

**Orthopedics Abstracts**

**Title:** HIP DYSPLASIA IN CHILDREN WITH MYELOMENINGOCELE: EFFICACY OF TREATMENT

**Presenting Author:** Brian Elmlinger, Orthopaedics, University of Florida Health Science Center - Jacksonville

**Additional Authors:**

- John Mazur, Orthopaedics, Nemours Children's Clinic, Jacksonville
- Sylvia Kyle, Medical Library, Nemours Children's Clinic, Jacksonville
- Olgamari Moyano-Smith, Orthopaedics, Nemours Children's Clinic, Jacksonville

**Background:** There remains considerable controversy over the approach to the treatment of hip dislocation and subluxation in patients with myelomeningocele. Intuitively it would seem prevention and reduction would be advantageous, but surgical procedures are fraught with complications. The purpose of this study was to review evidence in the literature to support the efficacy for treating hip dysplasia in this population.

**Method:** Forty-seven English articles were reviewed from a search of Medline / Pubmed (1964-2008) that contained the keywords hip dysplasia/dislocation/subluxation and myelomeningocele.

**Results:** For patients with thoracic and high lumbar levels of paralysis there were four articles that recommended reduction of hip subluxation / dislocation and thirty-three articles against treatment other than contracture management. For patients with low lumbar and sacral levels, there were twenty-eight articles recommending reduction and thirteen against. Four discussed specifically unilateral dislocation in low level myelomeningocele, three of which were in favor of surgery.

**Conclusion:** Having reviewed the literature, the authors of this study conclude that unilateral hip dysplasia should be treated in all patients who walk or have the potential for walking. In those patients who have the potential for walking, bilateral hip dysplasia should be treated as long as complications can be avoided. Patients with no potential for walking or walking with crutches/walker should not be submitted to surgery for hip dysplasia. Patients would be better off with dislocated hips that have a functional range of motion than located hips that are stiff.