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The Impact Of Glenoid Concavity And Version On Anterior Shoulder Stability In The Clinical Setting

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Faculty Disclosure Information

- Nothing to disclose



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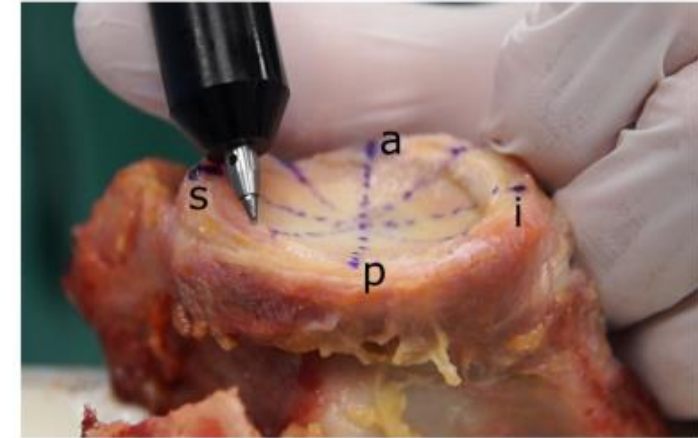
Background

Glenoid concavity:

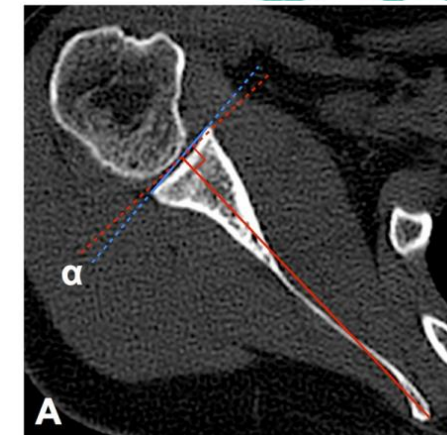
- Biomechanics: **High correlation** between **concavity and anterior stability**^[1, 2]
- CT-based bony shoulder stability ratio (**BSSR**) established considering glenoid radius/depth/concavity^[3]

Glenoid version:

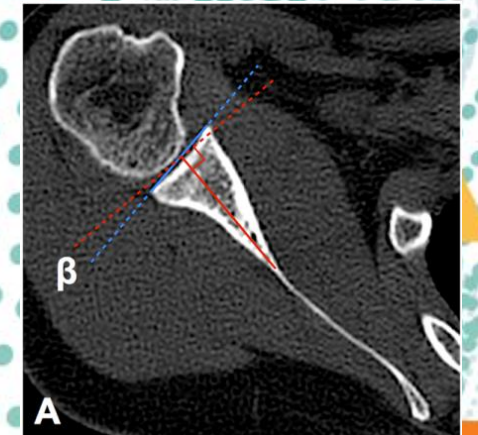
- Biomechanics: Linear relation: **Retroversion** ↓ → **anterior stability** ↓^[4]
- Confirmed in clinical studies for posterior instability^[5, 6]
- Regarding **anterior instability**: only few clinical studies, heterogenous results



