DDH

CASE DESCUSSION

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Case 1

- A 4 month old Female patient presented to DDH screening clinic with her family .
- What would you do?

Take history

Risk factors

- firstborn
- female
- breech
- family history
- oligohydramnios
- macrosomia
- limited hip abduction
- talipes
- swaddling

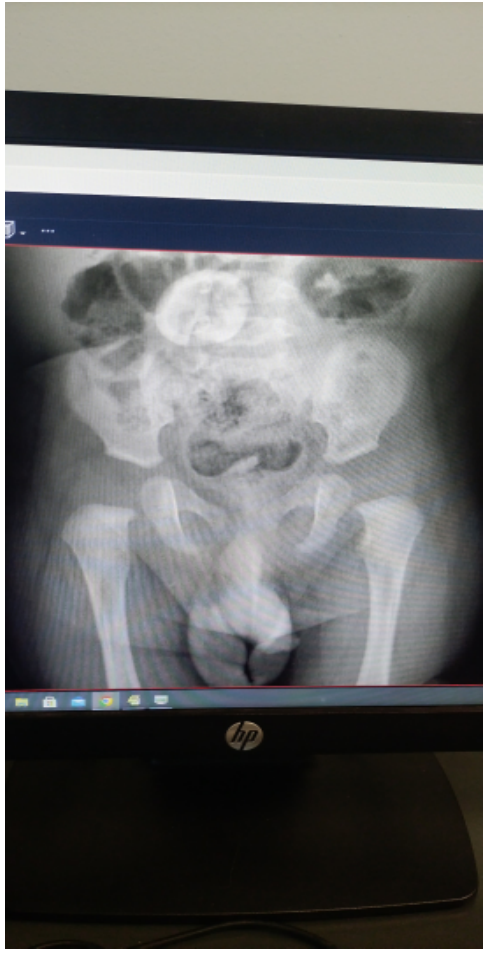
Physical exam

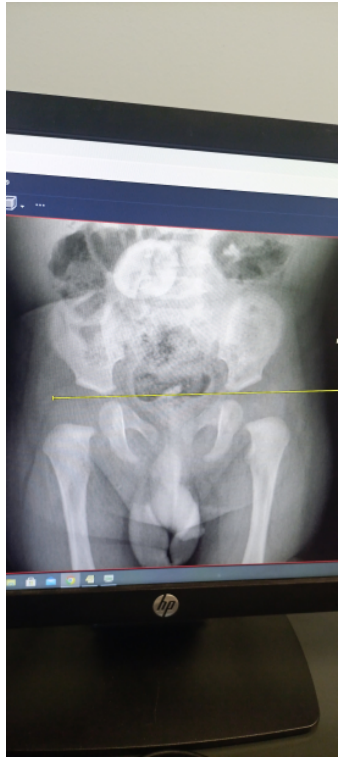
- Physical exam (< 4 months)
- Asymetrical skin folds (gluteal and thigh)
- Barlow
- Ortolani
- Galeazzi (Allis)

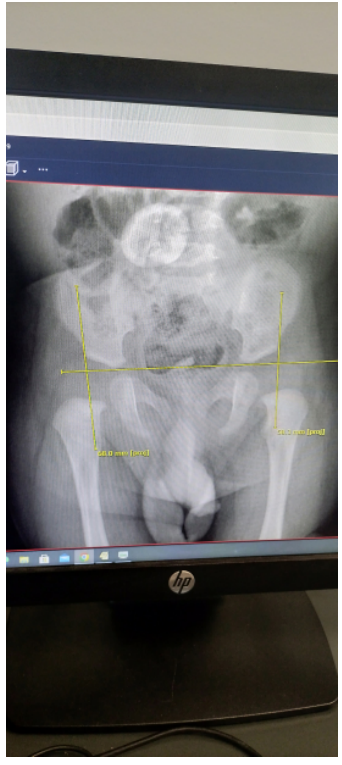
- Physical exam (> 3 months to 1 year)
- limitations in hip abduction
- leg length discrepancy predominates
- Klisic test

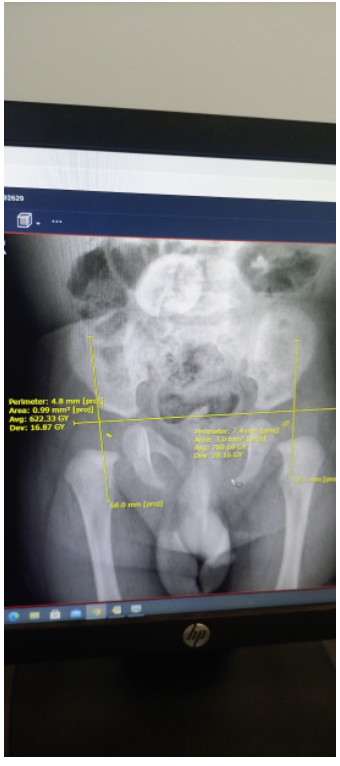
- Physical exam (> 1 year - walking child)
- pelvic obliquity
- lumbar lordosis
- Trendelenburg gait
- toe-walking

