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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) and hip. 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.

What is greater trochanteric pain syndrome?

Greater trochanteric pain syndrome, also known as trochanteric bursitis, is a condition that causes pain and tenderness over the greater trochanter, which is the bony prominence on the outer side of the hip.

How common is greater trochanteric pain syndrome?

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.

Greater trochanteric pain syndrome symptoms

The most common symptom of greater trochanteric pain syndrome is outer thigh and hip pain.

Many people find this pain:

- To be a deep pain which may be aching or burning.
- May become worse over time.
- May be worse when you are lying on your side, especially at night.
- 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.

Causes of greater trochanteric pain syndrome

Most cases of greater trochanteric pain syndrome are due to minor injury or inflammation to tissues in your upper, outer thigh area.

Your hip area includes the ball and socket hip joint (you can find out more details in our leaflet called Hip Problems) as well as the muscles, nerves and tough connective tissue around it (such as tendons and fascia).

Other causes

These may include:

- 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 greater trochanteric pain syndrome the same as trochanteric bursitis?

Greater trochanteric pain syndrome used to be called trochanteric bursitis. This was because the pain was thought to be due to inflammation of the 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 for a variety of reasons.

However, research suggests that most cases of greater trochanteric pain syndrome are due to minor tendon tears or damage to the nearby muscles 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 greater trochanteric pain syndrome diagnosed?

The diagnosis for greater trochanteric pain syndrome 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 be to be very tender when your doctor presses over the area of the greater trochanter.

Tests 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.

Greater trochanteric pain syndrome treatment

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.
- Pain relief (analgesia): taking paracetamol or non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen may help to reduce the pain.
- Lose 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. Occasionally an operation is offered.

Joint (intra-articular) steroid injection

A steroid injection into the outer hip (peri-trochanteric corticosteroid injection) can help to reduce pain and inflammation. There is strong evidence for a short-term benefit that might last up to 3 months, with the greatest effect at 6 weeks. However, it is common for the pain to come back in the longer term.

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?

Over 90% of people with greater trochanteric pain syndrome recover fully with conservative treatment such as: rest, pain relief, physiotherapy and corticosteroid injection.

Risk factors for a poorer outcome include: greater pain at the beginning of the condition, a longer duration of pain, great limitation of movement of the hip, greater loss of function and older age.

Further reading

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