

Birth Defect Fact Sheet

Birth Defect Research for Children

Congenital Hip Dysplasia

What is Congenital Hip Dysplasia?

Congenital hip dysplasia, also called congenital dislocated hip, is an abnormality of the hip joint. This abnormality can be relatively minor involving only an unstable hip joint or more severe with a complete dislocation of the hip joint. The unstable joint or dislocation occurs when the long bone of the upper leg does not sit properly in the hip socket.



BIRTH DEFECT RESEARCH
FOR CHILDREN, INC

Congenital Hip Dysplasia



Early diagnosis and treatment is important to prevent complications such as arthritis and damage to the joint. Doctors always check newborns for this condition. But parents should also be aware of any symptoms of a problem including a lack of movement or low activity level, one leg being shorter than the other and a hollow area in the buttock.

How Many Children Are Affected by Congenital Hip Dysplasia?

Approximately 1 in 1000 children are born with an actual dislocation of the hip joint. However, 1 to 2% of the population is born with some degree of dysplasia involving unstable hips. Girls are 5 times more likely than boys to have congenital hip problems. The incidence rate also increases when there is a family history of the disorder.

How Does Congenital Hip Dysplasia Happen?

Congenital hip dysplasia happens when there is a weakness or instability of the joint. This can be the result of improper development of the top of the femur or the bony cap or both. The condition of the ligament that surrounds these bones can also affect joint stability.

What Causes Congenital Hip Dysplasia?

The cause of congenital hip dysplasia is unknown. Both genetic and environmental factors seem to play a role in the development of the disorder. Children that are breech in utero, identical twins, and firstborns have a higher incidence of hip

dysplasia. Congenital hip dysplasia can be associated with other situations including:

- Acetabular dysplasia, an abnormality of the cap-shaped hip socket
- Connective tissue disorders
- Epiphyseal fracture, a break in the end of a long bone where bone growth occurs
- First born child
- Hormonal influences on connective tissue
- Infants that are swaddled when young
- In utero breech position
- Ligamentous laxity, a disorder involving the fibrous tissue that connects bones or cartilages
- Monozygotic twins, from one egg such as identical twins
- Neuromuscular disease and myelodysplasia, imperfect growth of the spinal cord
- Other congenital abnormalities such as foot deformities
- Proximal focal femoral deficiency, the end of the thigh bone closest to the hip is too short or not completely developed
- Pyogenic arthritis
- Torticollis, a condition where the head is inclined to one side

Helping a Child with Congenital Hip Dysplasia

The needs of a child with congenital hip dysplasia will vary dramatically depending on the severity of the disorder and any other associated conditions. A child with congenital hip dysplasia may need extra time and help learning to walk. Additionally, if a brace or cast is used, the skin can become irritated and will need treatment.

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Medical Team

Starting at birth, doctors check for any instability in the hip joint. These tests should be continued during all well baby checkups. Two different tests are performed: the Ortolani and the Barlow. In these tests, the doctor simply applies pressure on the hip joint while flexing it. While the doctor does this he or she is feeling for any indication of an abnormality. Minor abnormalities are often outgrown. If the doctor finds a problem, however, he/she will continue to check the joints every week or two to monitor the situation.

If the doctor suspects a more serious hip problem, he will refer the child to a pediatric orthopedist who is specially trained to treat children with congenital hip dysplasia. The specialist may use ultrasound to get a picture of the baby's hip joints. X-rays are not useful until the child is about three months old. The results of the ultrasound can help determine whether treatment is necessary.

Genetic counseling may be advisable since this condition can reoccur with other family members.

Bracing

If treatment is necessary, bracing is often used. Most children are treated with a soft brace, called a Pavlik harness, that keeps the knees spread apart and bent toward the chest. This brace helps to stabilize the joint.

When the baby is wearing this brace, the doctor will check the baby's hips every week or two. The length of time a child will wear the brace ranges from three to six months. Bracing works in approximately 95% of the cases.

Other Treatments and Surgery

If a brace is not sufficient to stabilize the hip, leg casts and traction can be used. In the most severe cases, surgery may be needed to correct the problem.

Psychological Needs

A psychologist, mental health counselor, or social worker can help families work through their feelings and fears and find additional resources for assistance. In cases where the hip dysplasia is not diagnosed until the child is older, special attention may be needed to help the child deal with the disorder.

Fact Sheet by:

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