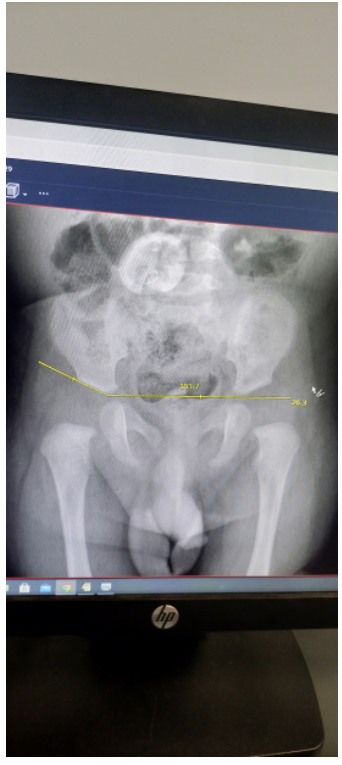
- Do radiological investigations

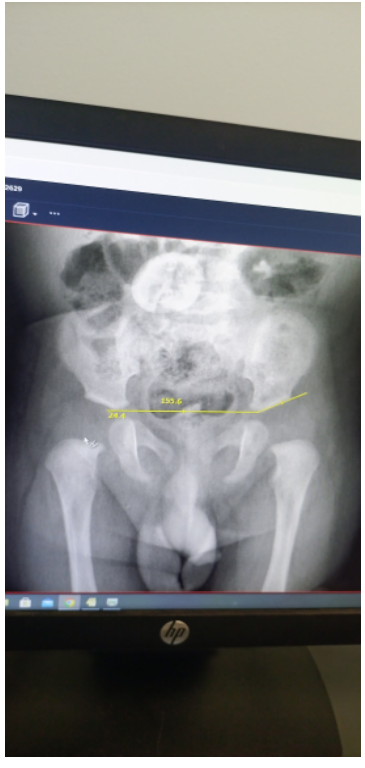







Perimeter: 4.8 mm [proj]
Area: 0.99 mm² [proj]
Avg: 622.33 GY
Dev: 16.87 GY

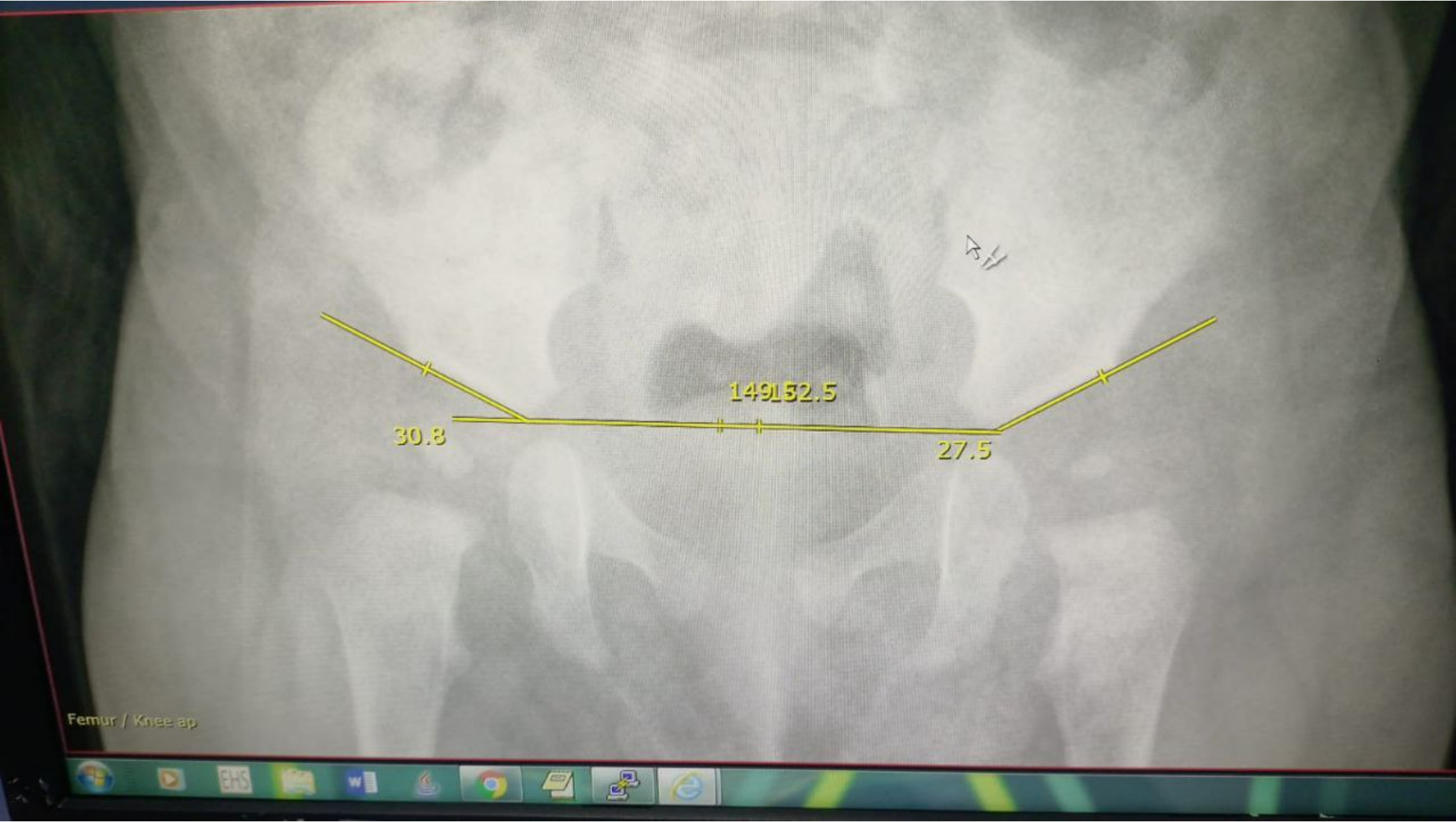


