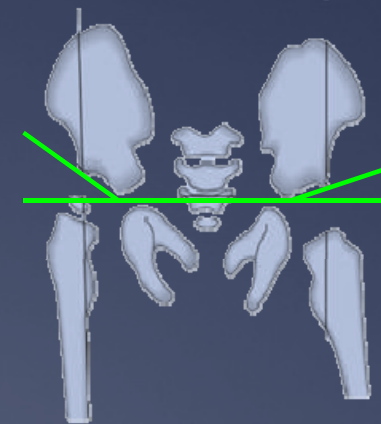
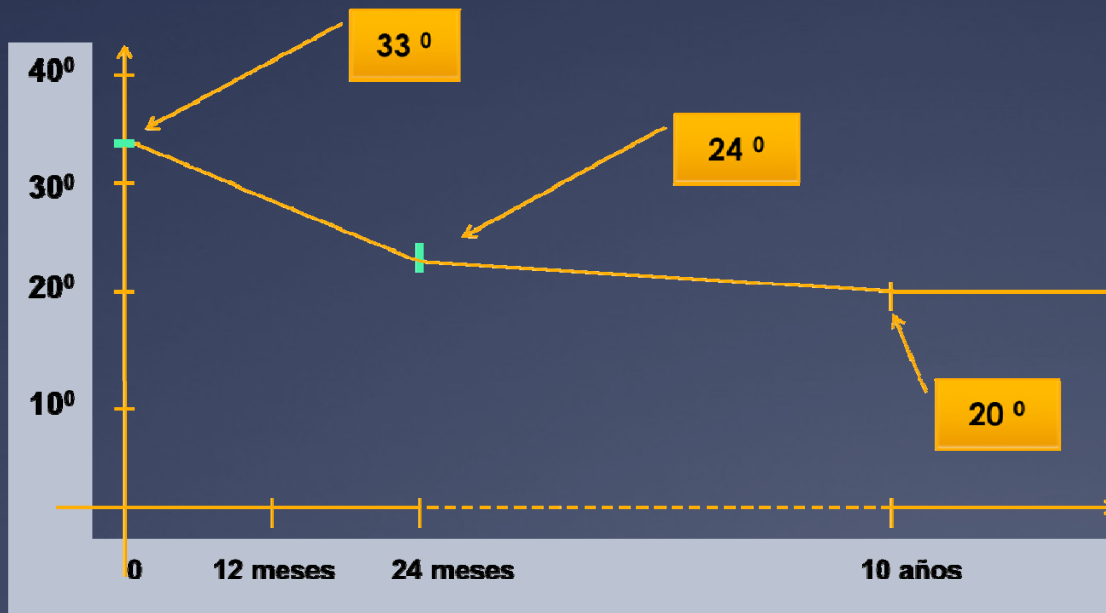


Pesquisa en Displasia del Desarrollo de la Cadera DDC

Gonzalo Martel

Displasia de Cadera

- * Luxación Congénita de Cadera.
- * Enfermedad Luxante de la Cadera.
- * **Displasia del Desarrollo de la Cadera (DDC).**



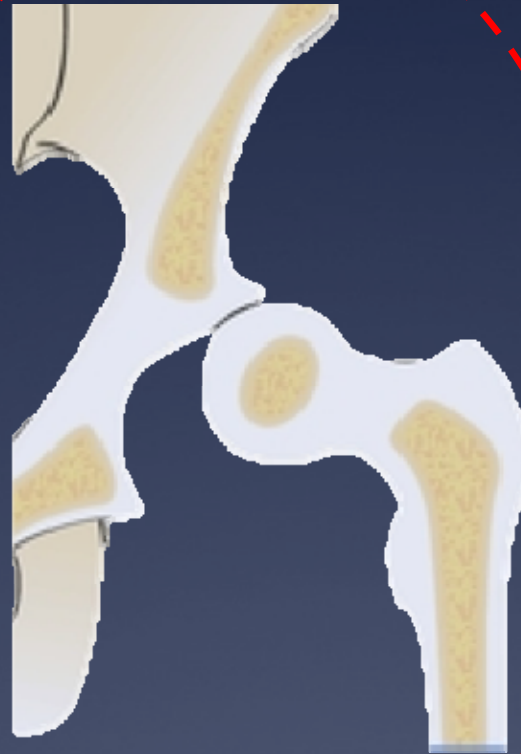
Porque hacer Pesquisa de la DDC ?

