

Long-term Survivorship in Patients with Coxa Profunda and Acetabular Overcoverage: An Average 11-Year Follow-up After Hip Arthroscopy

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On Behalf of the Dr. Scott Martin Research Team

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DISCLOSURES

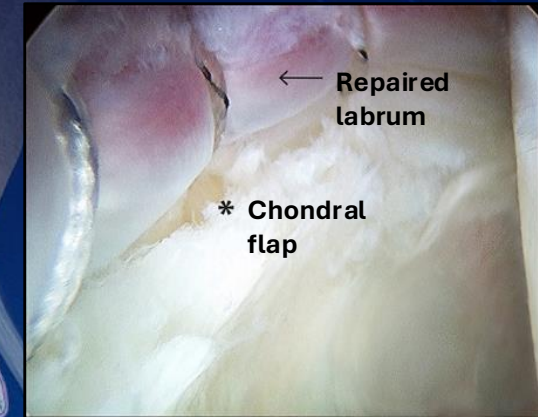
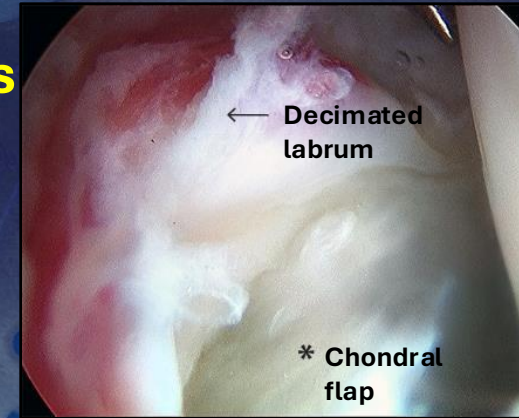
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- I (and/or my co-authors) have nothing to disclose directly related to this talk.
- I have no conflicts.



BACKGROUND

- Femoroacetabular impingement (FAI)
 - Associated with progressive hip osteoarthritis
 - Identification of predictors of poor outcomes
 - Impact of acetabular overcoverage on chondral wear and long-term outcomes
 - Understudied
- Study Aim
- Compare long-term **survivorship**, joint space width (JSW), intra-operative findings, patient reported outcome measures (**PROMs**), pain levels, and patient satisfaction in hip arthroscopy patients with **coxa profunda** and **acetabular overcoverage** (CO) to a matched-control (MC) cohort.

Arthroscopic Labral Repair



METHODS

- **Retrospective review**

- **Patients ≥ 18 years**
- **PROMs at minimum 8-year follow-up**
- **Underwent hip arthroscopy by a single surgeon**
 - **Treatment of symptomatic labral tears**
 - Secondary to femoroacetabular impingement (FAI)

- **Presence of coxa profunda**

- **Acetabular wall projecting medial to the ilioischial line**
- **Lateral center edge angle $> 40^\circ$**