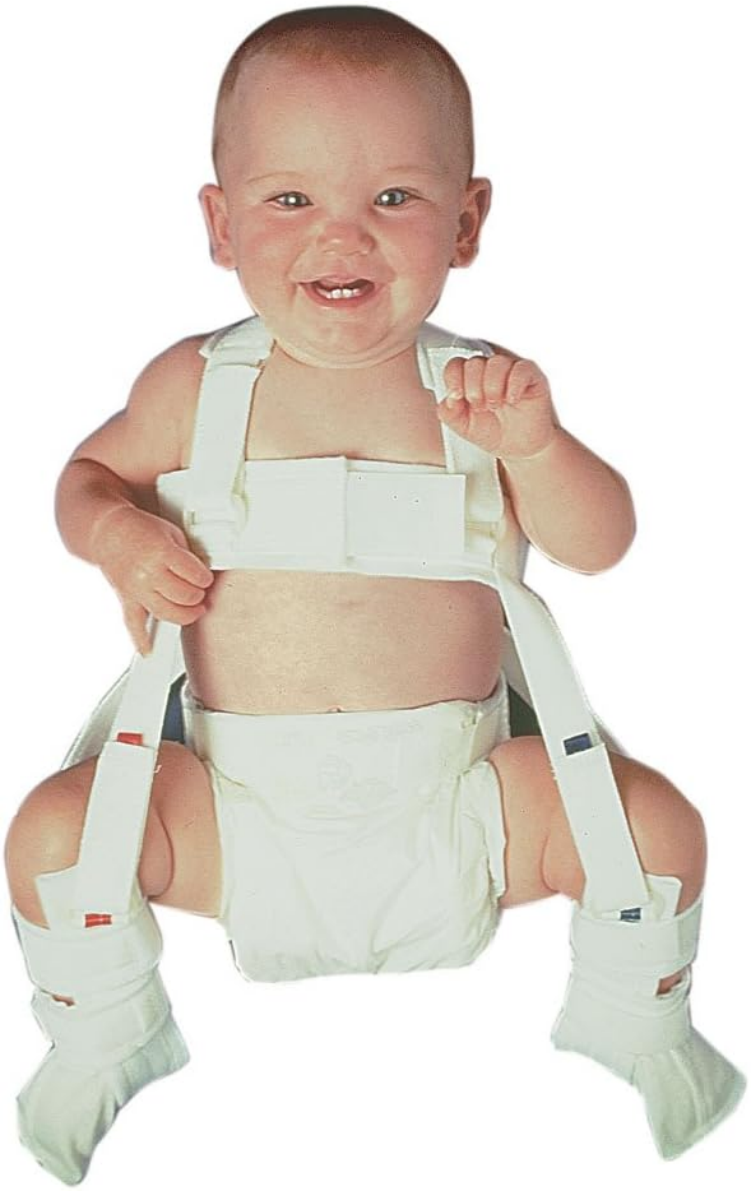

2629
...
155.6
24.4

- Normal hips can be discharged home safely

Case 2

- A 4 month old Female patient presented to DDH screening clinic with her family .
- What would you do?


