

PATIENT INFORMATION LEAFLET

Developmental Dysplasia of the Hip



Developmental Dysplasia of the Hip

The 'ball and socket' of your hip joint is formed by the top end of your thigh bone (femoral head) and a socket in your pelvic bone known as the acetabulum. Developmental dysplasia of the hip (DDH) is a condition in which your hip joint does not develop properly when as a foetus and in early life. This results in a flatter socket (acetabulum) and a ball (femoral head) that is held too loosely within your hip joint (Figure 1). In its most severe form, your hip joint may be completely dislocated. If undetected, DDH can cause hip pain in adolescence and subsequently osteoarthritis can develop in adulthood.

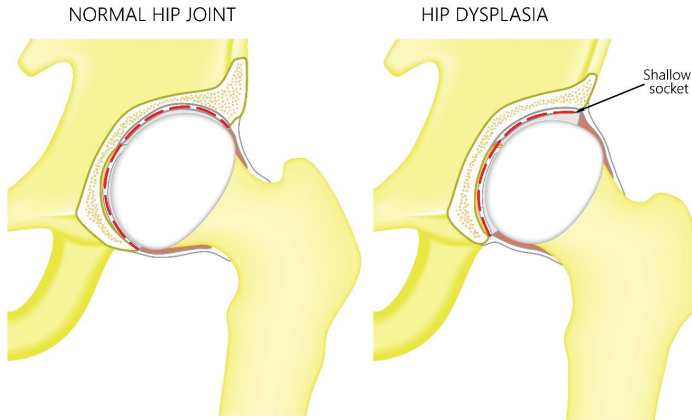


Figure 1

An illustration of a normal left hip joint (left). On the right, the socket is less developed and the ball of the hip joint is less 'covered'. The red-dotted line depicts the coverage of the ball of the hip joint.

Causes

With screening of new-borns in the UK, the incidence of DDH in adulthood is reducing. DDH is more common in females compared to males and in the left hip more than the right. Whilst no obvious causes have been described, contributing factors include:

- Genetics – a first-degree relative diagnosed with DDH as a baby.
- Characteristics during pregnancy/birth – being the first-born, breech presentation during vaginal delivery, part of a multiple pregnancy increases risks of DDH.

Symptoms

DDH can affect one or both hip joints.

- **Pain** – this tends to be worse with movements of your hip and often in your groin. As the disease progresses, the pain may also affect you at rest and at night. The pain is often felt in your groin, front of your thigh or buttock.
- **Stiffness** – this is most often noticed in the mornings. You may notice difficulties with activities that require you to bend your hip fully e.g. putting your sock or shoes on, trimming your toe-nails, or pick an item off the floor.
- **Mechanical symptoms** - this may be caused by injured cartilage or bone getting caught when you move your hip. This may range from a painless grinding sensation, to clicking that may be painful. This, in turn, may lead to your hip feeling unstable or giving way.'

Diagnosis

The diagnosis of this condition is often made following a clinical assessment. An x-ray of your hip can often confirm the clinical findings.

Treatment

Specific treatment will depend on a number of factors including your age, your overall health and your views on the treatment options. The pain from DDH may settle in time such that you may find that you have mild, intermittent or even no symptoms at all.

▫ Rest and activity modification

Stop aggravating activity and consider alternative forms of exercises that are lower impact for your hip e.g. swimming, cycling. Consider increasing intensity of activity on a more graduated basis and carrying out warm-up stretches.

▫ Ice Packs

Apply several times daily for a period of 15 minutes each time around area of pain.

▫ Anti-inflammatory medication

If oral preparations do not help, consider topical formulations to rub onto the painful area. Anti-inflammatories may have adverse side-effects if you have certain medical conditions or take certain medications so please consult with your GP prior to commencing.

- **Weight loss**

(If appropriate) to minimise stress on your articular cartilage and the risks associated with any future surgical treatment.

- **Physiotherapy**

The aims of physiotherapy are to maintain your hip joint movements, improve muscle tone and strength. For detailed description, please visit [American Association of Hip and Knee Surgeons \(AAHKS\) Home Exercise Programme](#). These exercises are described for those preparing for surgery but are the same exercises that would be recommended if you are trying to manage your DDH without surgery.

- **Cortico-steroid injections**

This involves an injection of a powerful anti-inflammatory medication into your hip joint.

- **Osteotomy surgery**

This procedure involves breaking either your pelvic or thigh bone, and re-aligning it to improve the coverage of the ball and socket of your hip joint.

- **Hip replacement surgery**

If your symptoms do not settle despite the above measures, you may wish to consider the option of surgery. For further information, please refer to [Mr Kosuge's Patient Information Booklet – Hip Replacement](#).

Outcome

Severe forms are often diagnosed in infancy and childhood whilst milder forms may only present in adolescence or young adult life. DDH leads to osteoarthritis at a younger age so early detection may facilitate reducing these risks. It is not uncommon to identify mild features of DDH when someone is diagnosed with osteoarthritis. Whilst osteoarthritis tends to worsen with age and time, your symptoms will not necessarily follow in this manner. Many patients avoid surgery by successfully controlling their symptoms with the measures outlined above.



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