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TRANSATLANTIC TOPIC

Developmental dysplasia of the hip (DDH): an evolving science

Over the past decade, the term congenital dislocation of the hip has been changed to developmental dysplasia of the hip (DDH). This change has occurred because of the important recognition that some infants will have a normal hip examination at birth, but develop hip disease during the first year of life. The American Academy of Pediatrics recently released a guideline for DDH based upon an extensive review of the literature.¹ The guideline was prompted by concerns that some children with DDH are being recognised late in infancy. I have recently been involved in a number of law suits that have resulted from cases of children who were recognised to have DDH well beyond the newborn period, and thus had extensive surgery. This guideline focuses on detection rather than treatment. Highlights include the following:

- DDH refers to a spectrum of disease, including hips that are unstable, subluxated, dislocated, and/or have malformed acetabula
- The incidence of true dislocation is approximately 1–2/1000
- Girls, infants with a positive family history of DDH, and infants in breech presentation are at increased risk
- If a positive Ortolani or Barlow sign is found on newborn examination, the infant should be referred to an orthopaedic specialist (no ultrasonography is necessary)
- If the newborn exam is equivocal (soft click, mild asymmetry) then a follow up hip examination at two weeks is recommended

- If results of the physical examination at two weeks are positive, referral to an orthopaedic specialist is recommended
- Physical examination should be performed regularly during scheduled routine visits. Important aspects of the hip exam as infants age include leg length discrepancy, asymmetry of the gluteal folds, and a positive Galeazzi sign (relative shortness of the femur with the hips and knees flexed).

The objective of this guideline is to reduce the number of dislocated hips detected later in infancy. Almost all clinicians become skilled at performing Ortolani and Barlow manoeuvres during their training, and it is equally important that we recognize other signs and symptoms of hip pathology in older infants.

This guideline and the technical report that accompanies it contain a great deal of important information, including a wonderful review of the literature.² They are an excellent resource for clinicians, educators, and consultants.

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