Wermers et al., KSSTA, 2021



Friedman method



Glenoid vault method



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Hypothesis

Anterior glenohumeral instability is associated with

- **lower glenoid concavity** and
- **less glenoid retroversion.**



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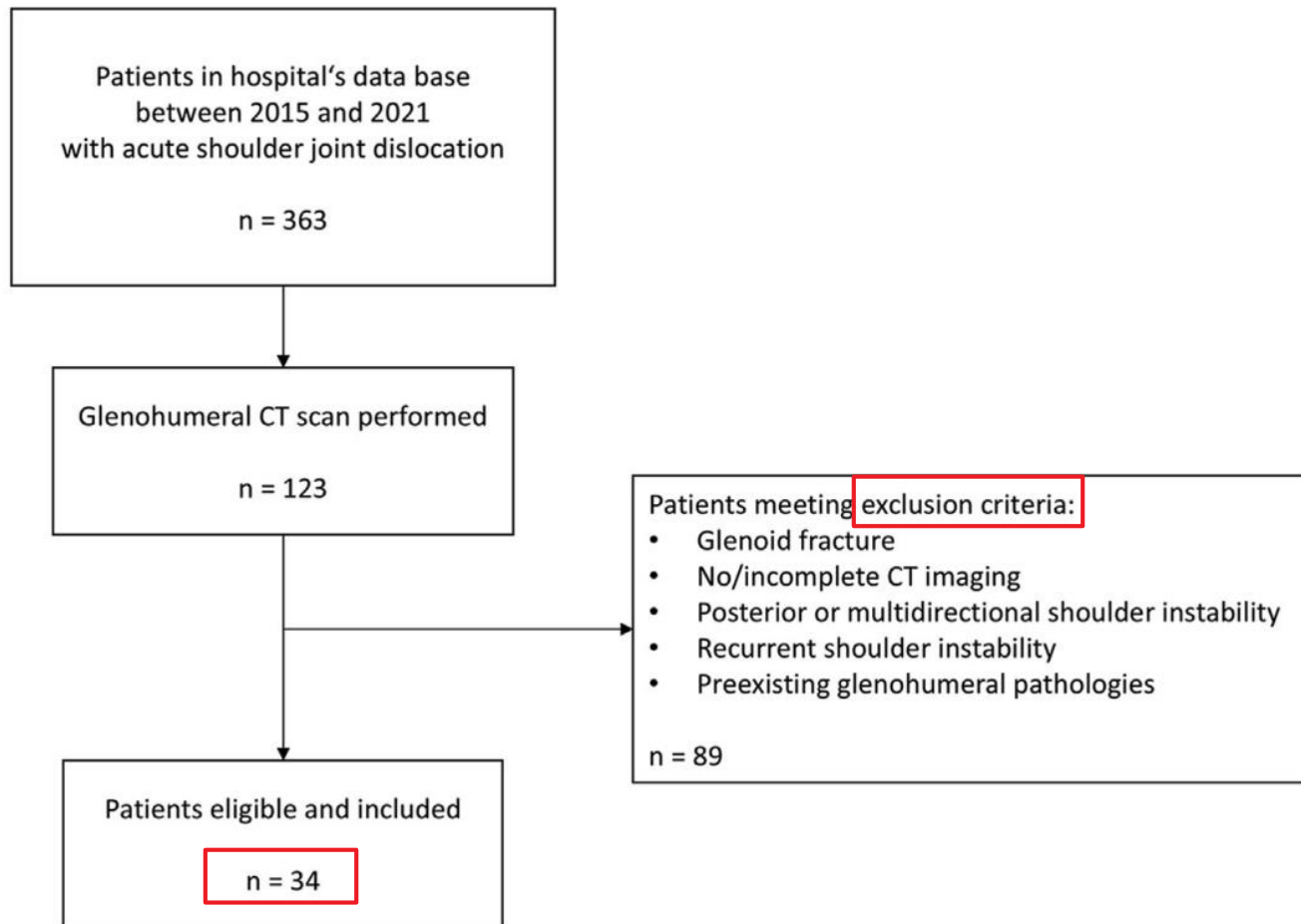


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Methods – Study design

Study design: Retrospective case-control study at **level-1-trauma center**

Instability cohort (n=34):



Control cohort (n=68):

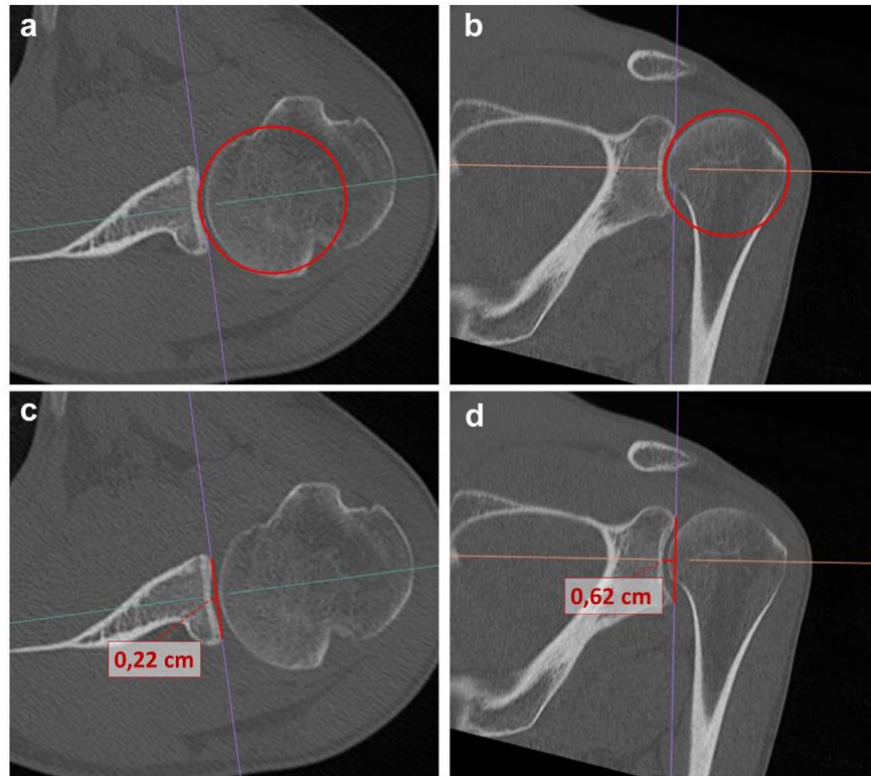
- Derived from hospital's data base of patients with **polytrauma CT scans**
- from 2020 – 2021
- **without acute and chronic shoulder pathologies**

