

# 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.
  - The average age was  $41.82 \pm 12.55$  years, and the average BMI was  $27.44 \pm 6.56$  kg/m<sup>2</sup>
- The overcovered and normal coverage groups both saw improvements in all PROS ( $p < 0.05$ ).
  - 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

- Chandrasekaran S, Darwish N, Chaharbakhshi EO, Suarez-Ahedo C, Lodhia P, Domb BG. Minimum 2-Year Outcomes of Hip Arthroscopic Surgery in Patients With Acetabular Overcoverage and Profunda Acetabulae Compared With Matched Controls With Normal Acetabular Coverage. *Am J Sports Med*. 2017 Sep;45(11):2483-2492. doi: 10.1177/0363546517708769. Epub 2017 Jun 13. PMID: 28609125.
- Chandrasekaran S, Darwish N, Close MR, Suarez-Ahedo C, Lodhia P, Domb BG. Minimum 2-Year Outcomes of Arthroscopic Management of Symptomatic Hip Labrum Tears in Patients With Global Acetabular Overcoverage. *Arthroscopy*. 2017 Aug;33(8):1514-1520. doi: 10.1016/j.arthro.2017.01.039. Epub 2017 Apr 12. PMID: 28412060.





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