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Greater Trochanteric Pain Syndrome (Trochanteric Bursitis)

Greater trochanteric pain syndrome is a condition that causes pain over the outside of your upper thigh (or both 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).

Greater trochanteric pain syndrome can sometimes cause a lot of pain and also difficulty with walking. The pain is usually caused by injury, prolonged pressure or repetitive movements. Runners may have this problem. People who have had surgery to their hip can also have this type of pain.

How common is it?

Greater trochanteric pain syndrome affects about 1 in 300 people each year. It is most common in women between 40-60 years of age. It can occur in younger people, especially runners, footballers and dancers.

What are the symptoms?

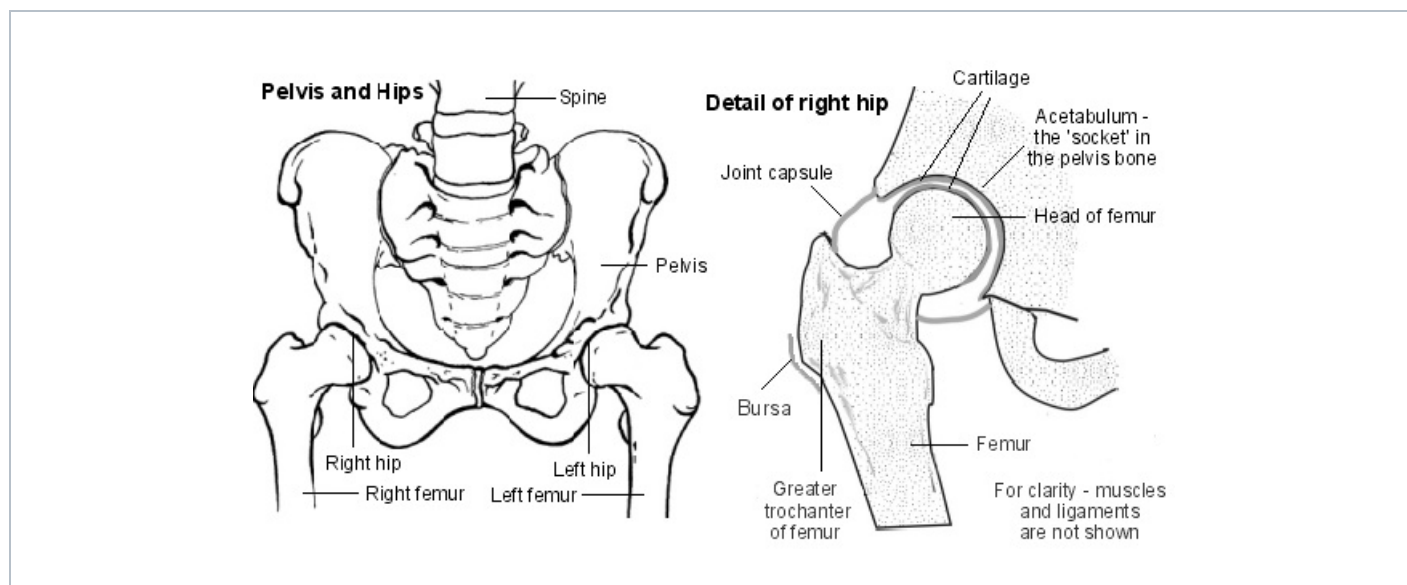
The most common symptom is pain in your outer thigh and hip area. Many people find this pain to be a deep pain which may be aching or burning. The pain may become worse over time.

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

Greater trochanteric pain syndrome often goes away (resolves) on its own over time.

What does the hip joint look like?

Your hip joint is known as a ball and socket joint. The ball (head) of your thigh bone (femur) fits into the socket of your pelvic bone to make your hip joint. This socket is called the acetabulum. There is a strong but flexible joint capsule that surrounds the hip joint. It helps to give stability to the joint and also produces a fluid called synovial fluid to give lubrication and help joint movement.



What are the causes of greater trochanteric pain syndrome?

Most cases are due to minor injury or inflammation to tissues in your upper, outer thigh area. The 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.

Is it the same as trochanteric bursitis?

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, so that 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 is it 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 to be very tender when your doctor presses over the area of the greater trochanter.

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 (but this is 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 needed.

What are the treatment options for greater trochanteric pain syndrome?

Greater trochanteric pain syndrome will usually resolve without any specific treatment. However, it often takes several weeks or more and for some unlucky people, may last months or even longer.

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

- Early on, 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.
- Physiotherapy is often used and is often very effective.
- Injection of steroid and local anaesthetic. If the above measures do not help then an injection into the painful area may be beneficial.
- If the condition is severe or persistent then you may be referred to a specialist for advice regarding further treatment.

Joint (intra-articular) steroid injection

There is strong evidence of a short-term benefit from peri-trochanteric corticosteroid injections for up to three months with the greatest effect at six weeks; however, pain coming back in the long term is common. Peri-trochanteric corticosteroid injections may be most useful if used for pain relief in the short term to enable physiotherapy which will improve the long-term outlook (prognosis).

What is the outlook for greater trochanteric pain syndrome?

Greater trochanteric pain syndrome is usually a self-limiting condition and resolves in over 90% of people with conservative treatment such as rest, analgesia, physiotherapy, and corticosteroid injection.

Risk factors for a poorer outcome include a worse symptom profile, ie greater pain intensity, longer duration of pain, greater limitation of movement, and greater loss of function, and older age.

Further reading & references

- [Greater trochanteric pain syndrome \(trochanteric bursitis\)](#); NICE CKS, August 2016 (UK access only)
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- [Strauss EJ, Nho SJ, Kelly BT](#); Greater trochanteric pain syndrome. *Sports Med Arthrosc*. 2010 Jun;18(2):113-9.
- [McMahon SE, Smith TO, Hing CB](#); A systematic review of imaging modalities in the diagnosis of greater trochanteric pain syndrome. *Musculoskeletal Care*. 2012 Dec;10(4):232-9. doi: 10.1002/msc.1024. Epub 2012 Jul 4.





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