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Greater Trochanteric Pain Syndrome

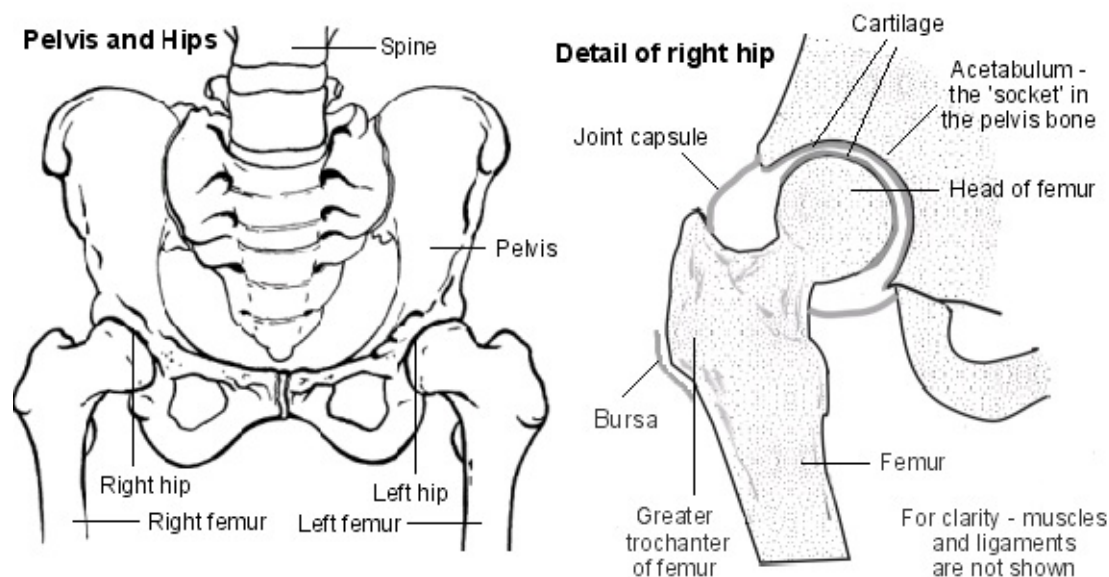
Greater trochanteric pain syndrome is also often called trochanteric bursitis. The main symptom is pain over the outside of your upper thigh. Most cases are due to minor injury or inflammation to tissues in your upper, outer thigh area. Commonly the condition goes away on its own over time. Anti-inflammatory painkillers, physiotherapy and steroid injections can all sometimes help.

What is greater trochanteric pain syndrome?

Greater trochanteric pain syndrome is a condition that causes pain over the outside of your upper thigh (or thighs). The cause is usually due to inflammation or injury to some of the tissues that lie over the bony prominence (the greater trochanter) at the top of the thigh bone (femur). Tissues that lie over the greater trochanter include muscles, tendons, strong fibrous tissue (fascia), and bursae.

Greater trochanteric pain syndrome used to be called trochanteric bursitis. This was because the pain was thought to be coming from an inflamed bursa that lies over the greater trochanter. A bursa is a small sac filled with fluid which helps to allow smooth movement between two uneven surfaces. There are various bursae in the body and they can become inflamed due to various reasons.

However, research suggests that most cases of greater trochanteric pain syndrome are due to minor tears or damage to the nearby muscles, tendons or fascia and an inflamed bursa is an uncommon cause. So, rather than the term trochanteric bursitis the more general term, greater trochanteric pain syndrome, is now preferred.



How common is greater trochanteric pain syndrome?

It is a common condition. It is more common in women than in men. It most often occurs in people who are aged over 50 years. However, it can also occur in younger people, especially runners. It is not clear exactly how many people develop this condition. However, one US study of 3,026 people aged from 50-79 years found that greater trochanteric pain syndrome was present in nearly 1 in 4 women and nearly 1 in 10 men.

What causes greater trochanteric pain syndrome?

Causes of greater trochanteric pain syndrome include:

- An injury such as a fall on to the side of your hip area.
- Repetitive movements involving your hip area, such as excessive running or walking.
- Prolonged or excessive pressure to your hip area (for example, sitting in bucket car seats may aggravate the problem).
- Some infections (for example, tuberculosis) and some diseases (for example, gout and arthritis) can be associated with an inflamed fluid-filled sac (bursa).
- The presence of surgical wire, implants or scar tissue in the hip area (for example, after hip surgery).
- Having a difference in your leg length.

What are the symptoms of greater trochanteric pain syndrome?

The most common symptom is pain in your outer thigh and hip area. Many people find this pain to be a deep pain which may be aching or burning. The pain may become worse over time.

The pain may be more intense when you are lying on your side, especially at night. The pain may also be made worse by doing exercise. You may find that you walk with a limp.

How is greater trochanteric pain syndrome diagnosed?

The diagnosis is usually made based on your symptoms and an examination by a doctor. Your doctor will usually examine your hip and legs. You may find it be to be very tender when your doctor presses over the trochanter area. Tests (investigations) are not normally needed. However, tests might be necessary if your doctor suspects that infection of the fluid-filled sac (bursa) is the cause (rare). Tests may also be necessary if the diagnosis is not clear. For example, an **X-ray** of your hip or an **MRI scan** may be advised if the diagnosis is unclear.

What is the treatment of greater trochanteric pain syndrome?

Greater trochanteric pain syndrome is usually self-limiting. That is, it usually goes away on its own in time. However, it commonly takes several weeks for the pain to ease. Symptoms can persist for months, and sometimes longer in a small proportion of cases. However, persistence does not mean that there is a serious underlying condition or that the hip joint is being damaged.

Decreasing activity such as running or excessive walking for a while may help to speed recovery. In addition, the following may be useful:

- Applying an ice pack (wrapped in a towel) for 10-20 minutes several times a day may improve your symptoms.
- Taking **paracetamol** or **non-steroidal anti-inflammatory drugs (NSAIDs)** such as **ibuprofen** may help to reduce the pain.
- Losing weight. If you are overweight or obese then **losing some weight** is likely to improve your symptoms.
- Injection of steroid and local anaesthetic. If the above measures do not help then an injection into the painful area may be beneficial.
- Physiotherapy. If a steroid injection does not improve your symptoms then you may be referred to a physiotherapist. They will be able to give you advice on improving your flexibility and strengthening your muscles.
- If the condition is severe or persistent then you may be referred to a specialist for advice regarding further treatment.

Further reading & references

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