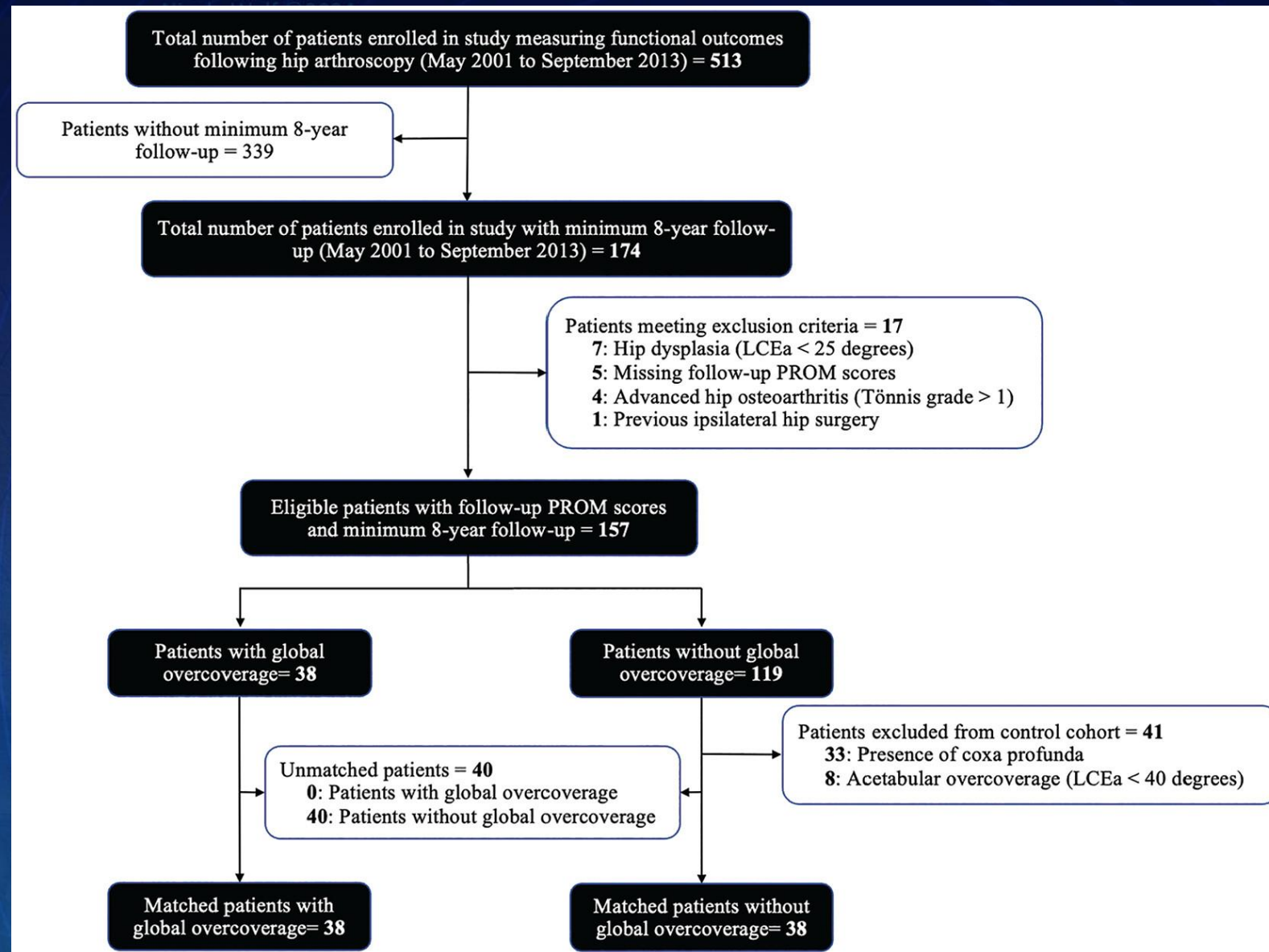


Figure 1. CONSORT (Consolidated Standards of Reporting Trials) flowchart detailing patient selection criteria.

LCEA, lateral center-edge angle; PROM, patient-reported outcome measure.



RESULTS

- 38 CO Patients were matched 1:1 to MC patients
- Worse chondrolabral junction breakdown
- Similar outcomes
 - PROMs
 - Conversion to THA (0-6 years)
 - Pain levels
 - Patient satisfaction
 - Labral management: augmentation, relative to debridement

Table 1. Patient Characteristics and Labral Treatment

Data are reported as mean \pm SD or No. of patients (%). Boldface *P* value denotes statistical significance ($P < .05$). BMI, body mass index; GO, global overcoverage; LCEA, lateral center-edge angle; MC, matched control.

	GO Cohort (n = 38)	MC Cohort (n = 38)	<i>P</i> Value
LCEA, deg	44.4 \pm 3.9	32.6 \pm 3.6	<.001
Age at surgery, y	41.5 \pm 12.5	40.4 \pm 11.2	.704
Length of follow-up, y	11.3 \pm 2.4	11.3 \pm 2.6	.967
BMI, kg/m ²	26.2 \pm 4.1	25.8 \pm 3.9	.654
Sex			>.999
Male	18 (47.4)	18 (47.4)	
Female	20 (52.6)	20 (52.6)	
Laterality			.818
Left	18 (47.4)	19 (50.0)	
Right	20 (52.6)	19 (50.0)	
Tönnis grade			>.999
0	29 (76.3)	29 (76.3)	
1	9 (23.7)	9 (23.7)	
Labral treatment			>.999
Repair	17 (44.7)	17 (44.7)	
Debridement	21 (55.3)	21 (55.3)	



RESULTS

- Long-term survivorship
 - **CO had worse survivorship**
 - 5 (13.2%) vs 2 (5.3)
 - **P=0.008**

