Midterm Outcomes of Hip Arthroscopy in Patients with Acetabular Overcoverage and Coxa Profunda





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Disclosures

I (and/or my co-authors) have something to disclose.

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Introduction, Purpose, and Hypothesis

- Patients with acetabular overcoverage and coxa profunda, make up a patient population whose midterm outcomes after primary hip arthroscopy are largely unstudied.
- Purpose: To report minimum five-year outcomes of primary hip arthroscopy in hips with acetabular overcoverage and coxa profunda and compare their results to patients with normal acetabular coverage.
- Hypothesis: Both groups will show favorable and comparable outcomes





Methods

- Looking at patients from a single surgery center between February 2008 and January 2019
- Patients were excluded if they had previous ipsilateral hip pathology and Tönnis grade > 1
- Patients in the overcoverage group had LCEA > 40° and radiographically identified coxa profunda with ilioischial line lateral to the acetabular fossa.
- Patients with LCEA from 25 to 39.99 were placed in the normal acetabular coverage cohort.
- Propensity matched 1:1 on age, sex, BMI, Acetabular Outerbridge Grade, capsular and labral treatment.
- Patient characteristics, radiographic measurements, intraoperative findings, surgical procedures, patient-reported outcomes (PROs), and achievement of clinical thresholds were compared.

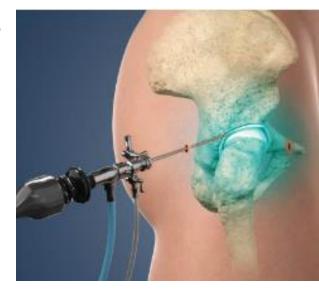


Results

- A total of 55 overcovered hips were matched to 55 hips with normal coverage.
 The study group consisted of 44 females and 11 males.
 - \circ The average age was 41.82 ± 12.55 years, and the average BMI was 27.44 ± 6.56 kg/m²
- The overcovered and normal coverage groups both saw improvements in all PROS (p < 0.05).
 - \circ Additionally for all PROs, preoperative and postoperative values, as well as magnitudes of improvement were similar in both groups (p > 0.05).

Results Continued

- Similar rates of achievement of MCID,
 PASS, and MOI (p > 0.05)
- No differences in rates of revision arthroscopy or conversion to arthroplasty (p > 0.05)
- No differences in complication rates (p > 0.05)



Conclusion

- Patients with acetabular overcoverage and coxa profunda can benefit from hip arthroscopy at minimum 5-year follow-up
 - Similar PRO outcomes, clinical threshold achievement, revision rates, and complication rates compared to patients with normal acetabular coverage



References

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