## Pediatric Orthopedic Pearls

Thierry Benaroch, MD, FRCS(C)





Canada



#### No conflict of interest to disclose





## Objectives

- Understand indications for ultrasounds and x-rays in suspected DDH
- Differentiate between adolescent anterior knee pain and other pathologies
- Be able to identify key pathological causes of the limping child
- Differentiate the varying types of osteochondrosis





## Hip Dysplasia

Indications for radiological exam of the hip:

- < 5-6 months of age → HIP ULTRASOUND
- > 6 months of age → AP PELVIS X-RAY



# Indications for Radiological Exam of the Hip

#### < 6 MONTHS OF AGE

- Any hip instability on exam
- Hip click but stable exam-NOT AN INDICATION
- Family history of DDH (parent/sibling)
- Breech presentation-especially frank breech



# Timing for Radiological Exam of the Hip

### < 6 MONTHS OF AGE

- Normal exam but high risk (family history/breech) → Hip U/S at 6 – 8 weeks of age
  - To avoid false positives (physiologically immature acetabulum)
- Hip instability → refer and hip U/S at 1 -2 weeks of age





# Indications for Radiological Exam of the Hip

### >6 MONTHS OF AGE

- ↓ hip abduction
- Leg length discrepancy (LLD)
- High risk (family history/breech)
  - if hip U/S not previously done
- Asymmetrical skin fold(s) with symmetrical abduction is <u>NOT</u> an indication

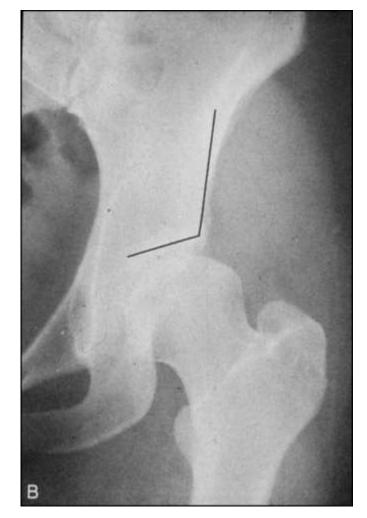


#### Pearls

- High risk (family history/breech) with a normal hip ultrasound, still requires an AP-Pelvis X-ray at the age of 1
- 7.2% of normal hip U/S in high-risk babies may have later hip dysplasia











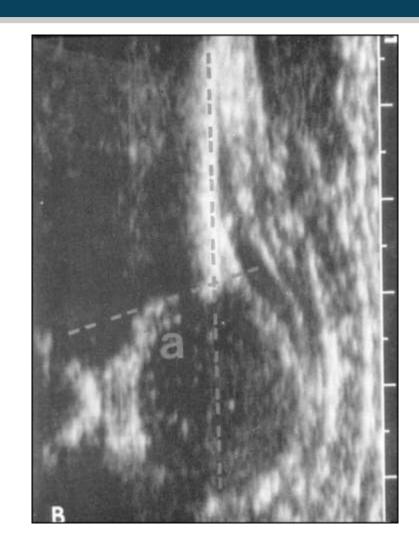




#### ALPHA ANGLE

- > 60° is normal
- < 50° is pathological</li>
- 50 60° represents

   a physiologically
   immature acetabulum
   only in infants < 3
   months of age</li>