1:2 matching:

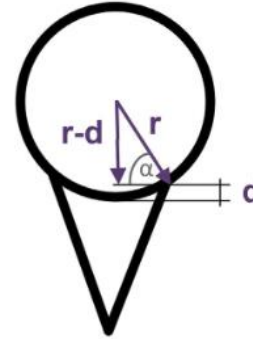
- **same-gender (m/f) patients' equal-sided** shoulders
- **Age-matching** with ± 2 years in n=20 instability patients; max. difference 6 years

Methods – Radiological measurements

Concavity



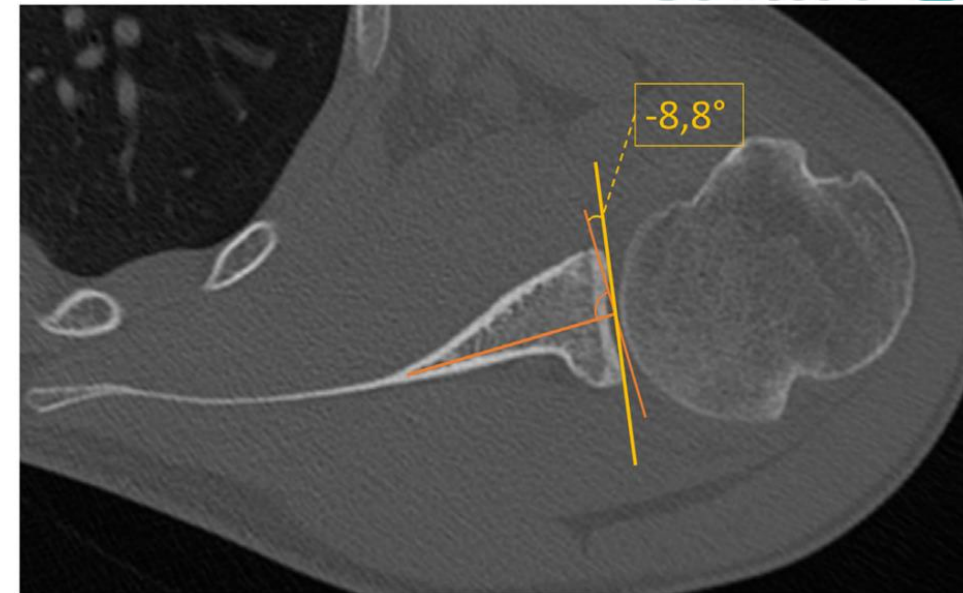
$$BSSR = \frac{1 - \left(\frac{r-d}{r}\right)^2}{\frac{r-d}{r}}$$



Calculation of the **BSSR a.p. and s.i.** by

- Measuring glenoid **radius** via **best-fit-circle method** (a, b)
- Measuring glenoid **depth** (c, d)