- * Es la malformación mas frecuente.
 - * Incidencia: 2 - 10 c/1000 RN.
- * Es fácilmente dignósticable y tratable.
- * Secuelas: severas, incapacitantes y prevenibles.
- * Permanece oculta.

Displasia del Desarrollo de Cadera DDC



Normal



Inestable



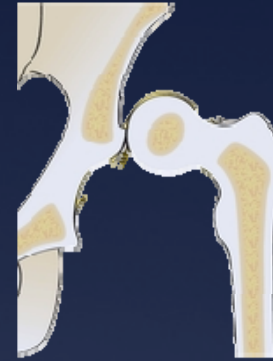
Luxada



1 c/1000 RN



Luxación

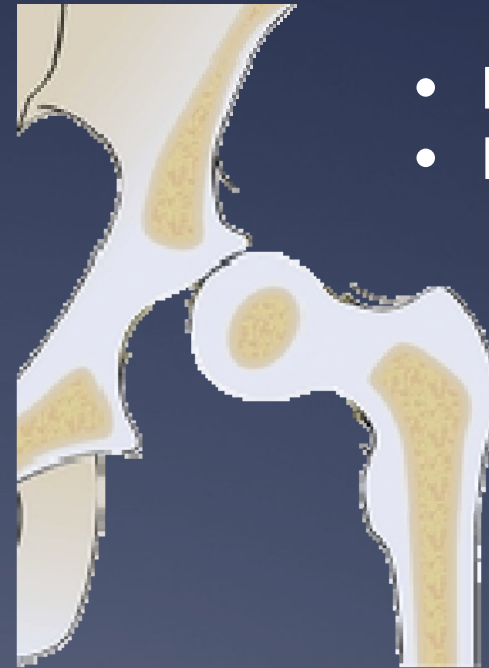


- Limitación Abd
- Ortolani
- Galeazzi
- Asimetría de pliegues

Displasia



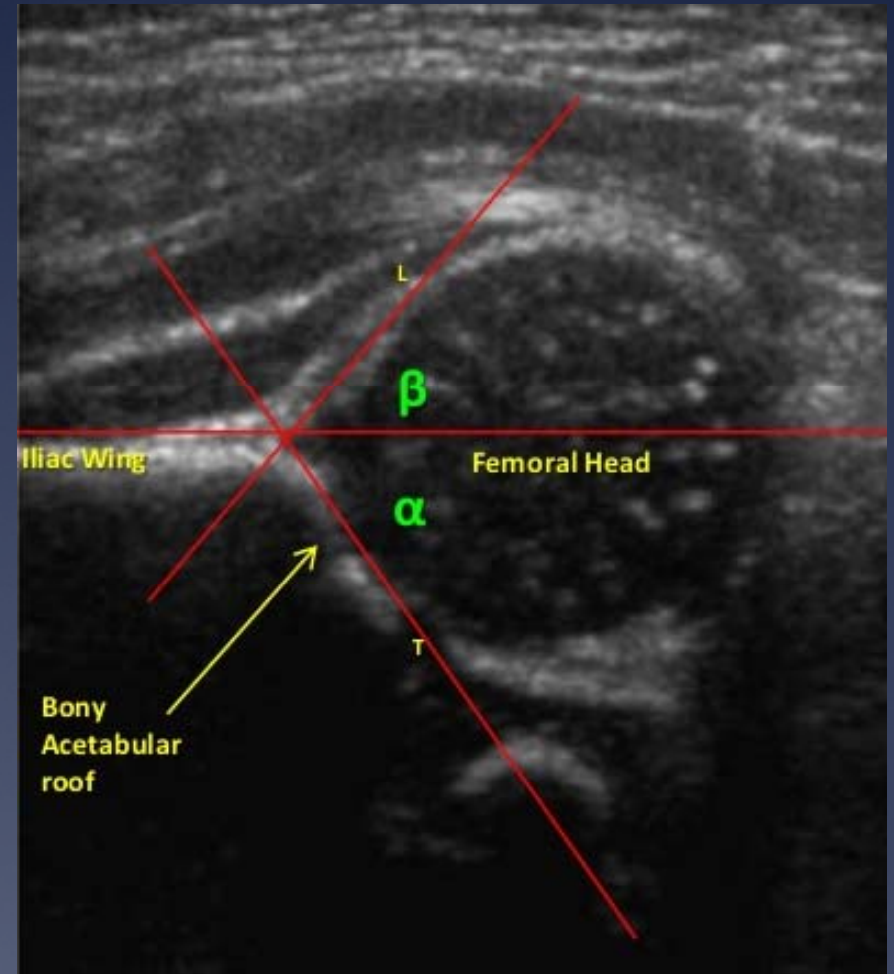
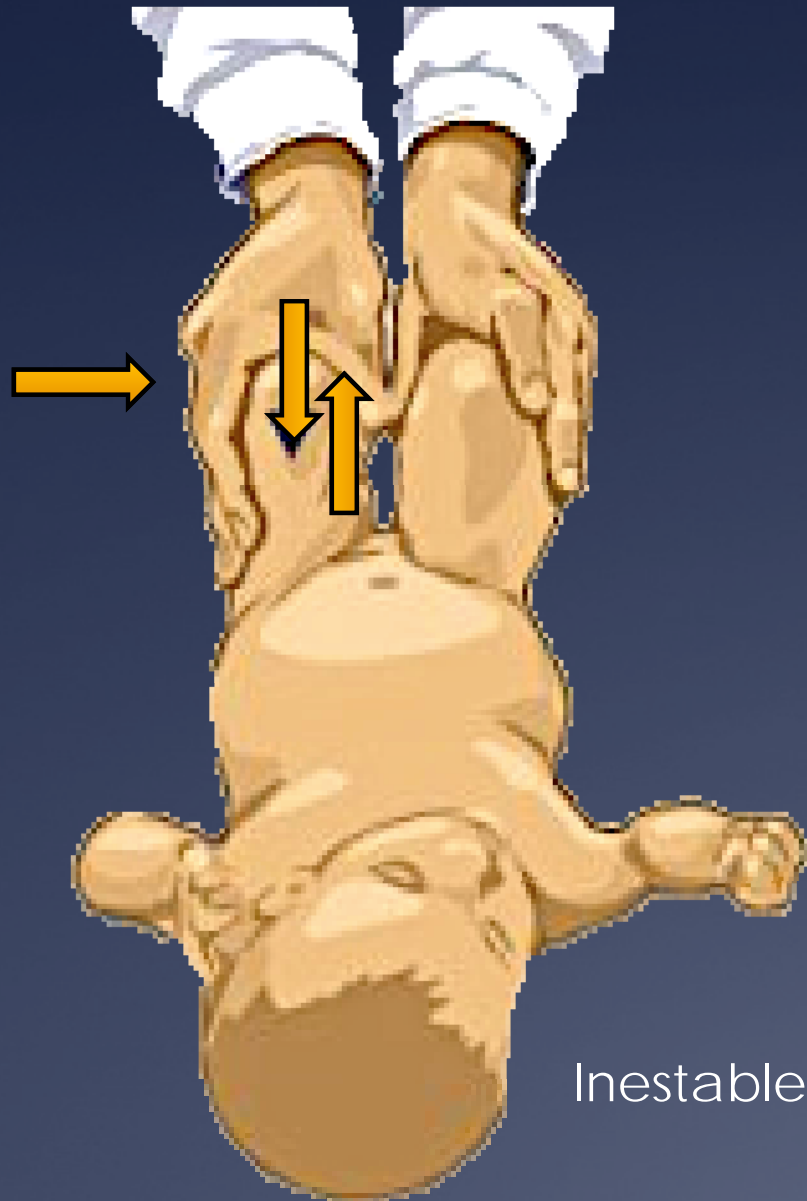
10 c/1000 RN



- Barlow
- Eco

Barlow

ECO



2 y 4 meses.

Valor de la Pesquisa de DDC

Antes

- * Incidencia de **3** /1000 RN.
- * Cirugía **3** /1000.

Después

- * Incidencia de **15** /1000 RN.
- * Cirugía **0,2** /1000.

Factores de Riesgo



Sexo Femenino



Primer Hijo



30% Presentación Podálica.



12 veces mas probable si hay **antecedentes familiares.**

Tres Programas de Pesquisas

- * Examen Clínico Seriado
- * Eco Selectiva:
 - * Examen Clínico (+) o Factores de Riesgo (+)
- * Eco Universal:
 - * A todo RN.



