

# Dr Chris Spelman

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# Hip Pain In Children And Adolescents



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# Summary

- Age is key
- Imaging decision making
- Who needs to be referred
- Key conditions



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# Infants (0-2 years)

- **Hip dysplasia**
  - Painless initially
- **Septic Arthritis/Osteomyelitis**
- **Transient Synovitis**
- **Tumour**
- Fracture



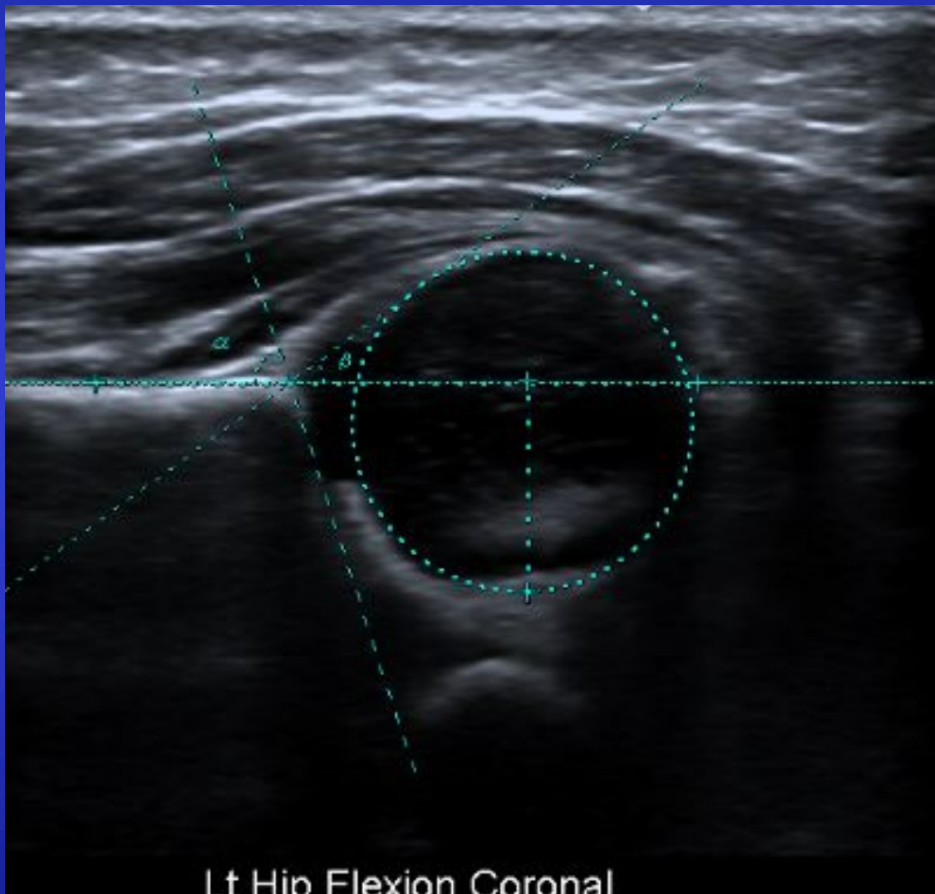
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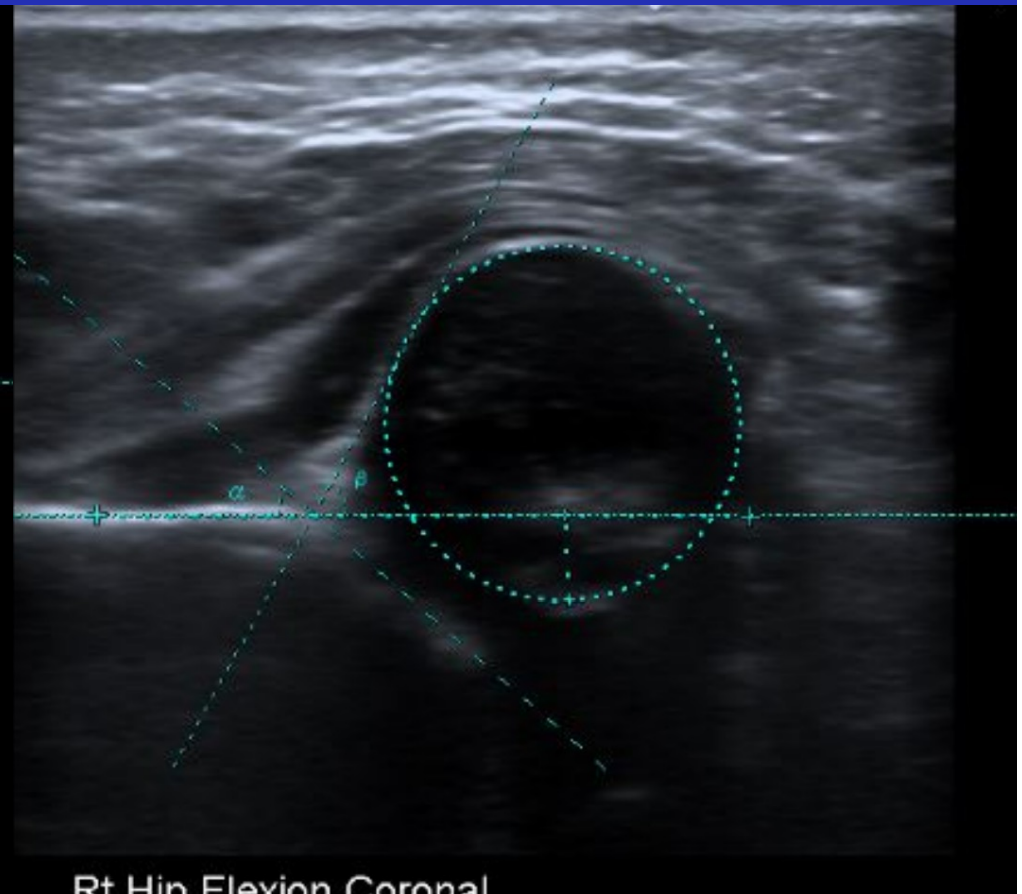
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# 4mo M asymmetric buttock creases