30.8
149152.5
27.5
Femur / Knee ap



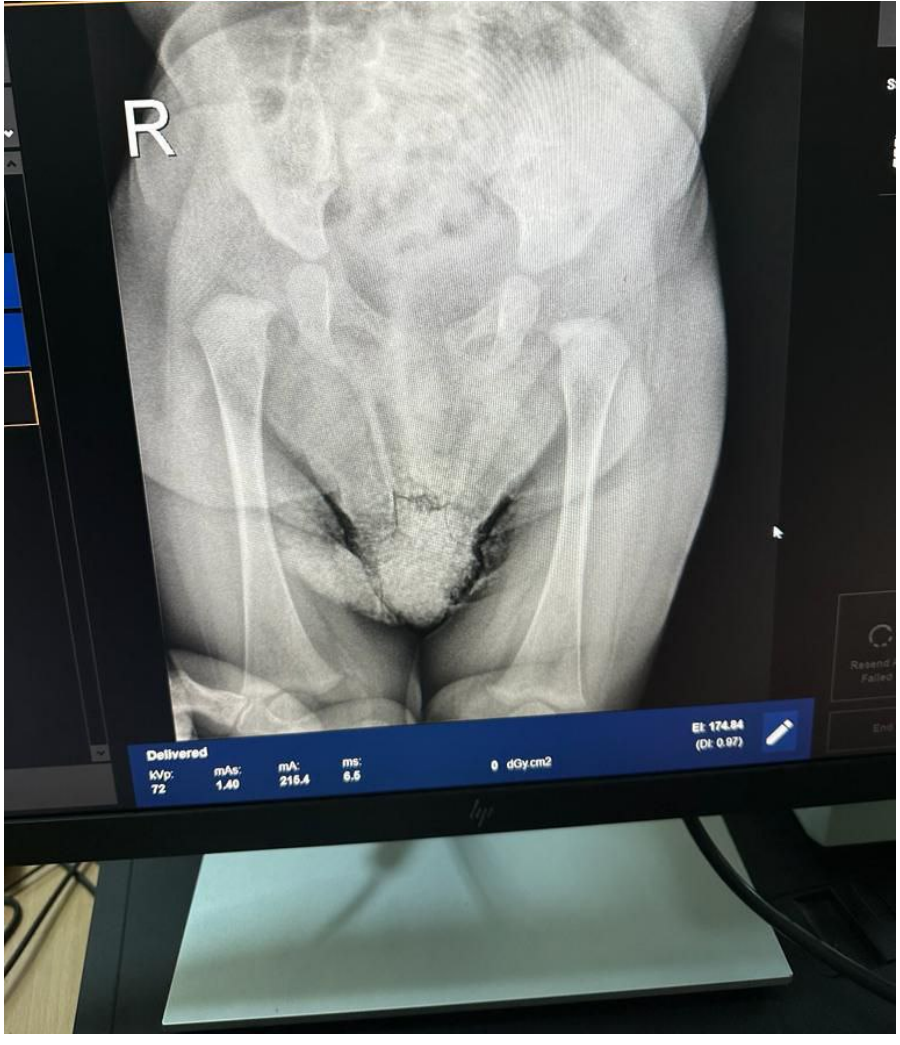
Pavlic harness

- Indication
- Contraindications
- Straps
- Flexion
- Abduction
- Pavlic harness disease
- Weaning
- Pavlic harness trial
- success rate

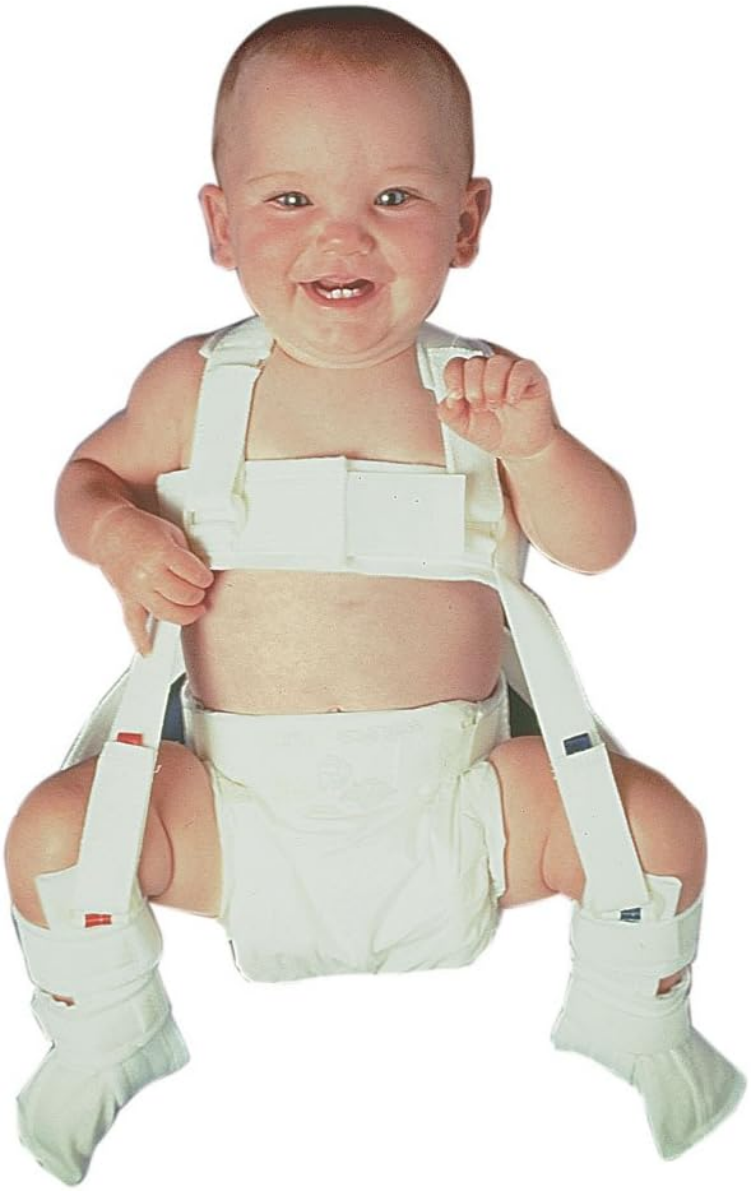
- Indications (femoral shaft fx in less than 6 months)
- Contra indications (NM disorders like CP , MMC , AMC)
- Straps (shoulder , chest , flexion , abduction)
- Pavlic harness trial for 3 weeks
- worn for 23 hours/day for at least 6 weeks or until hip is stable
- success rate 90 %
- Pavlic harness disease ;
- erosion of the pelvis superior to the acetabulum and prevention of the development of the posterior wall of the acetabulum due to prolonged positioning of dislocated hip in flexion and abduction

