



Neglected DDH in older children: A report of two cases

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INTRODUCTION

Multiple studies reported on different types of approaches and acetabuloplasty for management of neglected developmental dysplasia of the hip (DDH) in older children.

CASE REPORT

Here, we report 2 cases of sisters aged 9 and 10-year-old presented with painless limp since childhood. They walked with short limb gait with shortening of 5 and 6cm each. Younger sister has right neglected DDH (Figure 1a) while the elder has left sided (Figure 1b).



Figure 1: Pre-operative radiographs of (a) younger sister (b) elder sister

They underwent open reduction, capsulorrhaphy, femoral shortening and shelf acetabuloplasty. Hip ilioinguinal approach was used with separate lateral approach to proximal femur. Concentric and stable reduction of the hip were achieved after the acetabuloplasty and 2 and 2.5cm femoral shortening. The graft used was from femoral osteotomy and held with 2 K-wires and another K-wire for maintaining the concentric reduction. Femoral osteotomy fixed with small DCP with 4 screws. They were immobilised with hip spica for total 12 weeks.

Review at 18-month post-operative revealed both patients walked with short limb gait and the radiograph (Figure 2) showed good remodeling.



Figure 2: 18 months post-operative radiograph

DISCUSSION

A stable painless mobile hip should be the aim of management^{1,2}. Regardless of any surgical methods and surgical approaches, excellent to good McKay criteria reported up to 85-100%^{2,3,4}. Similar principles were applied in DDH surgical reconstruction at any age, but in patients aged more than 8-year-old, acetabular development should not be expected hence effort should be made to reconstruct.

CONCLUSION

No evidence in the literature to support the deterioration of hips due to any osteoarthritic changes up to 6 years of follow up. If this is happened in future, hip replacement will be made much easier¹.

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Abstract
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