Lt Hip Flexion Coronal



Rt Hip Flexion Coronal



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2yo, treated as baby for DDH.

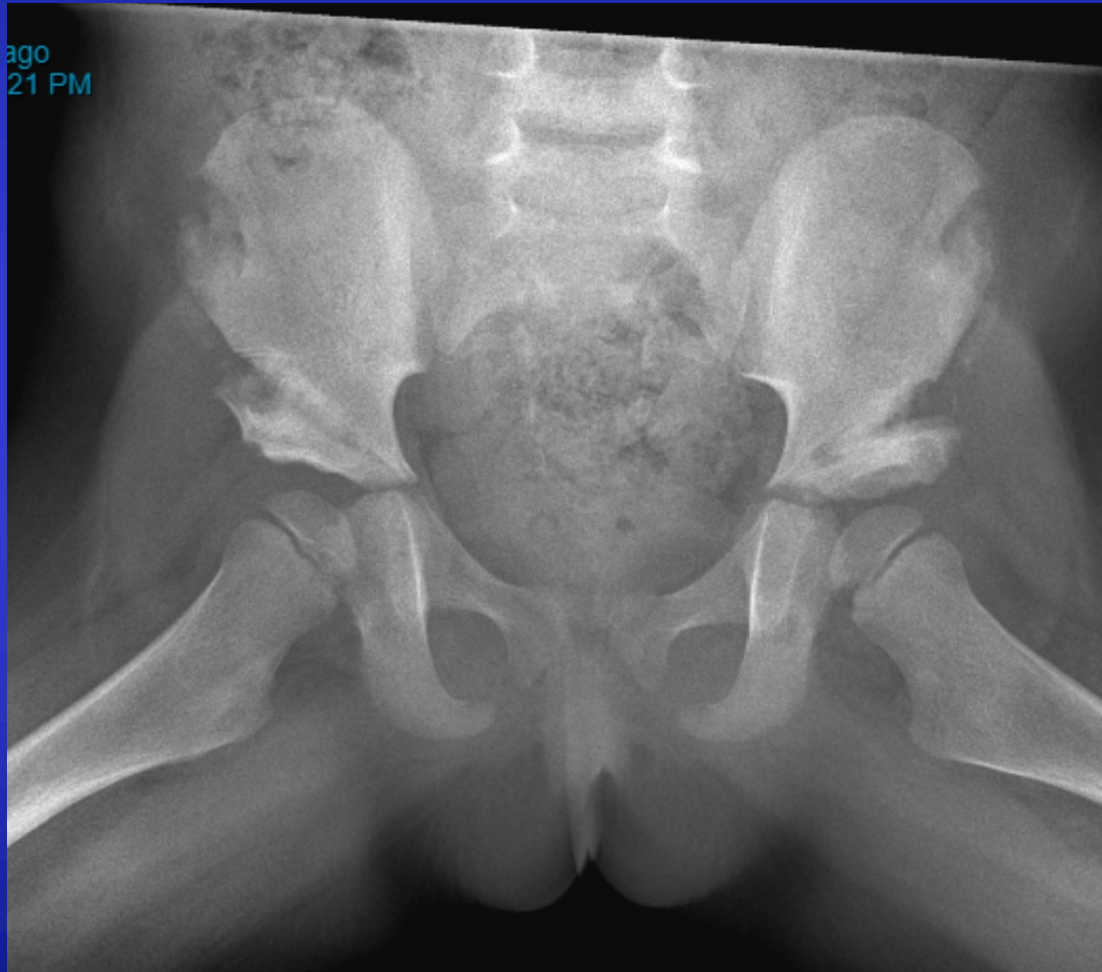


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# 5 weeks post-op



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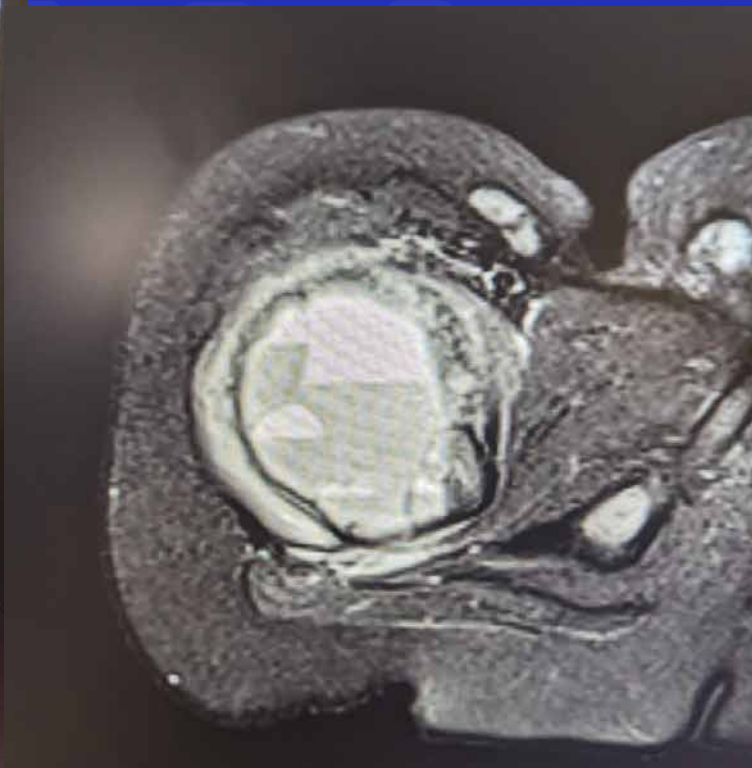


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# 13mo, limp 4 weeks after starting walking



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# Young Children (2-10)

- **Perthes disease (most common 4-8)**
- **Hip dysplasia**
- **Transient Synovitis**
- CRMO (Chronic Recurrent Multifocal Osteomyelitis)
- JIA
- Septic Arthritis/Osteomyelitis
- Tumour
- Trauma

