
Procedure Name: Hip (Joint Effusion)

Updated 11/28/07

Indications:

May include but not limited to hip pain of questionable etiology, tightness, tenderness, swelling or any other valid medical reason/indicators determined by referring physician.

General Description:

This is a limited survey to localize and characterize joint effusion of the hip unilateral or bilateral. Upon completion of exam show study to radiologist before patient is allow to exit room.

Patient Preparation:

There is no preparation for this exam.

Imaging Sequence:

ANTERIOR HIP

- **Sagittal and transverse views (include color Doppler)**
 1. Patient is placed in a supine position
 2. The hip joint is evaluated longitudinal to the femoral neck which is an oblique-sagittal plane. To find the femoral neck, one may initially image transversely over the femoral shaft to locate the curved and echogenic surface of the femur and then move the transducer proximally; once the bony protuberances of the greater and lesser trochanter are identified, the transducer is turned to the sagittal-oblique plane.
 3. The hip joint is identified by its characteristic bone contours, with the round femoral head, the acetabulum and the horizontal femoral neck. It is at this location superficial to the femoral neck where the anterior joint recess is evaluated for fluid or synovitis.
 4. Always perform contra-lateral images for comparisons.

IMAGING INFORMATION

- Fluid collections can be anechoic (simple fluid) to complex fluid varying from hypoechoic to hyperechoic. Heterogeneous joint fluid may be due to hemorrhage or infection.
- If fluid collections are present, obtain images to show the scope of the fluid collection and if the interface between the fluid and surrounding soft tissues are irregular image this as well.
- Findings of joint recess compressibility, motion of contents (within joint recess) with transducer pressure, and lack of increased blood flow with color/power Doppler suggest complex fluid as opposed to synovitis.

