Developmental Dysplasia of the Hip

Developmental dysplasia of the hip (DDH) is a problem with the formation of the hip joint. The hip is a ball and socket joint. The ball is called the femoral head and is at the top of the thighbone. The socket is called the acetabulum.

There are several types of DDH. In one type the socket is too flat, but the ball stays in the joint. In other cases the ball slips out of the joint too easily. In more severe cases the hip is dislocated (the ball is outside the socket).

DDH of the hip may be found at birth during the baby's newborn exam. It may also show up later and be discovered during a normal well baby visit with your caregiver. It can affect one or both the hips.

CAUSES

The exact cause is not known. Genetic factors are thought to play a role in causing DDH. It can run in the family. It is more common:

- When there is less than normal amniotic fluid.
- In female babies than male
- In firstborn children
- In infants of Native American and Laplander descent (people from Sweden, Norway, Finland, and the Kola Peninsula of Russia).
- When a baby is in breech position (buttocks or legs would present first on delivery).
- Certain muscle and nervous system problems are present

SYMPTOMS

Babies with DDH usually do not have any symptoms. The folds on an infant's thighs or buttocks may appear uneven or lopsided. Older infants may have decreased outward flexibility of the hip. Older children may limp or have an unusual gait. Leg lengths may be different.

DIAGNOSIS

DDH may be diagnosed by a physical exam. Ultrasound of the hip may be done to confirm the diagnosis. In case of older infants and children, an x-ray of the hip may be taken. In a few cases, other kinds of imaging (such as CT or MRI) may be needed.

TREATMENT

The treatment of DDH depends on the child's age and the response to previous treatments, if any. Babies are usually treated with a Pavlik harness. This soft device helps to hold the baby's femoral head in the socket by the use of straps that fasten about the chest and to the legs holding the legs in proper position to correct the problem. This helps form the socket properly.

Another treatment that is sometimes needed is called closed surgical reduction. This is done under general anesthesia. The surgeon moves the femoral head into the correct position by moving the thigh bone. If this does not work, an open reduction is done. This is an operation to put the femoral head in position and to correct the socket. After either type of reduction, the child's legs are held in position with a cast called a spica cast.

HOME CARE INSTRUCTIONS

For babies in a Pavlik harness:

- Check with your surgeon about baths. Baths are often not allowed. Use sponge baths instead.
- Protect the legs of the harness when changing diapers. This can be done with an old piece of material.
- Babies should not lie on their side.
- Do not lift your child from the feet when changing diapers or at any time. To change the diaper, lift by the

thighs.

- Hold your baby so that one leg is on either side of your body to keep the legs apart.
- If the harness becomes dislodge you may need to consult with your physician to ensure that the harness is put back in place correctly.

For a child in a spica cast:

- Check the feet for swelling, color and warmth. Watch for blisters.
- Do not put anything inside the cast that could scratch the skin.
- Keep the cast dry and clean.
- Cover the cast when feeding an infant or young child.
- Lift your child by the cast. Put one arm under the bottom and one under the opposite arm. Do not lift the child by their upper body. Do not use the abduction bar to carry or lift the child.

SEEK MEDICAL CARE IF:

- Redness or blisters develop on your child's skin near the sides of the cast or harness
- The harness does not fit right.
- Your child is limping after they have been walking normally.
- Unexplained fever after open surgery or if child is in a cast.

SEEK IMMEDIATE MEDICAL CARE IF:

- The cast is too tight:
  - Your child's toes are pale or cold or do not have color return after pinching.
  - Your child is complaining of increased pain in the cast.
  - Your baby is crying as if in pain.
- Drainage from the cast.

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