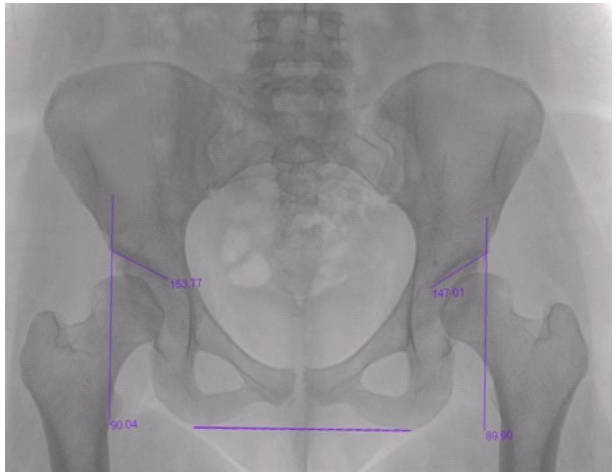
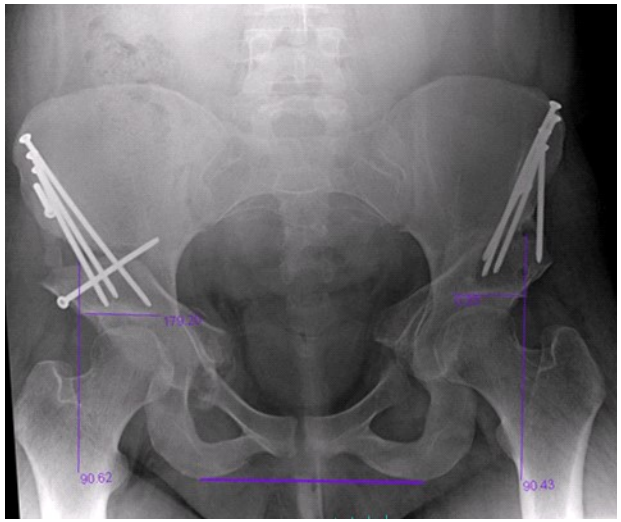
Do you have Hip Dysplasia?

Hip Dysplasia: Notice the upward slanted hip socket and femoral head undercoverage.



After periacetabular osteotomy. Notice the sockets are horizontal and fully cover the femoral head.



(1) Steppacher SD, Tannast M, Ganz R, Siebenrock KA. Mean 20-year followup of Bernese periacetabular osteotomy. Clin Orthop Relat Res. 2008; 466:1633-1644.

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Adolescent Hip Dysplasia

Understanding Adolescent Hip Dysplasia

Hip or groin pain in adolescents and young active adults may be an early sign of hip dysplasia. This is a condition in which the hip joint has not developed normally.

In individuals with hip dysplasia, the acetabulum or socket does not develop fully, making it too shallow to adequately contain and support the femoral head. Excessive stress and shear forces are present on the socket leading to premature degeneration and arthritis over a number of years. (See Figure 1 and 2).

Diagnosis

Hip dysplasia can be diagnosed with x-rays and MRI. These studies show the dysplasia and can help your doctor find the damage to the labrum and articular cartilage.

Causes

Adolescent hip dysplasia results from abnormal development in the hip. It tends to run in families and occurs more often in:

- Girls First-born female children
- Babies born in the breech position

Symptoms

Altered forces in the hip causes damage and pain in the hip. In most cases, this pain is:

- Located in the groin area
- Occasional and mild initially, but may increase in frequency and intensity over time
- Worse with activity or near the end of the day
- Patients may also experience the feeling of locking, catching, or popping within the groin.

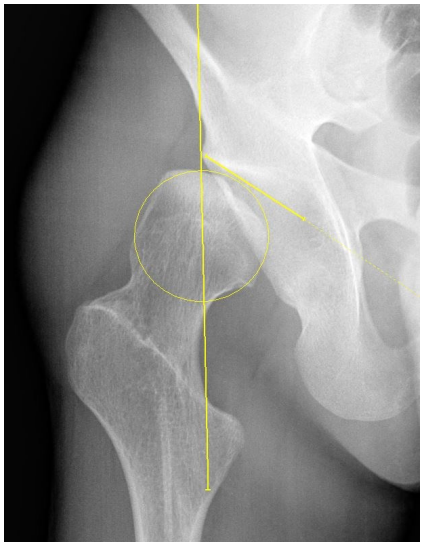

Figure 1: Hip dysplasia. Notice the femoral head is half uncovered and the socket slopes upward.

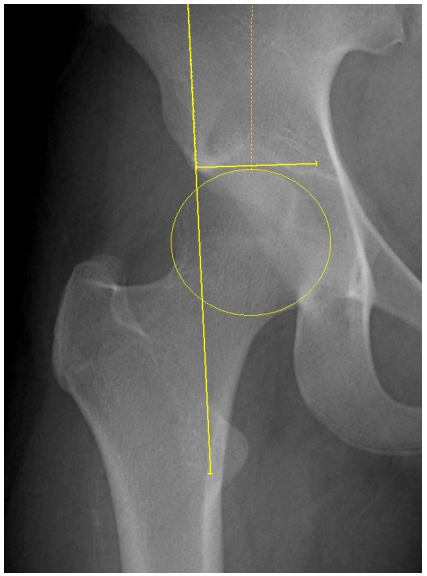

Figure 2: Normal hip. Notice the femoral head is fully covered and the socket is horizontal.

Physical Examination

Your doctor will move your child's hip in different directions to assess for the pain or discomfort he or she is feeling.

Treatment

Treatment for adolescent hip dysplasia focuses on delaying or preventing the onset of osteoarthritis while preserving the natural hip joint.

Nonsurgical Treatment

Lifestyle modification– Avoiding activities that cause the pain and discomfort. For a child who is overweight, losing weight will also help to reduce pressure on the hip joint.
Medications- Nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen and naproxen, can help relieve pain and reduce swelling.
Observation- If your child has minimal symptoms and mild dysplasia, we recommend simply monitoring the condition to make sure it does not get worse. Your child will have follow-up visits to monitor for worsening.

Surgery

Patients with hip dysplasia who experience pain and have limited damage to their cartilage may be candidates for periacetabular osteotomy (PAO). This procedure involves a series of cuts to the bone to reorient the acetabulum over the femoral head, in order to increase coverage, decrease hip stress and restore a more normal anatomy. Screws are then placed in the bones to stabilize this position. This procedure has been shown to have very good results even up to 20-25 years after the procedure.(1) (See xrays on next page).