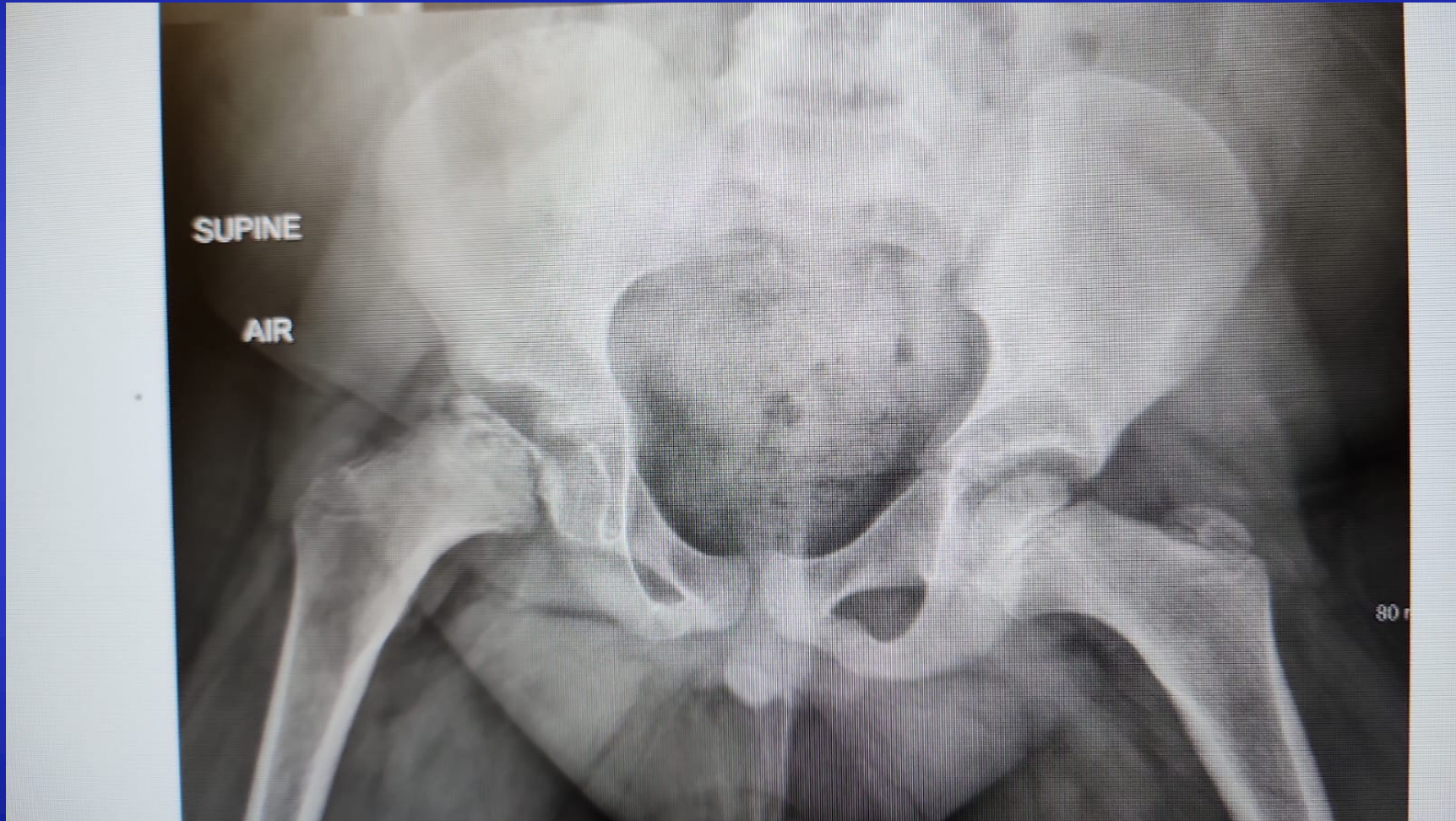


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# 8yo M Perthes right hip



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# 