Ultrasound Screening for Developmental Dysplasia of the Hip in the Neonate: The Effect on Treatment Rate and Prevalence of Late Cases

Karen Rosendahl, Trond Markestad, Rolv Terje Lie

Randomized Control Trial . Nw

* 11.925 RN

* 3 Grupos:

* Eco Universal.

* Eco Selectiva.

* Examen Clínico.

* Seguimiento 2 años.

Table 3: Results of a controlled trial⁶ of the effect of ultrasound screening for DDH on treatment rates and prevalence of late cases of DDH

Variable	Study group; rate per 1000 infants		
	General ultrasound screening <i>n</i> = 3613	Selective ultrasound screening (high-risk infants only) <i>n</i> = 4388	No ultrasound screening <i>n</i> = 3924
Abnormal finding on clinical examination*	24	18	18
Abnormal finding on ultrasound only	9	3	—
Abduction therapy†	34¶	20	18
No therapy but case followed up‡	130	18	—
Late§ subluxation or dislocation	0.3	0.7	1.3
Late§ DDH not requiring operative intervention	1.4	1.9	2.1
Late§ DDH requiring operative intervention	0.0	0.2	0.5
All late§ DDH	1.4	2.1	2.6

*Abnormal Barlow test result at birth, with or without abnormalities (morphologic or dynamic) on ultrasound.

†Complication rates not reported.

‡Follow-up involved serial ultrasound examination every 4 weeks. In 97% of the cases the problem resolved spontaneously by 3 months of age; the remaining 3% of cases were clinically normal but abduction splinting was used at 3 months of age. At least 97% of the infants were falsely or unnecessarily labelled as having a clinically relevant abnormality when in fact no intervention was required.

§All "late" diagnoses were made after 1 mo of age (range 2.5–18 mo).

¶The higher rate of splinting therapy in this group reflects the high proportion of infants unnecessarily labelled as having a clinically relevant problem and unnecessarily treated.

JAMC • 12 JUN 2001; 164 (12)

Abduction Therapy

34

20

18



Cochrane Database of Systematic Reviews 2011, Issue 9. Art. No.:

CD004595.



Cochrane
Library

Cochrane Database of Systematic Reviews

**Screening programmes for developmental dysplasia of the hip
in newborn infants (Review)**

Shorter D, Hong T, Osborn DA

Revisión Cochrane: Programas de pesquisa en DDC en RN.

- * No hay diferencias significativas entre los distintos tipos de pesquisas.
- * Factores de riesgo débiles.
- * Evidencia suficiente **Demorar la Eco (2do mes)** reduce el sobre-diagnóstico de DDC.



Universal or selective ultrasound screening for developmental dysplasia of the hip? A discussion of the key issues


Biedermann R, Eastwood DM. Universal or selective ultrasound screening for developmental dysplasia of the hip? A discussion of the key issues.

J Child Orthop 2018;12:296-301. DOI 10.1302/1863-2548.12.180063

- * No hay diferencias estadísticamente significativas:
 - * Eco Universal.
 - * Eco Selectiva.
 - * Examen Clínico Serido.

- * En países con Eco Universal tienen menor índice de secuelas DDC.

Desafíos en Pesquisa de DDC

- * Reconocer las diferencias entre:
 - DDC RN.
 - DDC de **Presentación Tardía**. (3-18m)
- * Disminuir:
 - * Sobre-diagnóstico.
 - * **Sobre-tratamiento**.
- * Evolución **Pesquisa**  **Vigilancia**
 - * Imponiendo la necesidad de validar programas de **Vigilancia en DDC extendidos**.



What Risk Factors and Characteristics Are Associated With Late-presenting Dislocations of the Hip in Infants?

