Hip Abnormalities in Children and Adolescents

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There is a wide range of hip abnormalities that occur in children, adolescents and young adults. Hip dysplasia in children and young adults is a relatively common condition. Hip dysplasia is a spectrum with a dislocated hip on one end and a mildly dysplastic hip on the other end. During the earlier years, hip dysplasia can often go undetected and may not be diagnosed until adolescence when chronic hip pain or other symptoms begin to occur. Hip dysplasia is the most common cause of osteoarthritis of the hip in teenagers and adults.

Options for Treating Hip Dysplasia

Mild hip dysplasia in younger children may be observed for any spontaneous improvement with growth. However, most hip dysplasia will need surgical intervention based on the severity of the dysplasia and symptoms. In children less than 5-years-old, simpler pelvic osteotomies are performed such as Salter, Pemberton and Dega. In the age group between 5 to twelve years old, triple innominate osteotomy is preferred. After closure of the tri-radiate cartilage, Bernese periacetabular osteotomy is performed.

Periacetabular Osteotomy (PAO)

The primary correction procedure for hip dysplasia is Bernese periacetabular osteotomy and for patients 12 years and older, it is often the only viable intervention. The procedure consists of a single incision and corrects the tilt of the shallow socket by redirecting the upward tipped socket in a more horizontal direction. Only a realignment operation, such as PAO, can correct the underlying mechanical problem and abnormal tilt of the acetabulum. Surgery can preserve the longevity of joints while reducing pain and improving function. Early intervention can prevent further joint damage.

Valley Children’s Hip Program Treats a Wide Range of Hip Abnormalities

Valley Children’s Healthcare has established the only Child and Young Adult Hip Program in the Valley designed specifically to address the special needs of hip dysplasia in adolescents and young adults.

The Child and Young Adult Hip Program treats a wide range of other hip joint-related abnormalities including:

- Femoral head neck osteochondroplasty and labral repair via surgical dislocation of hip for femoral acetabular impingement
- Triple innominate osteotomy, relative femoral neck lengthening and femoral osteotomy for Perthes disease
- Realignment of slipped capital femoral epiphysis
- Bone marrow aspiration and injection of osteoprogenitor cells for avascular necrosis of hip

For physician referrals, please contact us:
Pediatric Orthopaedics: (559) 353-5941
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November 6 General Election Highlights

The November 6th General Election resulted in several noteworthy outcomes for children’s healthcare.

At the state level, California voters approved Proposition 4, the Children’s Hospital Bond Act of 2018. Proposition 4 will make available $1.5 billion in bond funding for children’s hospitals, including Valley Children’s, and other hospitals that treat medically complex children. Bond funding will be used to upgrade life-saving technology and renovate facilities to meet the needs of the most seriously ill and injured children in the state.

At the federal level, Democrats reclaimed control of the US House of Representatives, making it less likely that Congress will be able to pass legislation over the next two years repealing the Affordable Care Act and restructuring and defunding Medicaid. This change in control of the House however does not alter in any way Valley Children’s continuing efforts to educate our Congressional delegation and the Trump Administration about the important role that Medicaid plays in supporting the health and wellbeing of children and families in Central California.

PREEMIE Reauthorization Act of 2018

One of Congress’ unfinished pieces of business for this year, and one of Valley Children’s federal priorities, is approval of the PREEMIE Reauthorization Act of 2018. First enacted in 2006, the PREEMIE Act provides funding that supports a number of important efforts focused on premature birth prevention, including the Centers for Disease Control and Prevention’s research and data collection activities and the Health Resources and Services Administration’s support for state level programs and interventions.

For questions or more information on these and other issues, feel free to contact Tim Curley at 559-353-8610 or TCurley@valleychildrens.org