6F with right hip pain

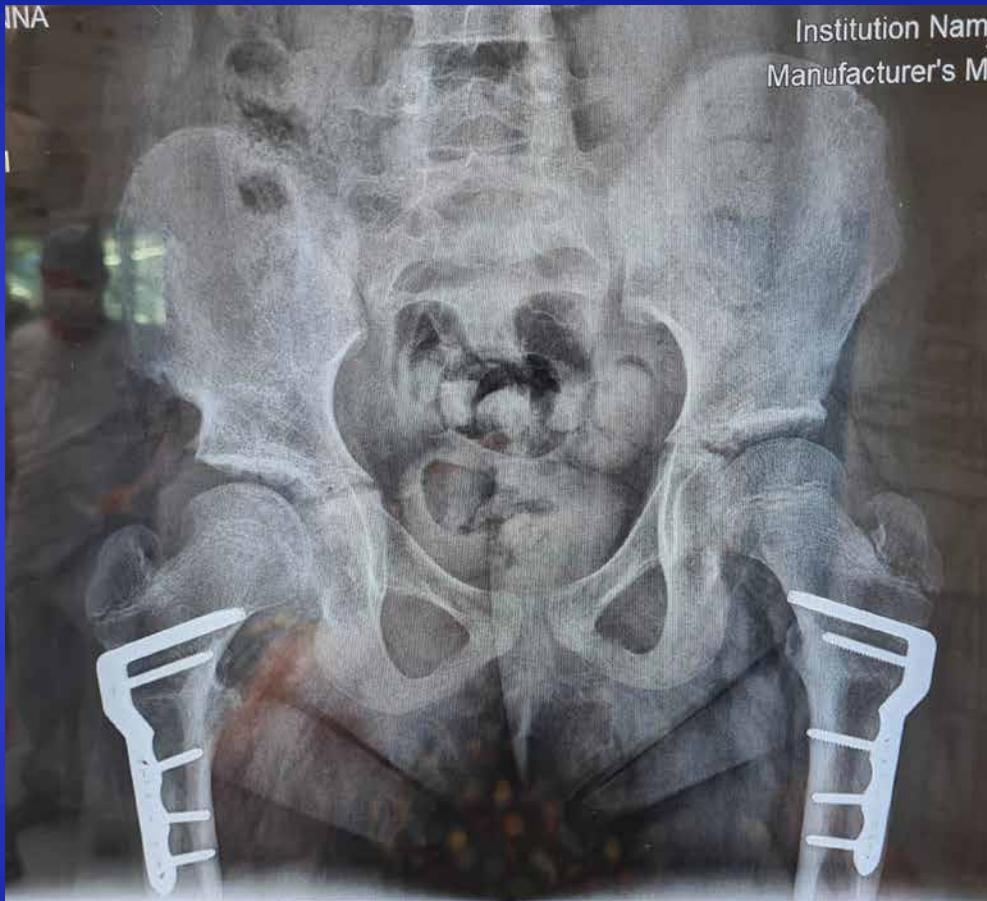


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# Teenagers (10-16)

