

## THE SUCCESS OF CONSERVATIVE TREATMENT OF A CHILD WITH LATE DIAGNOSED CONGENITAL DISLOCATION OF THE HIP

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Among the anomalies in the development of the osteoarticular system, the most common congenital dislocation of the hip. This pathology is the most severe defect of the musculoskeletal system, which is detected in children. Despite the development of the possibilities of modern medicine, the urgency of the diagnosis and treatment of orthopedic anomalies does not change, but continues to grow, taking the leading place in a series of congenital pathologies.

On the recommendation of World Health Organization every newborn should be examined in the maternity hospital by an orthopedic surgeon. Congenital dislocation of the hip is a common pathology, 5–8 people per 1000. The result of treatment directly depends on the time of diagnosis and the beginning of treatment. If the diagnosis is made to the child in the hospital, it is almost 100% recovery in a short time. At a late diagnosis, after 6 months, the duration of treatment increases 2–3 times (an average of 1 year), worsening of long-term results and the recovery rate is about 50%. When the diagnosis is made extremely late, after 14–16 months, most of the method of choice is surgical treatment. Earlier, the pathology of itself screamed, but over the past 15 years, the clinical manifestations of congenital dislocation of the hip have become invisible and often there is not a single suspicious symptom on examination, and only a screening ultrasound can diagnose and immediately begin treatment. In our arsenal, there are many options for treating hip dysplasia: Freck's feather, Pavlik's harness, Tubinger's orthosis.

But there is a category of children who are diagnosed in the maternity hospital and put after 1 year. Therefore, ultrasound monitoring is required by children at risk: cases of congenital hip joint pathology in the family, any non-head presentation, a combination with another orthopedic pathology. Such patients subsequently enter the surgical departments for the surgical treatment of congenital hip dislocation. So it was in our case. It is known from the anamnesis that the girl was born on time, in breech presentation, with a weight of



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3800 gramm and an Apgar score of 8/9. On the 4<sup>th</sup> day she was discharged home. Observed by an orthopedist on a decree. Pathology was not identified. According to the data of ultrasound of the hip joints in 3 months - the norm. The child grew and developed normally. Sitting girl started at 7 months, got up at 9 months, started walking independently at 14 months.

Parents did not like the gait and at their insistence the child in 19 months had a radiography of the hip joints. On the roentgenogram, a severe congenital dislocation of the right thigh was diagnosed. It was recommended an open reposition and the child was already hospitalized in the orthopedic department. But due to a viral illness. She was discharged to finish the cure for home. To us in the clinic the child turned at the age of 20 months. Given the clinical and radiological

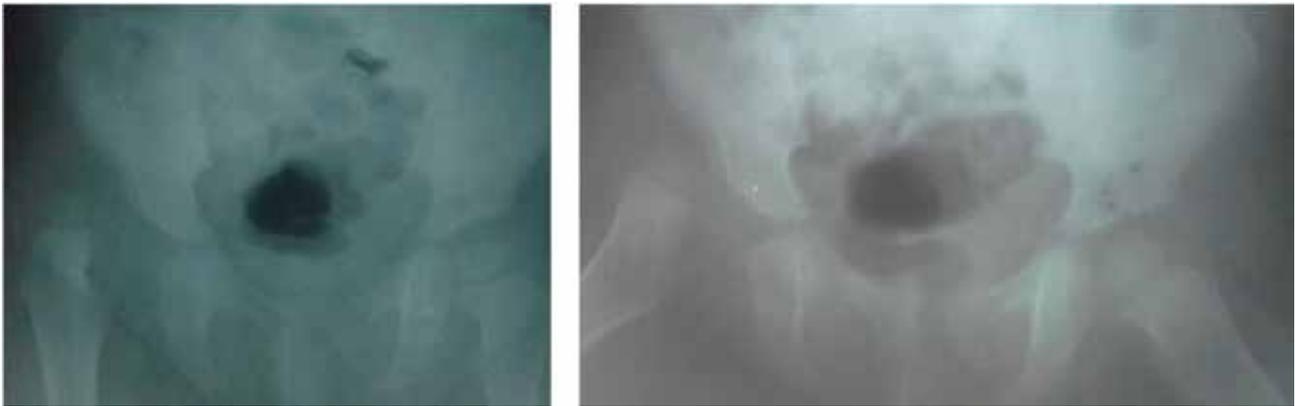


Fig. 1. Congenital dislocation of the right hip. Late diagnosis



Fig. 2. 3 years after conservative treatment (a), 10 years after conservative treatment (b)

picture, it was decided to start a stage-by-stage conservative treatment.

**STAGE 1** — extension of the lower extremities by the principle of over head for 10 days. The subsequent closed control under the control of the electron-optical converter turned out to be successful. The head is centered in the acetabulum, the latter practically absent.

**STAGE 2** — a koksit-plaster bandage was applied, in which the child stayed for 4 months. After that, the child was in a lightweight plaster bandage for 10 months.

**STAGE 3** — the Vilenskiy ortez was imposed for 6 months. For 3 years she received constant courses of physiotherapeutic treatment and massage of back muscles. At present, the child is 12 years old. There are no complaints. Movement in the hip joints in full (!). the child leads an active lifestyle.

Despite the extremely late diagnosis of such a severe orthopedic pathology, it is not always necessary to send a child to an operation at once. It is necessary to analyze the clinical and radiological picture, to make an attempt of closed correction of the hip dislocation. With the possibility of holding the head of the femur in

the acetabulum, the child is shown a long-term conservative therapy with the aim of forming a joint, possibly not requiring subsequent surgical treatment.

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