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## ***Hip injuries following steroid injection***

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We read with great interest the article by Dr. Okike and colleagues entitled “Rapidly Destructive Hip Disease Following Intra-Articular Corticosteroid Injection of the Hip” (1). The authors describe the adverse effects of intra-articular hip steroid injections in a cohort of patients with degenerative joint disease. Potential adverse events that were described included progression of degenerative joint disease, osteolysis, partial collapse, and ascension of the femoral head.

In our practice, we have performed several thousand fluoroscopically guided intra-articular hip injections over the past decade. In our experience, the majority of patients do report pain relief and improvement of function for a significant period of time. Our injectate has always consisted of 4 mL of 1% lidocaine and 1 mL of triamcinolone 40 mg/mL.

We have encountered a few instances of post-injection complications that were slightly different than the authors’ findings. In the past 3 years, two patients were found to have stress fracture at the femoral neck at MRI within 1 month of the injection. Both patients had moderate degenerative joint disease of the hips as well as short-term pain relief after the injection. Both went on to undergo total hip arthroplasty after the fracture diagnosis.

In addition, we have seen, with extremely low incidence, patients present with rapidly destructive osteoarthritis of the hip. This entity has previously been described in the literature (2). Three patients were diagnosed with this disease process based on repeat imaging; two of the three patients received intra-articular corticosteroid injections for osteoarthritis. One patient did not undergo joint injections, and it is noteworthy that rapidly destructive osteoarthritis of the hip is known to occur in patients who have not had

steroid injections into the joint.

Despite these few and far-between events, the remainder of our hip injections have proven to be effective and without incidence. Dr Okike and colleagues (1) do raise important points about the potential deleterious effects of high dose corticosteroids. Other concerns have been raised in previous publications about long-term corticosteroid treatment and reduced bone mineral density (3). Indeed, we may be approaching an era where we move away from steroid treatments for degenerative joint disease. While there are alternatives to corticosteroids (eg, viscosupplement injections and regenerative medicine treatments), ongoing research and standardization of techniques is needed.

Disclaimer: e-Letters represent the opinions of the individual authors and are not copy-edited or verified by JBJS.

## References

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Conflict of Interest: None Declared