

Developmental Dysplasia of Hip

Clinical Diagnosis	<ul style="list-style-type: none">- Barlow's and Ortolani's signs to diagnose dislocatable or reducible hips- short limb- increased creases on the inner aspect of thighs- femoral head present anteriorly- abduction of hip is restricted and telescoping positive
Investigation	<ul style="list-style-type: none">- X-ray of pelvis – normal view and von Rosen's view- Ultrasound examination of hip if the child is 6 months or less of age- In failed closed reductions an arthrogram of the hip may be performed- CT & MRI are very rarely indicated
Treatment	<ul style="list-style-type: none">- in an infant closed manipulation of hip and plaster spica in human position- In a slightly older infant, a preliminary traction might help closed reduction- In an older infant, open reduction may be required followed by plaster spica- If the acetabular coverage is not enough, Salter's innominate osteotomy is indicated- If the acetabulum is roomy, Pemberton osteotomy may be performed.- In a slightly older child, in addition femoral shortening derotational osteotomy- A shelf operation to augment acetabular coverage