

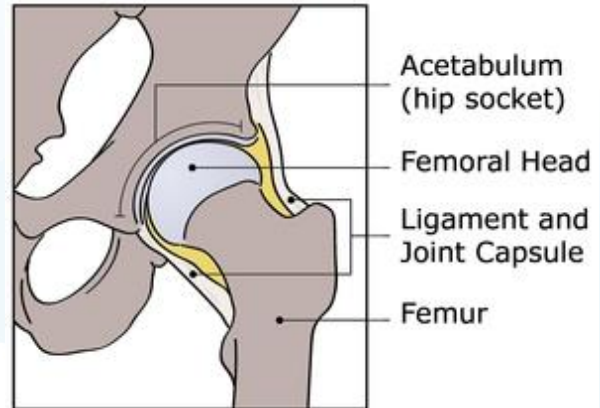
Congenital Dislocation of the Hip

Congenital hip dislocation is often the direct result of a child being born with an unstable hip from an abnormal formation in the hip joint throughout the early stages in fetal development. As the child grows older, the instability can become worse. In certain instances, the ball-and-socket joint can end up dislocating periodically. There are instances where the joint can end up becoming completely dislocated. Based on studies, one out of every 1,000 children has a dislocated hip when they are born.

Congenital Dislocation of the Hip Anatomy

The hip joint is referred to as a ball-and-socket joint that ligaments work to hold together. The ball (femoral head) is the top part of the thigh bone (femur). The socket (acetabulum) is a portion of the pelvis. The femoral head nestles into the acetabulum to create the joint. Normally, the ligaments and joint capsule work to hold the joint securely in place.

The causes of CHD are generally unknown, but some believe that the baby being in a breech position can make it more likely. Also low levels of amniotic fluid can be an issue too. Also the condition is more common in first time pregnancies where the uterus has not been stretched so much, leading doctors to believe that confinement of the uterus is a contributing factor.



How to Treat a Congenital Dislocation of the Hip:

1. Pavlik Harness

For those who are diagnosed before the age of six months, they are often fitted with this harness. It works by pressing the hip joints back into their sockets. The hip will be abducted by securing the legs into the harness similar to a froglike position. Infants can end up wearing the harness for anywhere from six to twelve weeks, but the length of time depends on how old the child is and how severe the condition is. Children will be instructed to either wear the harness on a part-time or full-time basis.

2. Surgery

If the harness is not successful or the diagnosis isn't made until the child is too large for the harness, surgery might be necessary. Surgery will be performed under general anesthesia and may include lengthening of the tendons, removing other obstacles in the way before the hip is moved into position and maneuvering the hip back into its socket. Once the hip is in position, the legs and hips will be placed into casts for a minimum of 12 weeks.

3. Pelvic Osteotomies

Children over 18 months of age, or those who didn't respond to other treatments, might need to have the hip reconstructed. A surgeon will reshape or divide the femur head or the pelvis acetabulum.

Tips:

- One of the attributing factors to congenital dislocation of the hip is a low level of amniotic fluid within the womb, a family history of the condition and breech presentation.
- Confinement within the uterus is a contributing factor of congenital dislocation of the hip.
- The condition tends to be more common in first-time pregnancies when the uterus hasn't been stretched out already.
- Girls are more susceptible to congenital dislocation of the hip, but any child can be born with the condition.
- Newborn babies are checked for CDH by the midwife or doctor. During the first year of life, children will have their hips examined to make sure the condition is not present.
- Delayed gross motor development can be a sign of congenital dislocation of the hip.