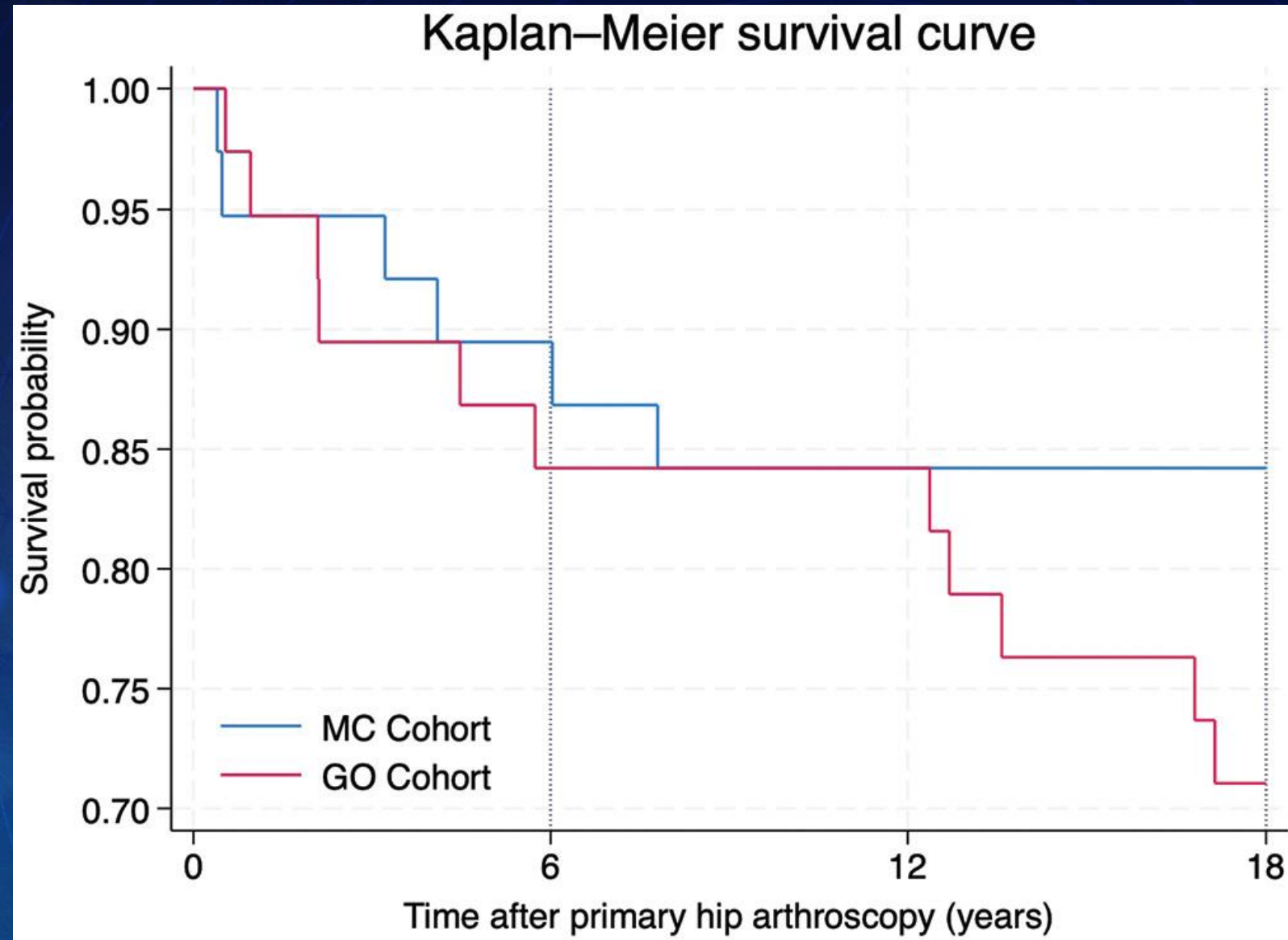


Figure 2. Unadjusted Kaplan-Meier survival curves analyzed using the log-rank test.

CONCLUSIONS

- **Patients with global overcoverage**
 - **Worse long-term survivorship at 6- to 18- years following hip arthroscopy.**
 - *Lower ipsilateral joint space with at 50°*
 - *Worse Chondrolabral junction breakdown*
- **Global Overcoverage**
 - **Risk factor for progressive hip osteoarthritis**
 - **Conversion to THA**

THANK YOU

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