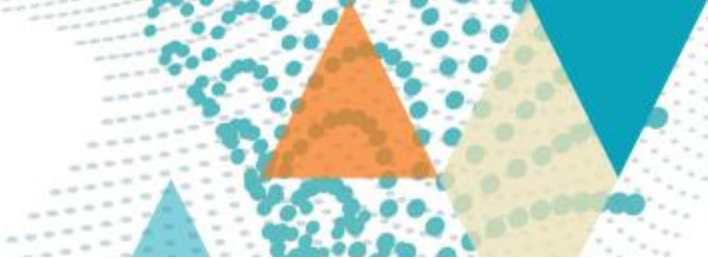
Version



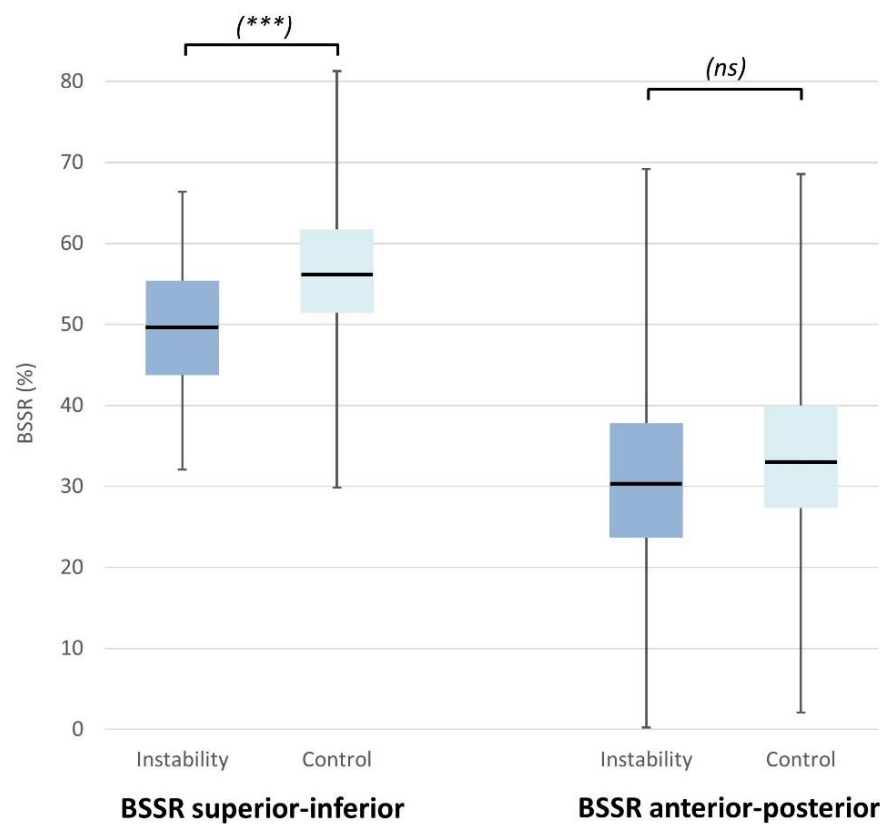
Calculation of glenoid version based on „**glenoid vault**“ method by Matsumura et al

- $>0^\circ \rightarrow$ anteversion
- $<0^\circ \rightarrow$ retroversion

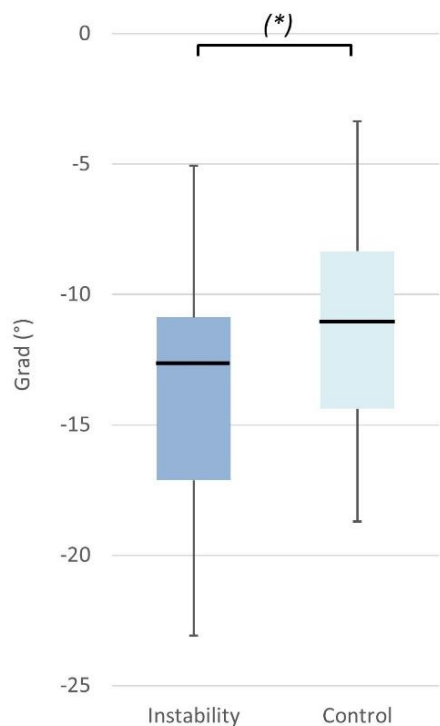
Results – Primary outcome



a) Glenoid concavity



b) Glenoid version



Concavity:

- Lower superior-inferior BSSR in instability cohort
 - (49.8% (±9.0) vs. 56.9% (±9.0), p=.0007)
 - 1% BSSR(s.i.) ↑ → 8% risk ↓ of anterior shoulder instability *
- No significant difference in a.p. BSSR
- Low correlation between s.i. and a.p. $R^2=0.23$ **

Version:

- Higher retroversion in instability cohort
 - (-13.14° (±4.38°) vs. -11.44° (±3.66); p=.0407)

*Binary logistic regression // **Linear regression model

	Instability cohort (n=34)		Control cohort (n=68)
Age	46.9 (±20.3)		48.6 (±19.9)
Gender	25 male; 9 female		50 male; 18 female
Side of injury	19 right; 15 left		38 right; 30 left
Trauma mechanism	n=27	adequate trauma (falling, sports injury, traffic accidents)	
	n=5	seizures	
	n=2	atraumatic, hyperlaxity	

