

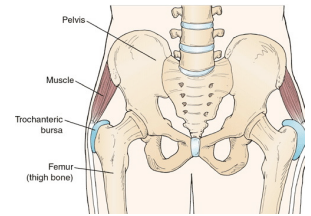


**Dr. Dieguez Jr.**

Please visit us at:

[www.dieguezpainrelief.com](http://www.dieguezpainrelief.com)

### **WHAT IS TROCHANTERIC BURSITIS ?**



A bursa is a fluid filled sac that allows smooth motion between two uneven surfaces. In bursitis the bursal sac becomes inflamed.

Then it hurts when a tendon moves over it or pressure is applied over it. At the hip, the bursa rests on top of a prominent area of the leg bone called the trochanter. It is called trochanteric bursa. Pain radiated down the leg mimicking sciatica. The body has many bursas.

**Causes:** Overuse of the hip areas without proper stretching and warm-up by athletes can cause it. You may see it with any type of back pain due to alteration of the way you normally walk caused by the back pain. Disparity in the length of your legs can cause it. Trochanteric bursitis may be occupation-related. Cashiers and wallpaper hangers, for example, have jobs demanding multiple repetitive actions that may lead to trauma to the lateral thigh area. Scoliosis. Staph infections, tuberculosis, gout, arthritis and underlying surgical wires may be associated with it. Injuries to any area that alters your gait may irritate the structures overlying the greater trochanter.

### **WHAT YOU FEEL & WHAT THE DOCTOR**

**LOOKS FOR:** Most patients with trochanteric bursitis have difficulty walking. If there is a disparity in leg length, the longer leg is more prone to develop the problem. They walk with a limp or are not able to walk at all due to pain. Aching over the trochanter and lateral thigh is present. The pain may appear suddenly or appear gradually over time, sometimes lasting many months or even years. Radiating pain down the lateral aspect of the thigh may mimic sciatica. However, if the pain radiates down to the knee and below, sciatica should be suspected. The pain may get worse when the patient lies on the affected side. Walking with the legs apart tends to help decrease the pain. This is seldom done by the patient in public because it looks different. Sitting cross-legged with the leg over the opposite knee will worsen the pain. Climbing stairs may also worsen the pain. Sometimes, a snapping is felt over the joint. In severe cases, adhesions in the bursa may lead to a "creaking" sound when the hip is used. The pain may get worse when getting up from a chair or when squatting.

**TESTING:** Here, the most important thing is the history and physical examination. The existence of tenderness to palpation over the greater trochanter region with or without a history of trauma is a very significant finding. It is important to investigate underlying problems that may be the cause of the problem, such as underlying arthritis, scoliosis, infections, etc. If needed, x-rays, MRI, bone scan or blood work may be ordered.

**TREATMENT.** Treatment goals include reducing pain and inflammation, preserving mobility, and preventing disability and recurrence.

**Self care at home.** Rest, heat, and cold application may help. Weight loss often contributes to the overall management of trochanteric bursitis.

**Medical therapy.** A short course of conservative therapy, consisting of simple analgesics and nonsteroidal anti-inflammatory drugs along with rest and avoidance of repetitive activity that aggravate the discomfort may be tried. Application of ice or heat to the hip can produce relief. Besides icing the affected area for 15 to 20 minutes two to three times a day, occasionally treatments such as ultrasound, electrical stimulation and deep massage may be beneficial.

If the patient does not experience rapid improvement, the patient is then a candidate for an injection of steroids and local anesthetic into the affected bursa. Many patients will experience a transient increase in pain after the injection. More than one injection may be necessary over several months to completely resolve the problem. Very important is to avoid or modify the activities that caused the problem. Conditions such as leg length differences, improper posture, or poor technique in sports or work must be corrected.

**Surgical therapy.** In general, surgery is not required. However, at times a patient will need surgical removal of the bursa and even partial removal of the trochanteric process.