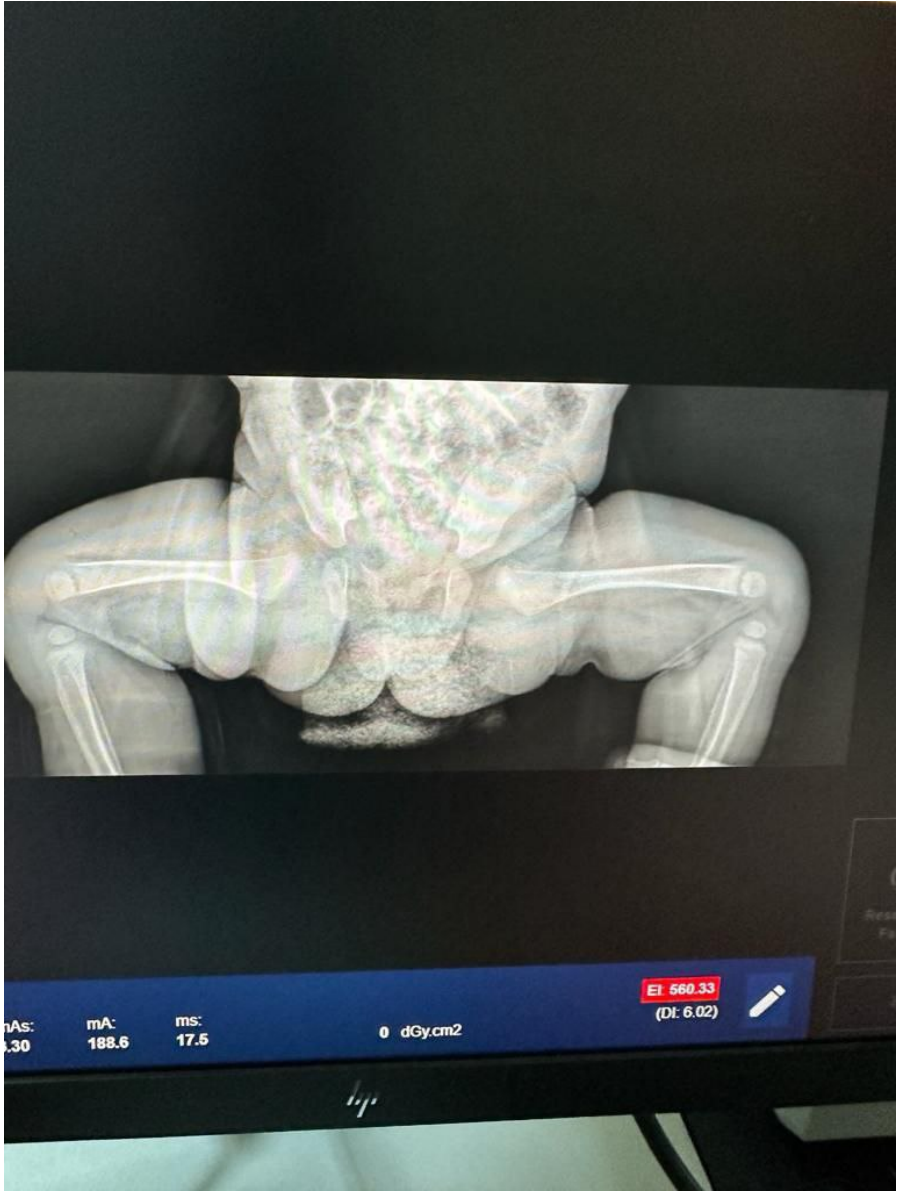
Case 3

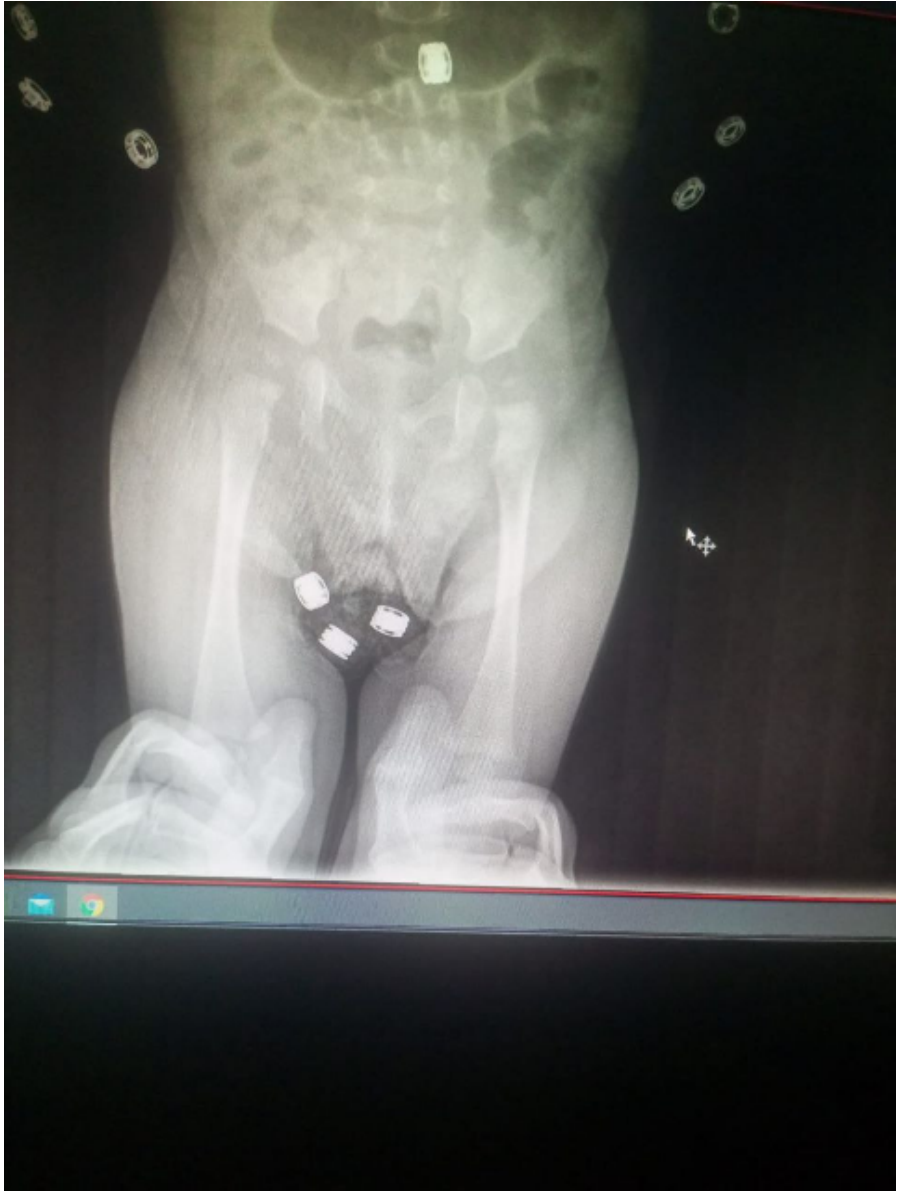
- A 4 month old Female patient presented to DDH screening clinic with her family .
- What would you do?