Kishore Mulpuri MBBS, MS(Ortho), MHSc(Epi), Emily K. Schaeffer PhD, Janice Andrade BSW, Wudbhav N. Sankar MD, Nicole Williams BMedSc, FRACS(Ortho), Travis H. Matheney MD, MLA, Scott J. Mubarak MD, Peter J. Cundy MBBS, FRACS, Charles T. Price MD, FAAP, IHDI Study Group

Multicentered (9) North America, Europe, and Australia

- * **392** Ptes con caderas luxadas.
- * **147** (3 - 18 meses).
- * Incidencia **DDC tardía no disminuye** con distintas modalidades de pesquisas.
- * Factores de Riesgo:
 - * Presentación cefálica
 - * **Envoltura**

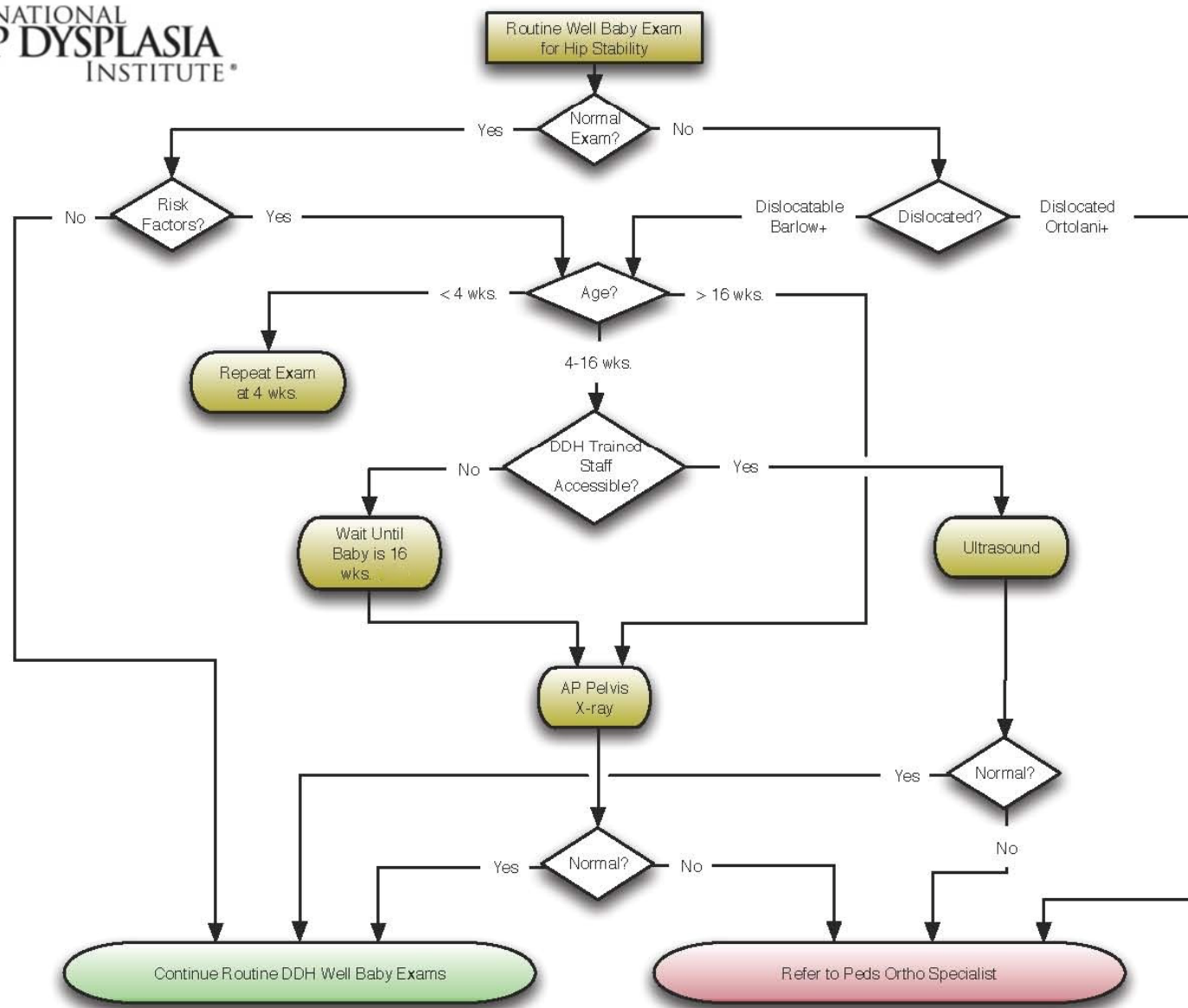
Dx diferencial DDC

DDC RN

- * Al nacer.
- * Factores asociados:
 - * Podálica
 - * Antecedente Familiar +
 - * Primer hijo
- * Resuelve 95%.
- * Tratamiento conservador.
- * Gran disminución con Pesquisas

