

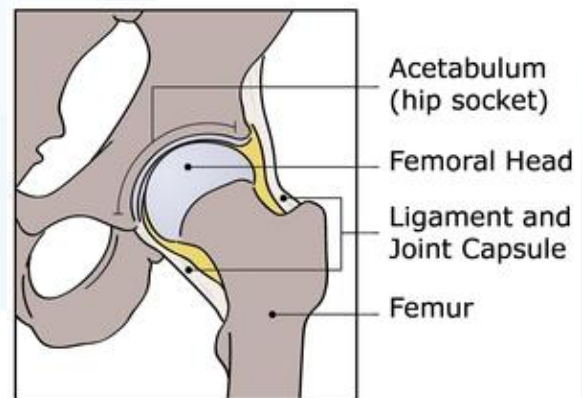
Congenital Dysplasia of the Hip

Congenital dysplasia of the hip is often the main term used for children and babies that are born with a subluxed or dislocated hip joint. However, the condition can occur after birth and hence this term is sometimes known as developmental dysplasia of the hip. Hip dysplasia is a term used to describe instability, or looseness, of the joints in the hip. The condition often refers to a defect when there is something that was added to or is missing from normal tissues in the joint. In the case of congenital dysplasia of the hip, the child or infant will have a joint that would otherwise be normal if the instability didn't exist.

Congenital Dysplasia of the Hip Anatomy

The hip is a type of ball-and-socket joint that the ligaments hold together in place. The ball (femoral head) is at the top of the thigh bone (femur). The socket (acetabulum) is a part of the pelvis. The head nestles into the socket and creates the hip joint. This particular joint is often held securely in place with all of the surrounding ligaments and the joint capsule.

The big problem is that the acetabulum (hip joint socket) is too shallow. This allows the femoral head (ball) to move out of position (sublux) or dislocate.



How to Treat Congenital Dysplasia of the Hip:

1. Pavlik Harness

In infants, the hip will go back into place easily, but the harness can help to hold it into place and make it stable. Most of the time, the infant will need to wear it on a full-time basis for six to 12 weeks. After the hips are stable, the brace is worn for another four to six weeks on a part-time basis. The harness is still an effective means of treatment up to six months of age.

2. Closed Reduction – 6 months to 18 months

Using general anesthesia, the child will be placed into a spica cast to hold the hips in the proper position for a number of months to allow the hip to heal. Preliminary traction can be used for stretching the hip and muscles before attempting to put it back into place.

3. Anterior Open Reduction – 18 months to 6 years

Open reduction is performed using an anterior approach to put the hip back into its joint, realign the bones and repair the ligaments. Bone changes are treated with this procedure to repair the deformity of the pelvis and femur.

Tips:

- When there is a family history of dysplasia, infants are 30 times more likely to have hip dysplasia.
- Genetics play a role in whether the child ends up with the condition, but it is not the direct cause. When one child has the condition, there is a 6 percent chance of having another one with it. Parents that have the condition run a 12 percent risk of having a child with it. When a child and a parent have the condition, the risk of additional children having it goes up to 36 percent.
- Womb positioning causes an increased amount of pressure on the hips, which can stretch the ligaments. Babies that are in a normal position have a lot more stress on their left hip than they do on their right one, which is why the left hip is more affected. Babies in a breech position are prone to instability in their hip joints than their normal counterparts.
- Girls will often have a lot more laxity than their male counterparts, so they are four to five times as likely to end up with dysplasia than boys are.
- Infant hips are a lot easier to dislocate than that of an adult hip due to their pliable, soft cartilage. Adult hip sockets are hard bone.