- SCFE
- Hip dysplasia
- Perthes disease
- Labral tears
- Impingement



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# SCFE

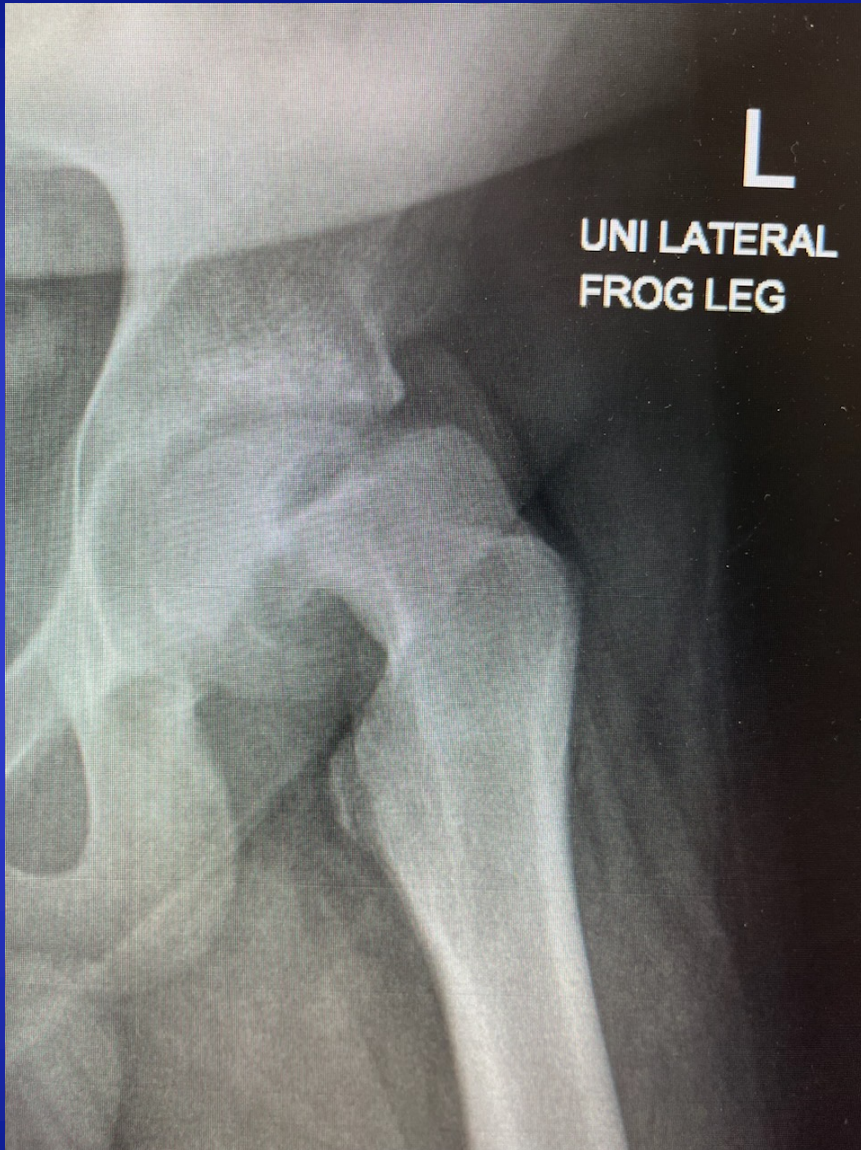