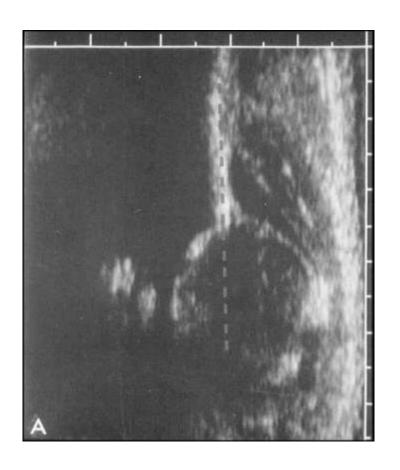






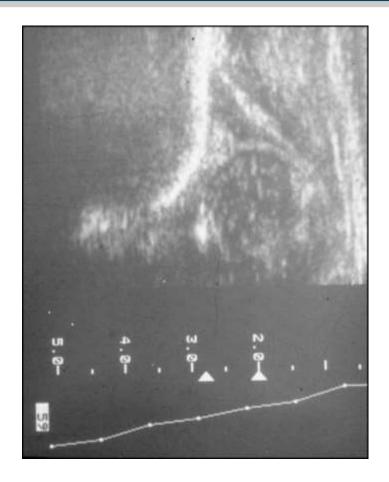
#### PERCENTAGE COVERAGE

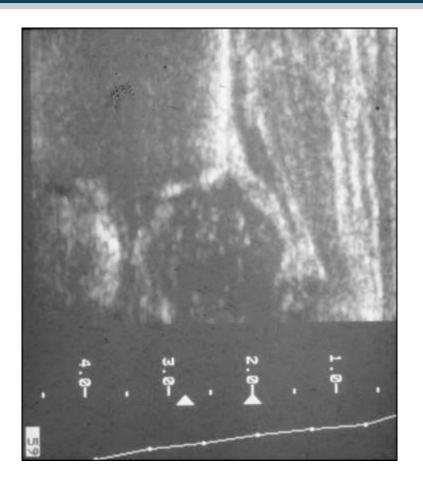
- > 50% is normal
- < 40% is pathological</li>
- 40 50% may be a normal finding up to 3 months of age





### Pre/Post Pavlik Harness Treatment









# Knee Pain in Adolescent (Non-traumatic)

- Must R/O hip pathology
- Unilateral knee pain always get X-ray (AP/Lat/Tunnel) no matter how benign it seems
- In ♀ miserable malalignment syndrome (usually bilateral)



## Miserable Malalignment









## Femoral Derotation Osteotomy







## Tibial Derotation Osteotomy









## Limping Child

Only emergency is to rule out infection (osteomyelitis or septic arthritis)





## Kocher Criteria (Septic Arthritis of the Hip)

- Inability to weight-bear
- Fever > 38.5°
- ESR > 40
- WBC > 12,000

$$-1/4 \rightarrow 3\%$$

$$-2/4 \rightarrow 40\%$$

$$-3/4 \rightarrow 93\%$$

$$-4/4 \rightarrow 99\%$$

Chance of septic arthritis

CRP – independent risk factor





## Order of Sensitivity

- Fever > CRP > ESR > refusal to weightbear > WBC
- CRP > 2.0 + refusal to weight-bear → 74% probability of septic arthritis



## Limping Child

- Once infection ruled out and no history of trauma:
  - Eliminate hip pathology (AP & Frog-leg Pelvis X-rays)

<u>or</u>

- Eliminate leg length discrepancy
  - → made standing using PSIS dimples
  - → blocks to level





## AP Pelvis X-Ray (DDH)



- 0-4 Years of age
- Female:Male13:1





## AP & Frog-Leg Pelvis X-Ray (LCP)

#### Legg-Calvés Perthes Disease





- 4-8 years of age
- Males:Females 4:1
- ↑ in Inuits







# Standing & Frog-Leg Pelvis X-Ray (SCFE)

#### Slipped Capital Femoral Epiphysis





우:10-12, 경:12-15

If falls out of age range, think of endocrinopathy (thyroid, panhypopitutarism)





#### Osteochondrosis

- Sinding-Larsen-Johansson Syndrome
  - 8-10早
  - -10-12  $\sigma$

- Osgood-Schlatter`s Disease
  - 10-12 우
  - -12-14  $\sqrt{3}$

Key is they all have pinpoint tenderness on palpation





## Sinding-Larsen-Johansson Syndrome

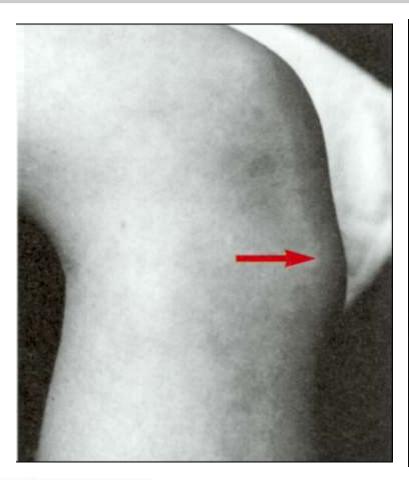
- 8-10 <del>우</del>
- · 10-123







## Osgood-Schlatters Disease





- 10-12 우
- · 12-14*d*





#### Osteochondrosis

- Sever`s Disease (Calcaneal Apophysitis)
  - 8-10 字
  - $-10-12\sqrt{3}$

- Iselin Disease
  - 9-11 우
  - $-10-12\sqrt{3}$

Key is they all have pinpoint tenderness on palpation





#### Sever's Disease

Pin-point tenderness at Achilles Tendon insertion on calcaneus

$$-10-12\sqrt{3}$$





### Iselin Disease

- 9-11 우
- 10-12*d*







#### Treatment

- Symptomatic
  - Stretch, ice
  - NSAID
  - Restrict sports only if child is in too much pain
  - Sports as tolerated



