A Study of Measurement of Acetabular Depth Radiologically Among Haryana Population

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Abstract
The present study was conducted on 200 persons (100 males sand 100 females) of all age group of Haryana region. Antero-posterior view of radiograph of right and left hip joints were taken, after written and informed consent. The depth of acetabulum were measured. The purpose of the study was to assess the depth of acetabulum and to compare with the previous studies and also to find out the significant sex difference. The mean acetabular depth in males was 14.20 mm in Right side and 14.70 mm in left side. Similarly in female the mean acetabular depth were 13.88 mm in right side and 14.60 mm in left side. There was a significant difference in value of acetabular depth in right and left side, in both sexes. Therefore knowledge of various parameters of acetabulum would be helpful for prosthetists, orthopaedicians and forensic experts.

Keywords: Acetabulum, Depth, Measurements.

Introduction
Acetabulum (Latin acetabulum, vinegar cup, from acetum—vinegar) is a deep cup shaped hemispherical depression on the hip bone formed medially by the pubis, above by the ilium, laterally and below by the ischium, bounded by a prominent acetabular rim [1]. Its shape and position related to the head of femur are crucial for the biomechanics of the hip joint. The acetabulum forms from the coalescence of three ossification centers (collectively called the triradiate cartilage): ilium, pubis and ischium [2]. The acetabular fossa is a central cavity containing the ligamentum teres and a fat pad called pulvinar. The ligamentum teres connect the acetabulum to the fovea of femoral head. The labrum which arise from limbus, is a ring of connective tissue surrounding the outer edge of the acetabulum [2]. The acetabular articular surface is deficient inferiorly opposite the acetabular notch and is covered by articular cartilage, which is thickest where the surface is broadest [3]. The depth of the acetabulum was defined as the distance between the deepest part of the acetabulum relative to the rim plane. This depth is of interest because of its influence on the range of movement of the femoral component and acetabular cover [4, 5]. The acetabular depth described by Murray is another method to compensate the inaccuracy of Wiberg angle which was caused by the formations of bony spur on lateral margin of acetabulum (osteofytes) and displacement of femoral head [6, 7]. The knowledge of various acetabular dimensions is essential to diagnose various diseases of hip joint [8]. A study of anatomical dimensions of the components of the hip joint is also important for understanding of the etiopathogenesis of diseases like primary osteoarthrosis of the hip joint [9]. Hip joint which was previously known as a ball and socket joint is also described as a rotational conchoids [10]. Dysplasia of the acetabulum or minor anatomical variation in the fitting of the components of the joint have been suggested as contributory factors in the causation of osteoarthritis [11].

Materials and Methods
The present study was carried out on pelvic radiographs of 200 patient of Haryana. All age groups of the patients who had undergone for pelvic x-rays AP view routinely, with radiologically normal x-rays were included in the study. Acetabular depth were measured.

Acetabular depth
A tangent line is drawn from the most lateral edge of the acetabulum to the upper edge of the
symphysis pubis on the same side. A perpendicular line is drawn to the deepest point of the acetabulum roof and distance is stated in millimeters [7].

**EXCLUSION CRITERIA**

Radiographs of patients with osteoarthritis, metabolic diseases, hip fractures were excluded from study.

**OBSERVATIONS & RESULTS**

We included 200 radiographs of pelvis in this study. 100 males and 100 females. Following observations were made in this study.

<table>
<thead>
<tr>
<th>Parameter</th>
<th>sex</th>
<th>Mean</th>
<th>SD</th>
<th>SEM</th>
<th>RANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetabular depth</td>
<td>M</td>
<td>14.20</td>
<td>14.70</td>
<td>3.08</td>
<td>0.3143</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.25</td>
<td>0.3143</td>
<td>0.3219</td>
<td>25 25</td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>13.88</td>
<td>14.60</td>
<td>3.64</td>
<td>0.3525</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.43</td>
<td>0.3459</td>
<td>0.3219</td>
<td>22 22</td>
</tr>
</tbody>
</table>

Graph-1: Mean acetabular depth in males and female

**Table-1: Descriptive statistics for acetabular depth (n=200 (100 M A& 100F))**

**Table-2: Showing comparison of right and left acetabular depth in males & females by paired t test**

**Table-3: Comparison of mean depth of acetabulum of present study with the previous studies**

<table>
<thead>
<tr>
<th>S. No</th>
<th>Authors</th>
<th>Year</th>
<th>Population</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Croft et al., [12]</td>
<td>1991</td>
<td>England</td>
<td>14.4 mm</td>
</tr>
<tr>
<td>2</td>
<td>Smith RW et al., [13]</td>
<td>1995</td>
<td>UK</td>
<td>14.4 mm</td>
</tr>
<tr>
<td>3</td>
<td>Lau et al., [14]</td>
<td>1995</td>
<td>China</td>
<td>11.8mm</td>
</tr>
<tr>
<td>4</td>
<td>Goker et al., [15]</td>
<td>2005</td>
<td>Turkish</td>
<td>13.7mm (Right)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>13.6mm (Left)</td>
</tr>
<tr>
<td>5</td>
<td>Saika et al., [16]</td>
<td>2008</td>
<td>India</td>
<td>25 mm</td>
</tr>
<tr>
<td>6</td>
<td>Park JM et al., [17]</td>
<td>2011</td>
<td>Korea</td>
<td>11.6 mm</td>
</tr>
<tr>
<td>7</td>
<td>Jermic D et al., [18]</td>
<td>2011</td>
<td>Serbian</td>
<td>11.9 mm</td>
</tr>
<tr>
<td>8</td>
<td>Present study</td>
<td>2018</td>
<td>Haryana</td>
<td>14.20mm (Right) &amp; 14.70mm (Left)</td>
</tr>
</tbody>
</table>

**DISCUSSION**

From above table, we found that the mean value of Acetabular depth in our study was greater than the study done by Lau et al., [14], Goker et al., [15], Jermic D et al., [18] and Park JM et al., [17] study and was nearly similar to study done by Croft et al., [12] and Smith RW et al., [13] but less than the study done by Saika et al., [16] on South Indian Populations. It is also observed that in males there is significant difference in value of acetabular depth in right and left side of hips. The t- value of right and left side
Acetabular depth was -2.55 (p-value 0.01). Similarly in case of females there is significant difference in value of acetabular depth in right and left side of hips. The t-value of right and left side was -3.325 (p-value 0.01). The acetabular depth has been regarded by many authors as an important measurement to define acetabular dysplasia. An acetabular depth of less than 9 mm is considered dysplastic [19]. Hence awareness of the average values of the bones of hip joint in males and females will also help in early sex determination from skeletal remains by forensic experts [8].

**Conclusion**

It was concluded that, in Haryanvi population, the mean acetabular depth in males is 14.20 mm in right side and 14.70 mm in left side. In female the mean acetabular depth is 13.88 mm in right side and 14.60 mm in left side. Also significant difference is seen in the value of acetabular depth in right and left side of hips, both in males and females. Hence knowledge of these parameters of hip can be used for better understanding of etiopathogenesis of diseases like osteoarthritis and prevalence of acetabular dysplasia.

**References**