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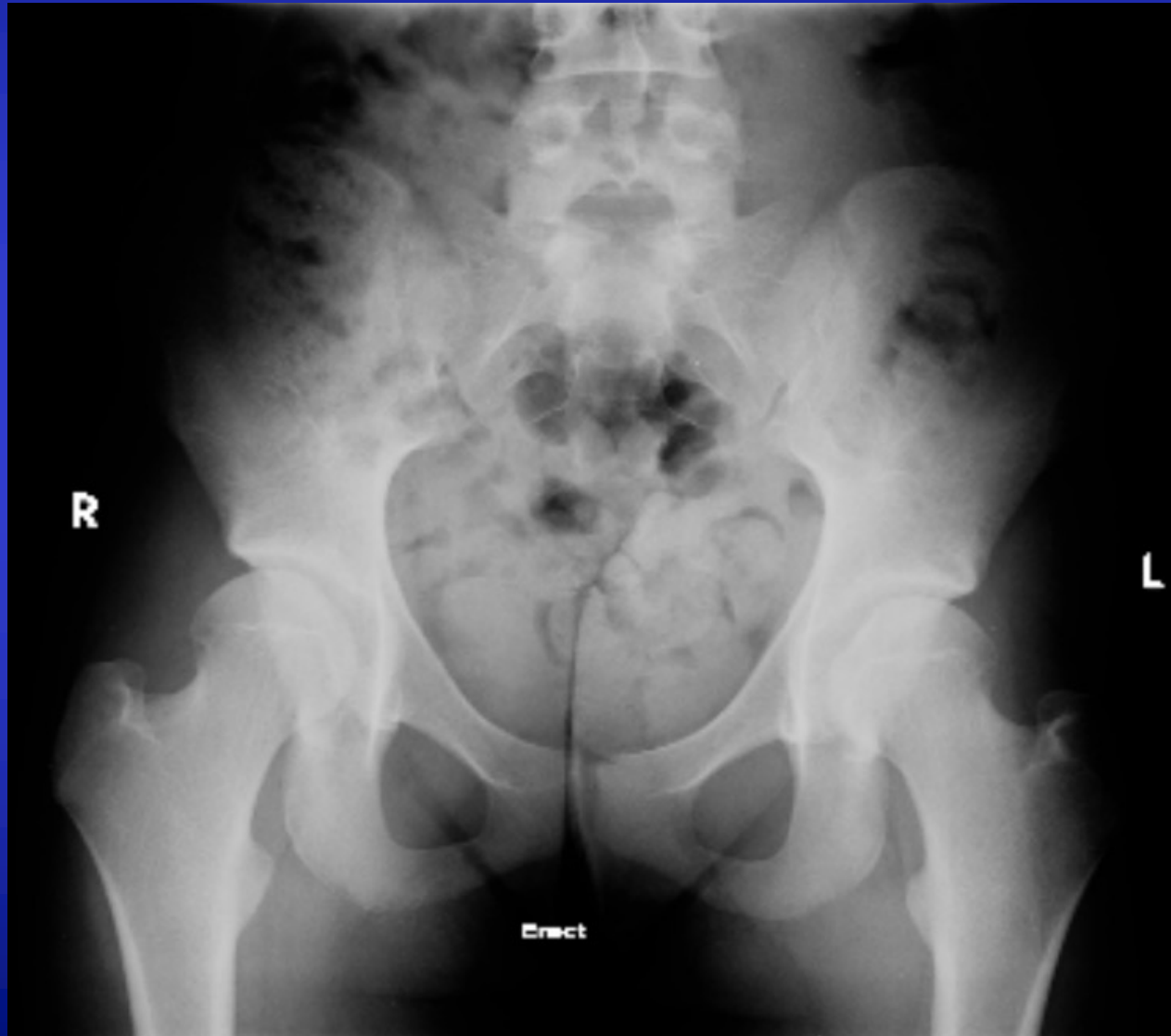
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# 14F dancer, right hip pain