Results – Subgroup analyses

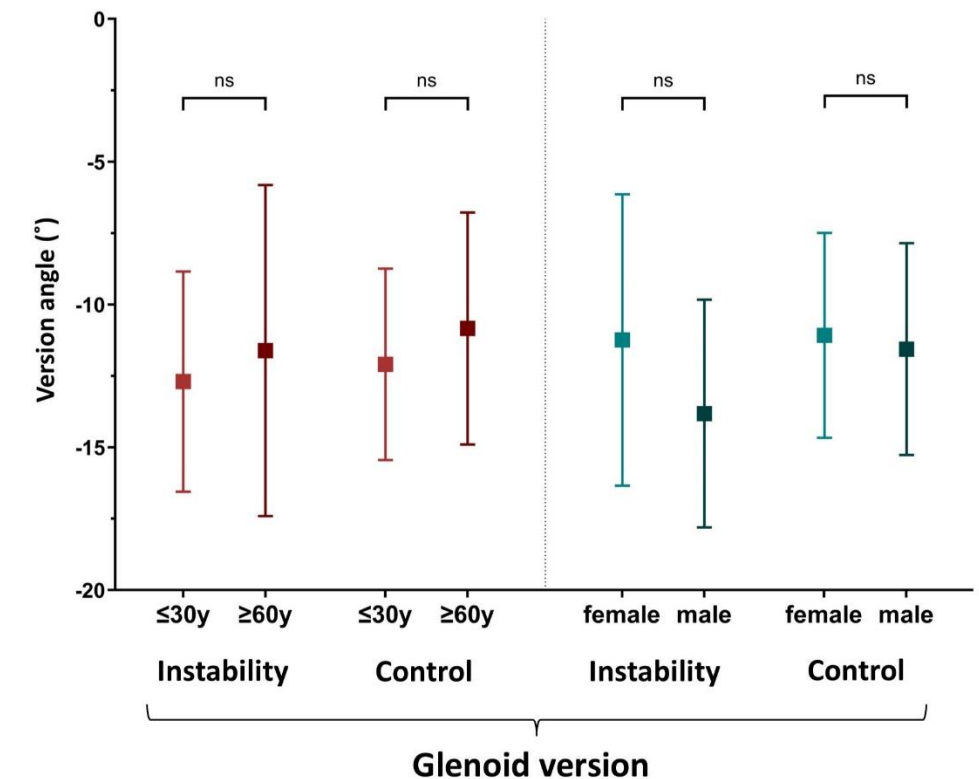
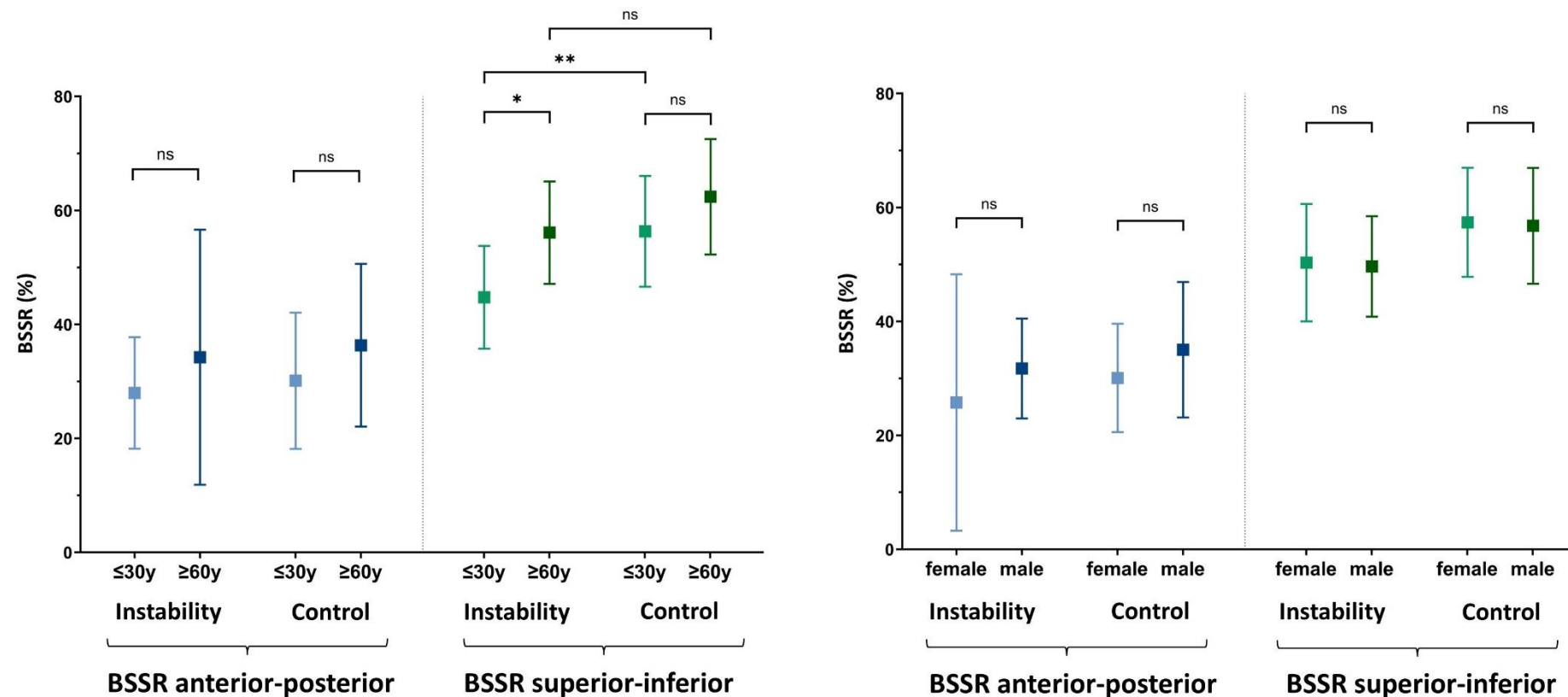
Subgroups within each cohort: <30-year-old vs. >60-year-old // male vs. female