DDC Tardía

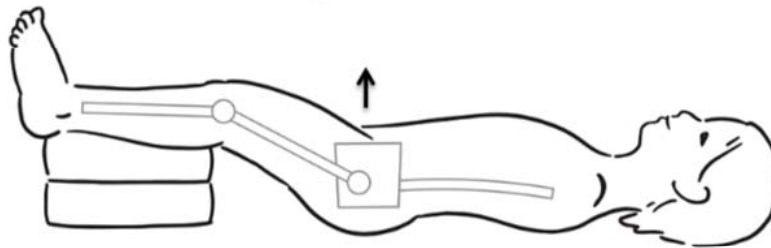
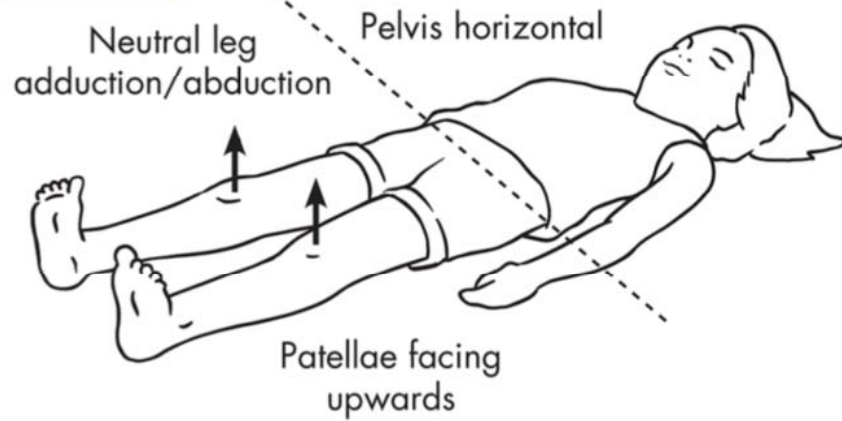
- * Presenta 3 meses.
- * Factores asociados:
 - * Podálica - No
 - * Antecedente Familiar - No
 - * **Envoltura**
- * Empeora progresivamente.
- * Tratamiento Cx.
- * No disminuye con Pesquisas.



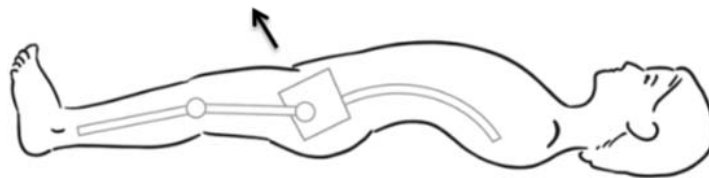
Diagnosis Screening and Referral Pathway

Ultrasound is the preferred imaging study until 6 months of age. Radiographs are indicated thereafter. If ultrasound is unavailable, radiographs can be used as early as 3 months.

