

Developmental Dysplasia of the Hip

In some babies, one of the hip joints is dislocated or can be easily dislocated at birth or shortly afterward. This is called developmental dysplasia of the hip. Early recognition and treatment are important to prevent hip-related complications later in life. Once they are recognized, congenital hip dislocations are easily treated.

What is developmental dysplasia of the hip?

Developmental dysplasia of the hip is a hip dislocation that occurs around the time of birth. Dislocation means that the end of the thigh bone (femur) is not properly fitted into the hip joint (socket). This condition used to be called “congenital hip dislocation.”

The cause is unknown, but the hip is relatively unstable at birth, partly because the ligaments that hold the joint together are not very tight. That’s why the doctor checks your infant’s hips at every well-baby visit.

In the newborn period, there are usually no symptoms of developmental dysplasia of the hip. As your infant gets older, hip movement or leg position may appear abnormal. The earlier the dislocation is recognized, the easier it is to treat and the lower the risk of complications.

What does it look like?

- Usually, the hip dislocation is not obvious at birth. Whenever the doctor examines your infant, he or she will examine the hip to see if it dislocates or is dislocated easily. (The dislocation probably won’t cause your baby any pain, because the immature hips of newborn infants are very flexible.)
- The results of the examination will tell the doctor whether your baby’s hip is “unstable” (easily dislocated) or is already dislocated. Most babies with an unstable hip never develop a true dislocation.
- If there is a possible hip problem, we will probably recommend a visit to an orthopedic surgeon (a specialist in bone and joint diseases) for further evaluation and treatment.
- If developmental dysplasia is not recognized and treated, problems may develop after your child starts to walk. These may include having one leg longer than the other, limping, or waddling.

What are some possible complications of developmental dysplasia of the hip?

- If the dislocation is recognized in infancy, treatment is simple and complications are rare.
- If the dislocation is discovered later in childhood, treatment is more complicated. Surgery may be needed to put the joint back into correct position. Delayed treatment or no treatment increases the risk of arthritis and other long-term complications.
- Although uncommon, a serious complication called avascular necrosis can occur. This happens when the blood supply to the “ball” of the bone that fits into the hip joint gets cut off, causing the bone to die. Treatment is as careful and conservative as possible to prevent this complication.

What increases your child’s risk of developmental dysplasia of the hip?

- Being born in breech position (bottom first).
- Genetic factors. If someone in your family had hip problems in infancy, your child may be at greater risk.
- Girls are at nine times higher risk than males.
- First-born children are at higher risk.

Can developmental dysplasia of the hip be prevented?

- There is no way to prevent this condition.
- Prompt recognition and treatment reduce the risk of complications.

How is developmental dysplasia of the hip diagnosed and treated?

Diagnosis is often made by a physical examination, although sometimes the doctor is not sure and will ask for x-rays and ultrasounds (which use sound waves to create a picture) to be sure of the diagnosis and treatment that follows.

Treatment depends on your child’s age when the condition is recognized and the severity of the dislocation. If developmental dysplasia is suspected, we will recommend a visit to a bone and joint specialist (an orthopedic surgeon) for further evaluation and treatment.

- *At birth.* If an unstable hip is recognized at birth, treatment usually consists of a special harness to keep the hip in proper “turned-out” position. Keeping the hip in this position for up to a few weeks usually allows the joint to become stable.
- *From birth to about 6 months.* Use of a harness is usually enough to keep the thigh bone (femur) in its proper position in the hip joint. If not, other treatments are recommended, which may include keeping the hip in a cast for a few weeks.
- *After about 6 months.* Casting may work in some of these older infants, whereas others will need surgery.



When should I call your office?

Our office will continue to coordinate your child’s medical care.

Call your orthopedic surgeon’s office if you experience any problems during treatment for developmental dysplasia of the hip, such as:

- Difficulty using the harness.
- Swelling, color change, foul odor under your baby’s cast, or fussiness not explained by other causes.