R
Delivered
kVp:
72
mAs:
1.40
mA:
215.4
ms:
6.5
0 dGy.cm2
EI: 174.84
(DI: 0.97)

- What to do ?

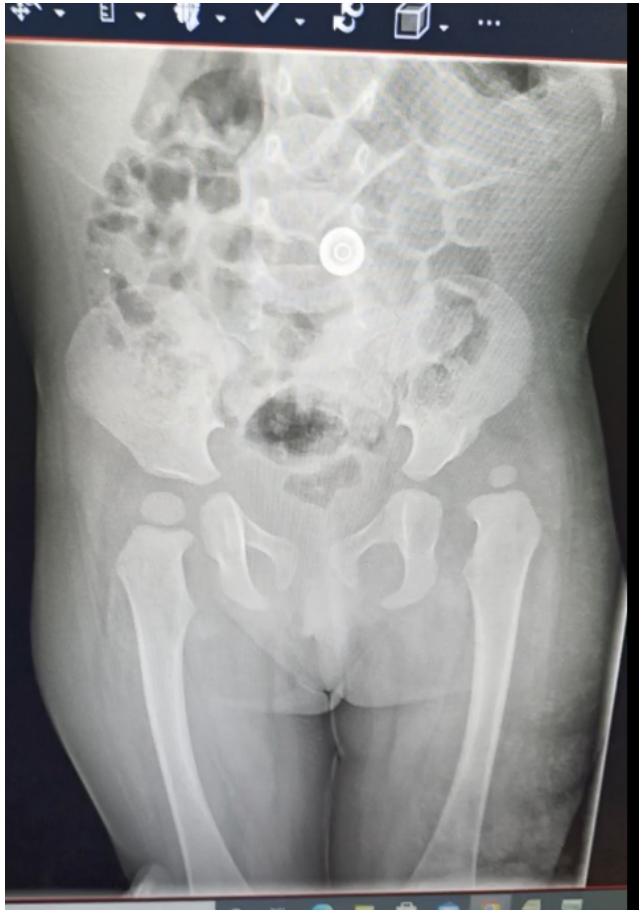



mA:
188.6
ms:
17.5
0 dGy.cm2
EI: 560.33
(DI: 6.02)

