

## **Coxarthrosis**

### **About the hip joint**

The hip joint or the - joint plays a significant role in walking. Together with the hip muscles, it also fulfils the function of supporting the body's weight and maintaining its vertical position. The hip joint consists of two bones: the coxal/hip bone (together with the sacrum form the pelvis) and the femur (the thigh bone). The superior extremity of the femur is called the femoral head that slides from the coxal bone into the cotyloid cavity. Both joint surfaces are covered in an elastic structure called cartilage, a structure that enables an easy and painless sliding. The joint is limited by an articular capsule and it sinks in a liquid (the synovial liquid) that lubricates it in the same way that oil lubricates the gearing of the car.

### **What is coxarthrosis?**

When the elastic structure (cartilage) that covers the hip joint wears out, it means that you are suffering from hip arthrosis or coxarthrosis. Once the cartilage is gone, the bone will be uncovered. In time, the bone will deform and it will present excrescences (osteophytes) that will further obstruct the joint.

Arthrosis evolves in an unpredictable manner: it can either be limited to a restrained area from which it extends progressively, or it can cover the entire sliding surface in only a few months.

There are many causes for this type of wear, such as age, imperfect structure of the joints, weight excess, shock, hereditary weakness, certain diseases (inflammatory diseases).

### **Symptomatology**

Herein under are the symptoms caused by these changes:

- Hip pain that can radiate to the side or to the knee;
- Stiffness, especially in the morning or after prolonged periods of rest; a common difficulty for all types of arthroses;
- Difficulty walking due to the stiffness of the joint. Walking becomes abnormal and this causes problems to the knee, the spinal column and the other hip;
- Muscle atrophy of the groups of muscles that enable joint mobility. This is caused by the fact that the muscle can no longer operate normally.

### **Medical evaluation**

In order to determine the severity of the case we use indicators such as:

- The frequency of pain killer use;
- Limping while walking or the fact that the patient needs a cane for walking;
- The distance that the patient can achieve without pain;
- Difficulty in putting the shoes on;
- The extent to which the patient's day to day life is affected.

The radiographic exam of the hip joints shows a thickening of the margins of the cotyloid cavity, the narrowing of the intra-articular space, excrescences (osteophytes), osteosclerosis with osteocondensation in the area of maximum pressure, osteoporosis in the shape of geodes in the femoral head and in the acetabulum. Other imaging exams (CT scan or NMR) are rarely used in the evaluation.

### **Treatment**

Joint pain and inflammation can be fought with medication. Certain chondroprotective agents can protect the cartilage and can slow down the evolution of arthrosis. In order to maintain elasticity and

to preserve the muscles, we recommend gymnastics and the re-education of walking. We also recommend that the patient combat obesity, which increases the mechanical strain. Muscle contraction will be combated with medication and physiotherapeutic procedures.

Medication and recovery can improve the situation for a while, but they cannot stop the evolution of the disease or the process of joint degradation.

### **When is surgery necessary?**

If medication does not have a satisfying result, the orthopaedic consultant can recommend surgery. At a certain stage of stiffness and pain, the discomfort is so bad that you might want to consider surgery. This stage differs from one patient to another. In order to make a decision, you should have a long talk with your orthopaedic consultant in order to be informed of all your options.