Concavity:

- <30-year-old patients: lower BSSR(s.i.) in instability cohort ($p=0.0064$)
- >60-year-old patients: no difference between instability and control cohort
- No gender-specific differences ($p>0.1157$)

Version:

Neither age- nor gender-specific differences were found ($p>0.1326$)



Discussion

Limitations:

Retrospective study design // CT-slice thickness 1-1.5 mm // mean age 46.9 years: many young patients only received X-ray/MRI, no CT scans

Concavity:



- **Sup.-inf. concavity** ↓ in instability cohort → **consistent with recent literature & biomechanical studies**
- **Ant.-post. concavity:** Same tendencies but no significant difference → larger study population needed?
- Sup.-inf. concavity more important than ant.-post. due to **additional anterior stabilizing structures (e.g. coracoid)?**

Version:



- Higher retroversion in instability cohort
 - **Role of glenoid version remains controversial;** recent literature ambiguous, **not consistent with biomechanical studies**
 - **Intra-individual reciprocal anatomical adaption of glenoid concavity & version?**

**Individualized therapeutical approach needed for anterior shoulder instability, focussing on
glenoid concavity as a relevant stabilizing factor**



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Thank you for your attention

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References:

- (1) Moroder et al., Challenging the Current Concept of Critical Glenoid Bone Loss in Shoulder Instability: Does the Size Measurement Really Tell It All? Am J Sports Med. 2019
- (2) Wermers et al., Glenoid concavity has a higher impact on shoulder stability than the size of a bony defect. Knee Surg Sports Traumatol Arthrosc. 2021
- (3) Moroder et al., Anterior Shoulder Instability Is Associated With an Underlying Deficiency of the Bony Glenoid Concavity. Arthroscopy. 2015
- (4) Eichinger et al., Biomechanical Evaluation of Glenoid Version and Dislocation Direction on the Influence of Anterior Shoulder Instability and Development of Hill-Sachs Lesions. Am J Sports Med. 2016
- (5) Gottschalk et al., Posterior shoulder instability: does glenoid retroversion predict recurrence and contralateral instability? Arthroscopy. 2015
- (6) Privitera et al., Glenoid version and its relationship to glenohumeral instability and labral tears. J Shoulder Elbow Surg. 2016
- (7) Aygün et al., Comparison of Magnetic Resonance Imaging and Computed Tomography Scans of the Glenoid Version in Anterior Dislocation of the Shoulder. Orthopedics. 2017
- (8) Matsumura N et al., Computed tomography measurement of glenoid vault version as an alternative measuring method for glenoid version. J Orthop Surg Res. 2014



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