

Overview

Trochanteric bursitis is a common cause of leg pain and is an inflammation of the bursa (a small, cushioning sac located where tendons pass over the areas of bone around the joints), which lies over the prominent bone on the side of your hip (femur). Trochanteric bursitis usually affects middle-aged or elderly people, and women more often than men, but it can develop in younger people too.

Trochanteric bursitis may occur as a result of direct trauma and falls on the side of the hip, as experienced by ice skaters or dancers; athletic overuse; or multiple traumatic impacts of a lesser severity. It may coexist in people who have osteoarthritis (degenerative joint disease) of the hips or lower back. It may also occur in some people who have scoliosis or unequal leg length. In many cases, the cause of the condition is unknown.

Causes & Symptoms

With the condition, if the inflammatory process is ongoing, it may cause reactive tissue to form within the bursa.

With repetitive stress, the bursae of the hip will become inflamed, and will be aggravated by any activity involving the surrounding muscles. Bursitis may develop gradually or dramatically.

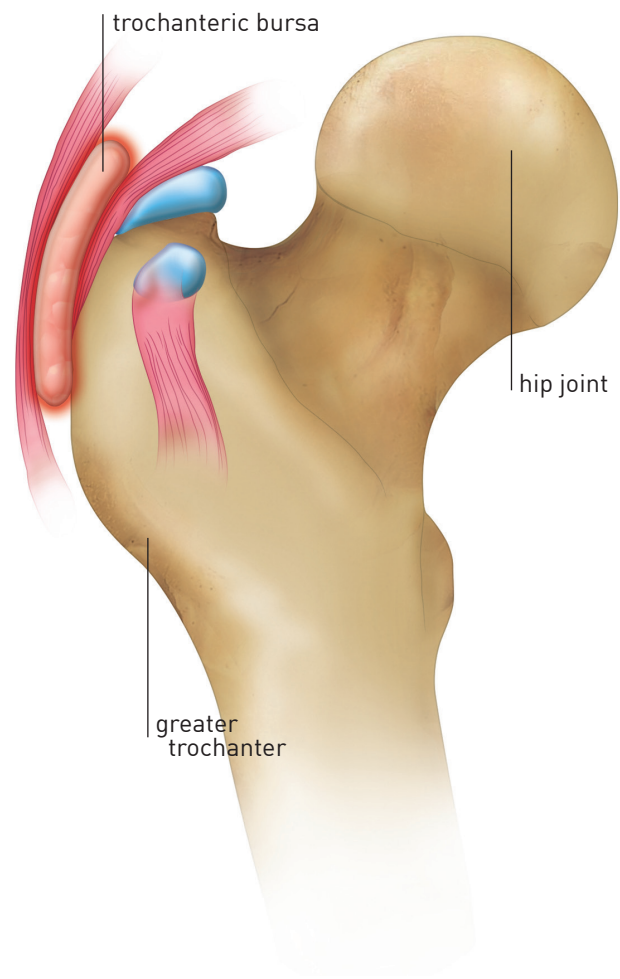
Symptoms may include:

- Pain occurring over the side of the hip that travels down the thigh and may continue down the knee.
- Pain when sleeping on the affected hip.
- Pain upon getting up from a deep chair or after sitting in a car.
- Pain when climbing stairs.
- Increased pain when walking or standing for long periods of time.

Keep in mind that surgical scars, previous trauma or prosthetic implants may provoke trochanteric bursitis.

Diagnosis

A careful evaluation of your medical history and physical examination of your hip and back will help your Spine Center provider determine if you have Trochanteric Bursitis. The examination will include a review of your medical history and your provider applying pressure to your greater trochanteric bursa area to test for tenderness or pain.



Treatment

In many cases, *non-steroidal anti-inflammatory drugs* (NSAIDs) such as ibuprofen or naproxen are prescribed. They serve as analgesics (pain relievers) and as anti-inflammatory (to decrease inflammation).

Weight loss may be recommended if you are overweight. Shoe lifts may be ordered for individuals with unequal leg length. If trochanteric bursitis is recurrent, physical therapy exercises as prescribed by a therapist may be helpful.

Surgery may be advised by your doctor, only as a last resort – if the treatment prescribed fails to bring relief. The surgical procedure may involve releasing the *iliotibial band* in the trochanteric area, and removing the bursal sac and any calcified tissue. If surgery is needed, your surgeon will discuss this process in detail.

The prognosis for recovery is very good. Most people with trochanteric bursitis respond well to treatment. But successful long-term treatment may involve effort from the patient to change his or her lifestyle, occupation or activities. In addition, improving health through weight loss or exercise is usually an aspect of treatment.