

Infants should be screened for hip trouble

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Developmental hip dysplasia is the most common congenital defect in newborns. The condition occurs when a hip joint is shallow, unstable or when the joint is dislocated. Infants with the condition are often at risk of developing arthritis of the hip as a young adult. A new study published in the July 2009 issue of *The Journal of Bone and Joint Surgery* (JBJS) finds that screening all infants for hip dysplasia can significantly decrease their chance of developing early arthritis.

"This study systematically evaluated what we know about hip dysplasia to determine the best screening strategy for newborns," said study author Susan Mahan, MD, Pediatric Orthopaedic Surgeon with Children's Hospital in Boston and instructor in orthopaedic surgery at Harvard Medical School. "Our study confirms that pediatricians need to continue their current screening strategies for hip dysplasia. However, our findings refute a recent report from The United States Preventive Services Task Force that was unable to recommend screening strategies."

Symptoms associated with hip dysplasia in infants can include: legs that appear asymmetrical during diaper change or a limp or waddle as a toddler walks.

Dr. Mahan and her colleagues analyzed data from more than 70 research studies and clinical trials dating back to 1939. They compared long-term outcomes in the following screening strategies:

- Ultrasound screening for hip dysplasia for all newborns

- A physical exam by a pediatrician for all [newborns](#) with ultrasound screening used selectively only for infants with risk factors
- No screening for any newborn

"We found that the best chance for avoiding early arthritis of the hip as a young adult occurs when you screen all babies with a physical clinical exam and utilize ultrasound for those who have risk factors," said Dr. Mahan. Those risk factors include a family history of hip dysplasia, an infant delivered breech at birth, or positive physical exam.

Hip dysplasia can be difficult to detect, because it is a pain-free condition until adolescence or young adulthood when a patient can experience abnormal wear of the hip joint or hip arthritis.

If the condition is caught early, the most common treatment option for [infants](#) is a harness -- consisting of a soft brace, straps and Velcro --that helps to hold the legs in an optimal position for hip development. If the condition is not identified until a child is older, a cast or surgery may be required to reposition the [hip](#) in the socket.

"We are trying to catch the cases that do not get better on their own," explains Dr. Mahan. "The younger the child, the easier the condition is to treat. And, with early treatment, it is more likely that long-term complications may be avoided."

Source: American Academy of Orthopaedic Surgeons ([news](#) : [web](#))

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