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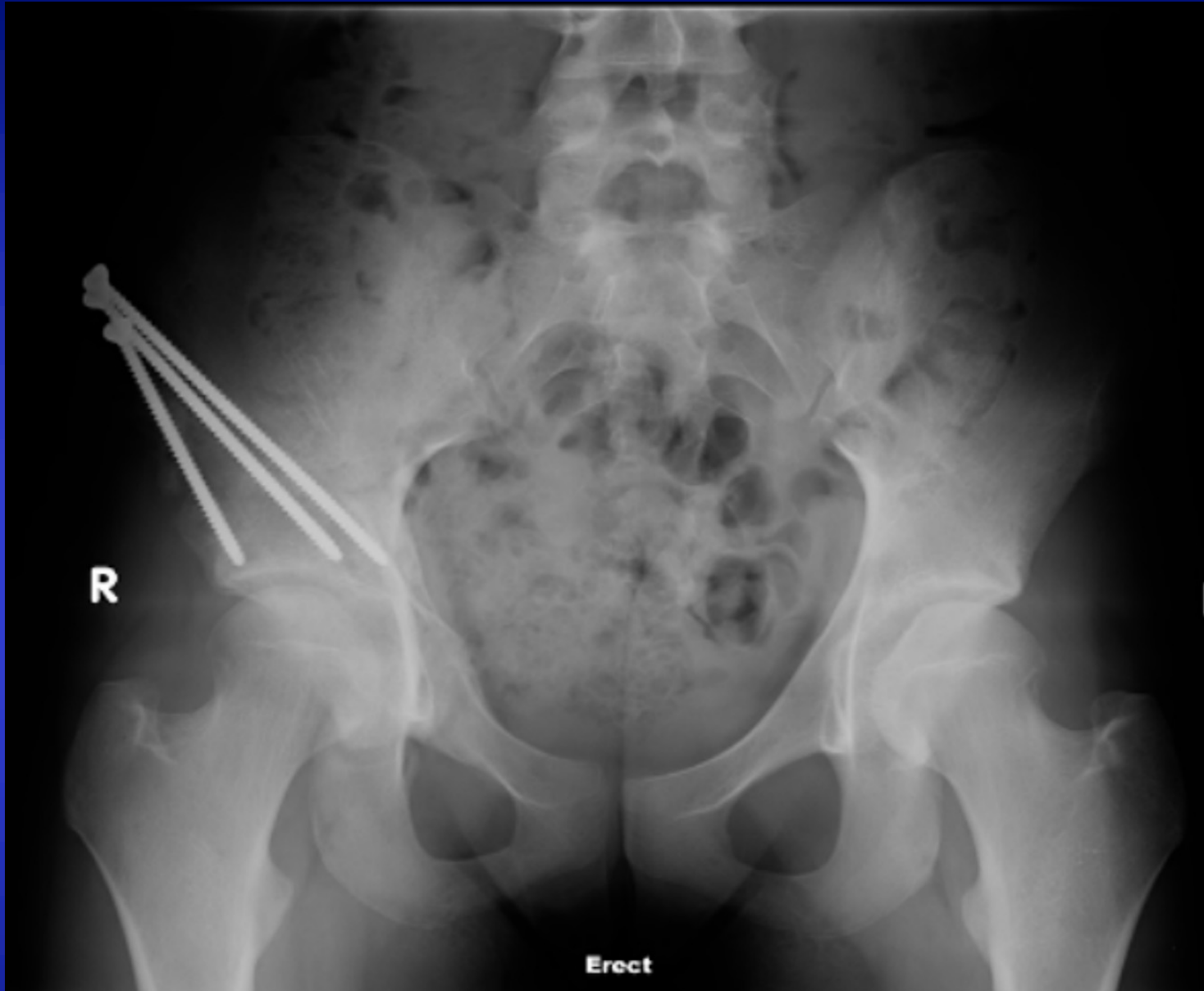


