

Coxarthrosis is osteoarthritis of the hip joint.

It is called primitive if there is no abnormality responsible for osteoarthritis, otherwise it is called secondary.

The diagnosis is suggested by pain and an examination of the hip and confirmed by x-rays.

The treatment involves non-drug measures, drugs and, possibly, surgery.

The two types of coxarthrosis

Primitive coxarthrosis occurs in a normal hip in a subject over 60 years of age and represents 40% of cases of hip osteoarthritis.

Secondary coxarthrosis occurs with hip "dysplasia" (with anatomical deformation) in a younger subject and is encountered in 60% of cases of hip osteoarthritis.

Morphological abnormalities are the main risk factor for coxarthrosis.

Must you should not forget excess weight (excess weight and obesity) and trauma and microtrauma in contact sports.



The diagnosis is made based on the symptoms and an examination

The symptoms are the same for both primary and secondary coxarthrosis.

Pain is the main symptom. It is a mechanical pain which is accompanied by a limp. It is usually in the groin, but can also be in the buttock or be a knee pain.

Stiffness associated with pain is responsible for a disability manifested by discomfort on walking and limping.

A limitation in hip movements is discovered on examination by a doctor.

Radiology confirms the diagnosis



Radiography of both hips is essential for the diagnosis.

It has two objectives: search (or confirmation if already known) for hip dysplasia and search for radiological signs of coxarthrosis:

- reduction in the height of the space between the joint surfaces (joint space narrowing);
- compression of the portion of the bone immediately under the cartilage;
- bony spurs at the bone-cartilage junction (osteophytes).

Non-drug treatments play a central role

Reducing any excess weight is a priority. The same goes for starting a programme of "aerobic" activities (brisk walking for 30 minutes 3 times a week; cycling; swimming) and functional rehabilitation exercises to maintain mobility of the hip and strengthen the muscles that stabilise it.

Orthotics amount to cushioning insoles (Running shoes with thick soles) and technical aids to carry with a cane on the opposite side to the diseased hip.

Articular economy tips are not superfluous: avoid carrying heavy loads, walking on rough ground and prolonged standing.

Drugs are administered in 2 forms

In the treatment of osteoarthritis, drugs are prescribed as tablets or, more rarely, in the form of intra-articular injections.

Analgesics (paracetamol) are prescribed as first line medication.

Non-steroidal anti-inflammatory drugs have a superior effect to analgesics but they are not without side effects. In the absence of contraindications, they are prescribed as a short-term treatment in an effective dose, preferably during painful flare-ups.

Symptomatic slow-acting drugs represent the long-term treatment. Their excellent tolerance means they can be prescribed for long periods of time. Their action is delayed, but often prolonged after stopping the treatment.

Intra-articular injections of corticosteroids are indicated in case of inflammatory flare-ups. Both technique and monitoring must be rigorous.

Surgery is considered when the disability becomes significant

Total hip replacement is the preferred prosthesis in osteoarthritis.

It gives good results on pain and the autonomy of osteoarthritic patients.