symptom. This may then lead to a dull ache or throbbing pain in the groin or buttocks. As the disease progresses, it becomes more difficult to stand and put weight on the affected hip, and moving the hip joint becomes painful.

Risk Factors

AVN is most common in people between the ages of 40 and 65 and women are more often affected than men. It is not currently known what causes the lack of blood supply to the bone, but there do appear to be several risk factors that make someone more likely to develop AVN. These include:

Hip Trauma such as fractures, dislocations and injuries that have potential to damage the major blood vessels.

Long term steroid use.

Osteoporosis.

Early menopause.

Alcoholism.

Diver's Disease.

Symptoms

AVN develops in stages. Hip pain is typically an early symptom. This may lead to a dull ache or throbbing pain in the groin or buttock area, a loss of movement in the hip and difficulty when standing and walking on the affected hip.

Treatment

Core Decompression – In earlier stages of AVN small holes are drilled into the femoral head to relieve pressure in the bone and create channels for new blood vessels. The improved blood supply allows the hip to recover. Typically patients are able to return to walking unassisted within 3 months.

Total Hip Replacement – If AVN has advanced to the point where the femoral head is very damaged, the only remaining treatment option is total hip replacement. The damaged bone and cartilage are removed, and new joint surfaces are inserted to preserve the function of your hip. Recovery following this can take 3-6 months and you may need some physiotherapy and rehabilitation.