Recomendaciones



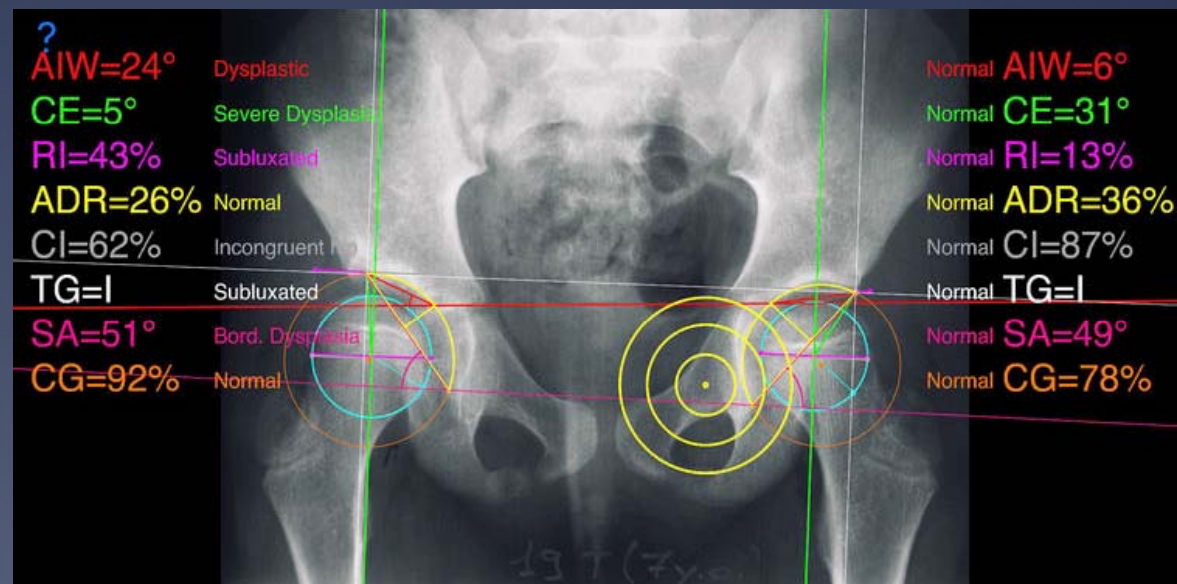
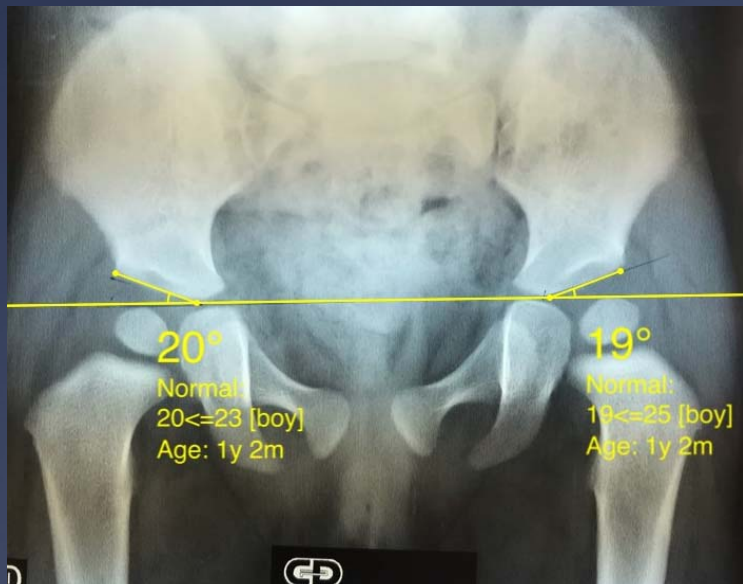
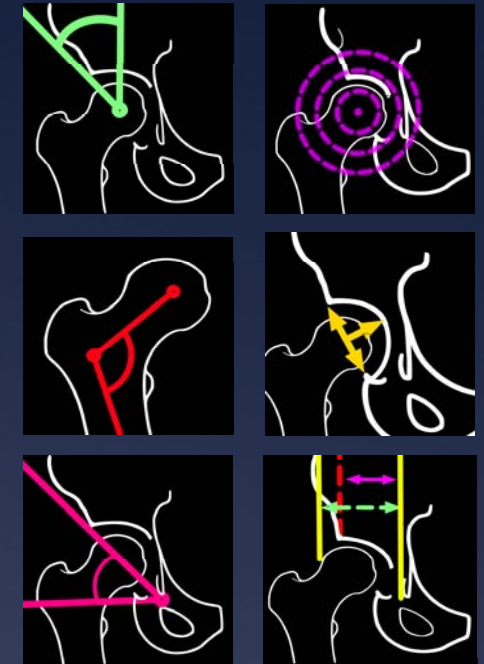
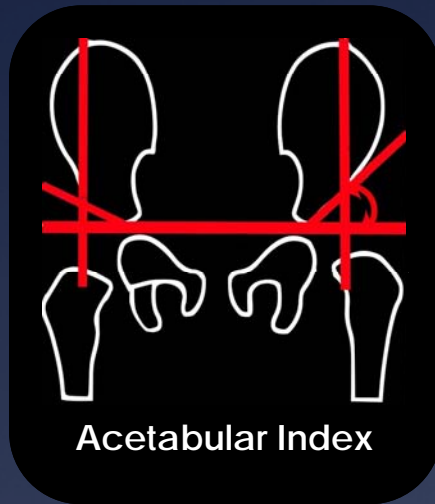
If hip flexion contracture present, pillows keep pelvis facing forward



Without the pillows, the hip flexion contracture tilts pelvis



Aplicaciones para Celulares



Muchas Gracias

drgonzalomartel@gmail.com