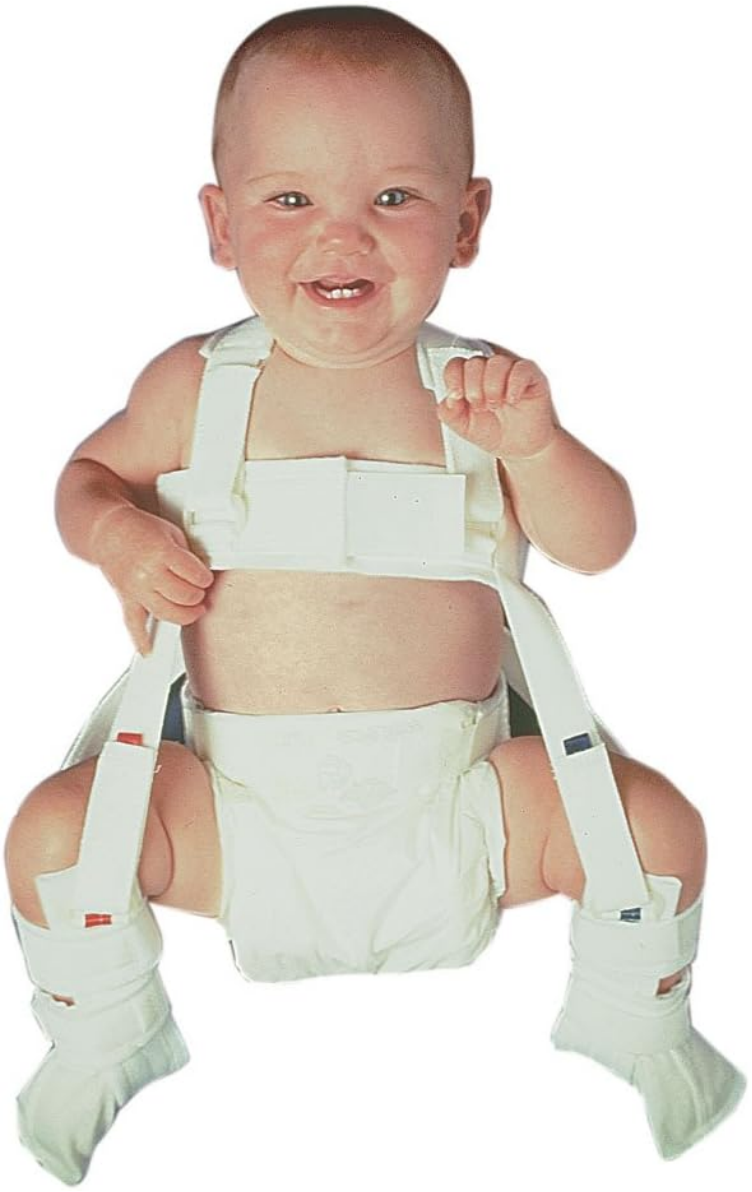


Case 4

- A 4 month old Female patient presented to DDH screening clinic with her family .
- What would you do?

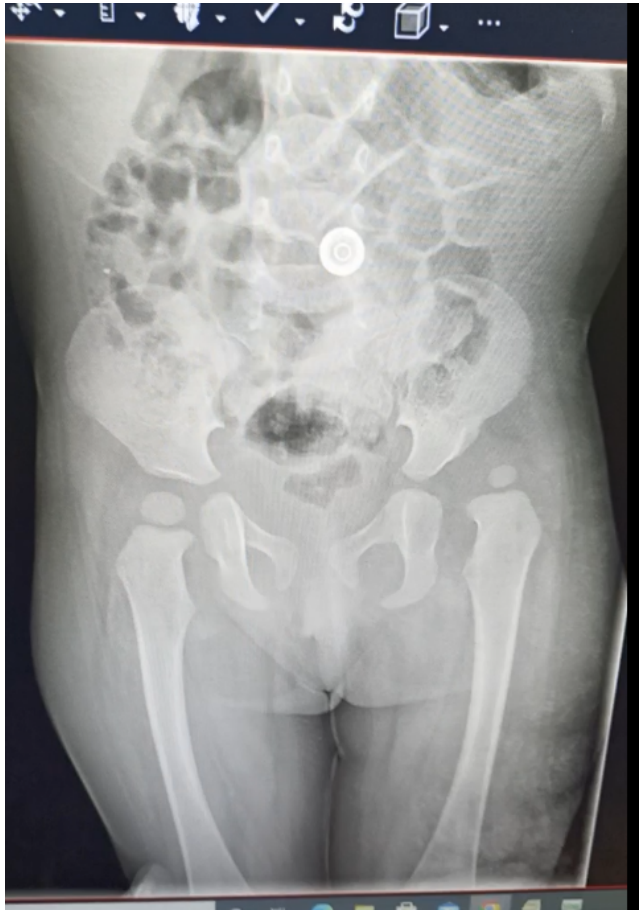


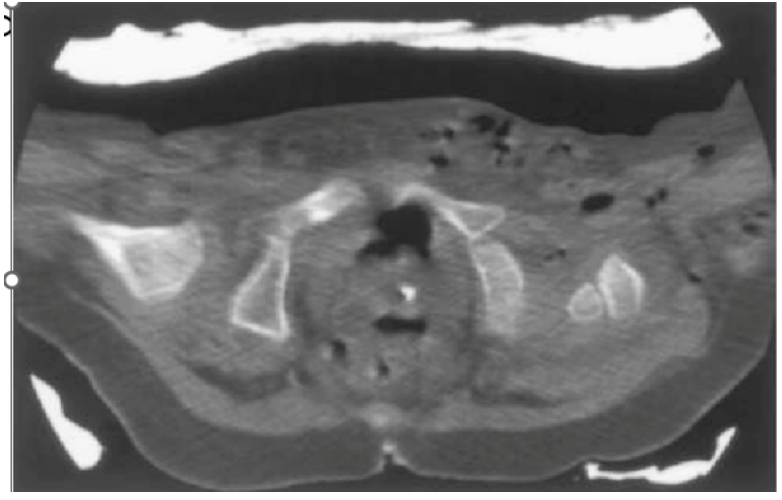
- Next step ?