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# 15F left hip pain



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# Hip dysplasia

- Screening
- Management in infants
- Management in toddlers
- Management in older children



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# Perthes Disease

- Stages
- Treatment goals
- Management



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# Transient Synovitis vs Septic Arthritis

- Presentation
- Investigation
- Management



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# Trauma

- Fractures of the pelvis and femur
- Hip dislocation
- Avulsion injuries
- Soft tissue

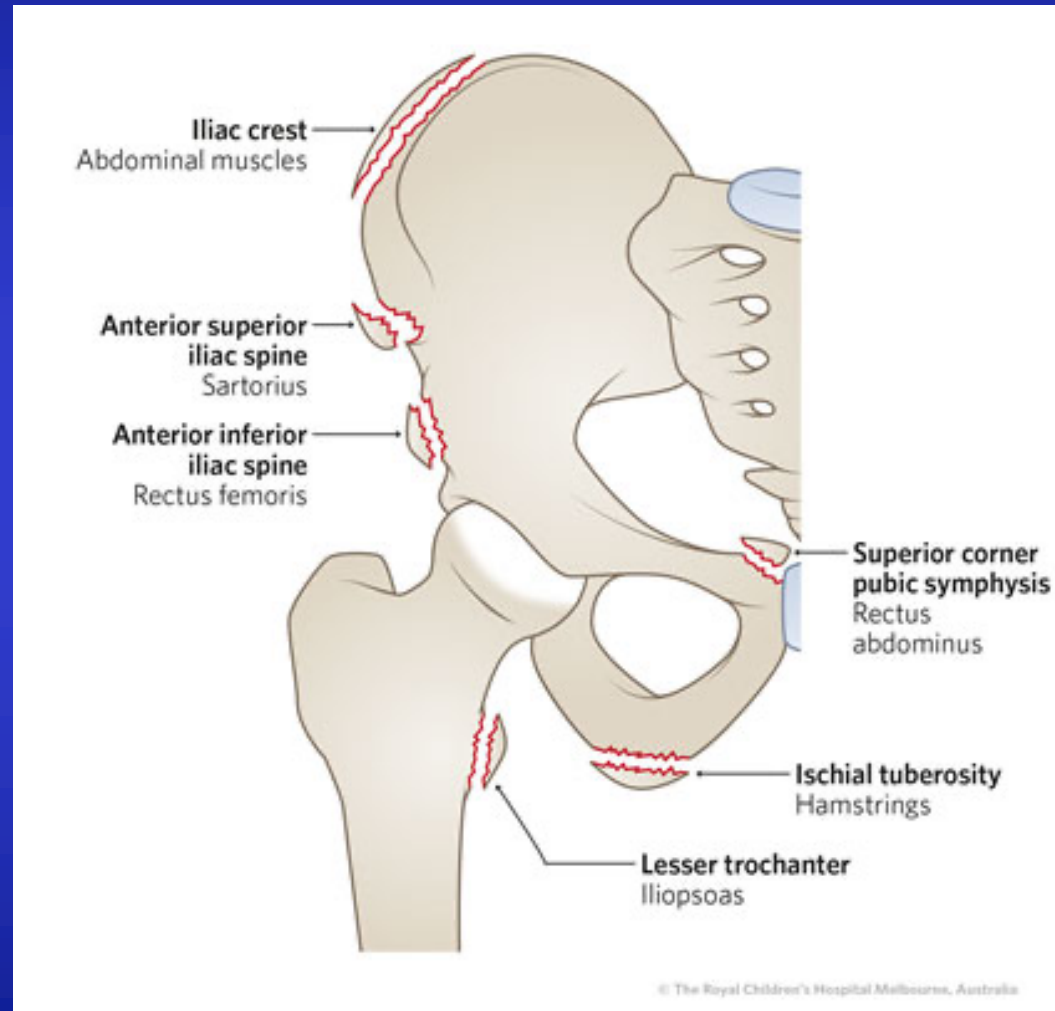


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# Avulsion injuries



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# 15M right hip fracture/dislocation