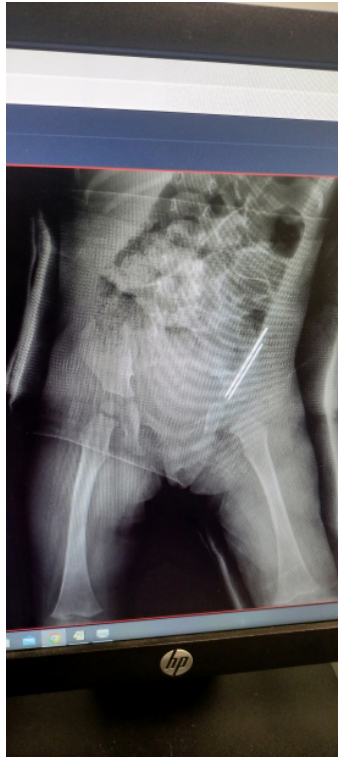


- When to do follow up ?

- Weekly follow up for 3 weeks







What type of pelvic osteotomy was used in last case ?

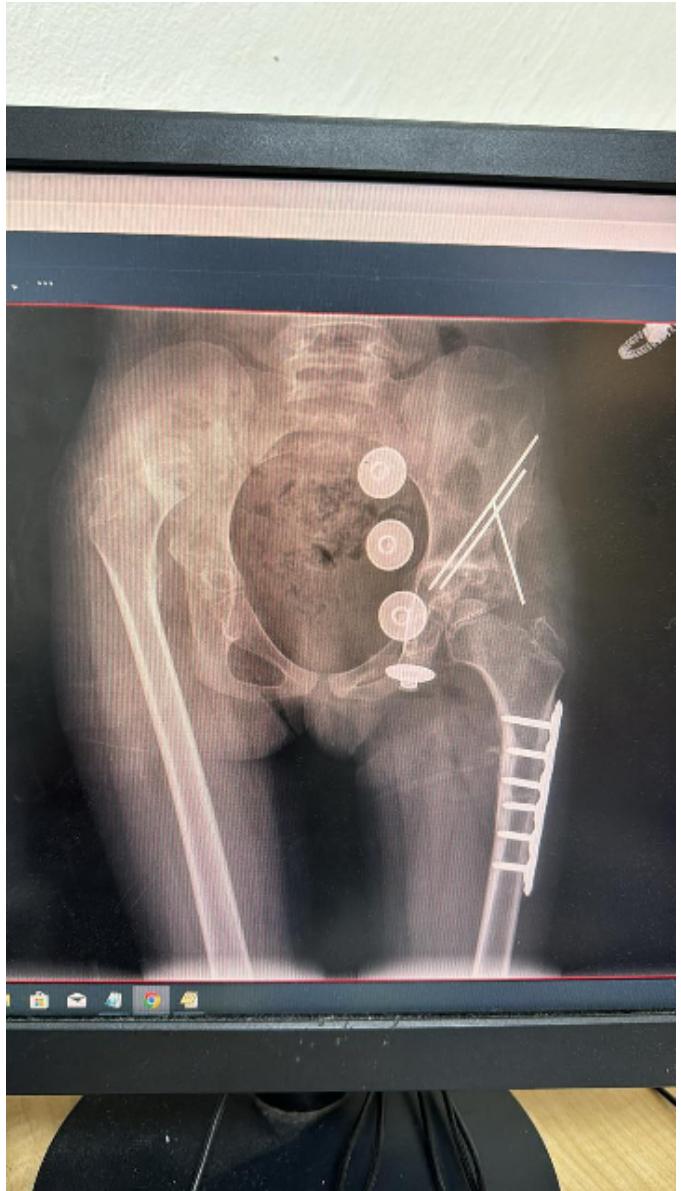
- Pre requiests ?
- Coverage ?
- Hinge ?
- Why k wires ?
- Correction ?
- Possible sequalae ?

It was salter osteotomy

- Pre requiests ? Concentric reduced hip
- Coverage ? Antero lateral
- Hinge ? pubic symphysis
- Why k wires ? Its complete unstable osteotomy and to prevent rotation of the graft
- Correction ? Up to 25 degrees lateral and up to 15 degrees anterior coverage
- Possible sequalae ? LLD by 1 cm

Other pelvic osteotomies in DDH

- Dega
- Pemberson
- Dial
- Ganz
- Triple
- Shelf
- Chiari



- In surgically treated DDH we may need one or more of ;
- Open reduction
- Pelvic osteotomy
- Shortening osteotomy (femur)
- Derotational osteotomy (excessive anteversion)
- Hip spica