

The condition previously known as congenital dislocation of hip (CDH) is now called developmental dysplasia of hip (DDH) to emphasise the fact that the term 'hip dislocation' includes a spectrum of clinical presentations namely,

Dislocation: where the hip is dislocated completely

Subluxation: where the hip is unstable and moves partially out of the socket

Dysplasia: where the acetabulum is shallow and the hip may be stable to examination. The shallow acetabulum is only detectable on ultrasound.

Universal hip screening: Under this program, all newborn babies undergo clinical examination of hips *at birth, at 6 weeks and at 8 months after birth*. The 6 week and 8 month hip assessments are carried out in the community by GPs. The tests performed to detect DDH at birth and at 6 weeks are the Barlow and Ortolani tests for hip stability. At 8 months other signs such as restriction of hip abduction on the affected side and shortening of the limb become more significant.

At-Risk Ultrasound examination: At Northampton General Hospital, we offer ultrasound screening for newborn babies deemed to be at higher risk of having DDH than the rest. The indications for referral to at-risk hip ultrasound are breech delivery, congenital and positional foot deformities and family history in first-degree relatives. These scans are carried out at 6 weeks of age by consultant radiologist, Dr Amanda Bissett.

Other clues/signs/symptoms of DDH in early childhood

Restriction of hip abduction: This is a reliable sign of DDH but only becomes relevant after the age of 12 weeks. Therefore as a screening test it is unhelpful in a 6 week old baby. It is typically performed by looking at the range of hip abduction in a supine baby with hips flexed comfortably.

Clicky hips: This is a soft sign and its presence on its own does not indicate DDH. Clicking always arises from extra-articular soft tissues around the hips and knees and is fairly common in babies. 'Clicky' hips are not an indication for referral to secondary care or for an ultrasound but it is important to distinguish high pitched 'clicks' that are innocent from low pitched 'clunks' that indicate hip instability. 'Clunky' hips are always an indication for referral and ultrasound.

Extra/Asymmetric thigh creases: This is another soft sign and NOT indicative of DDH on its own. More often than not asymmetric creases are caused by obesity and are often seen in bottle-fed babies. Asymmetric crease as a clinical sign on its own should not be an indication for referral to secondary care or hip ultrasound.

Radiological investigations in infants with suspected DDH

The paediatric orthopaedic unit at Northampton General Hospital is happy to accept referrals from GPs for suspected DDH at any age but please note that 'clicky' hips and asymmetric thigh creases on their own are NOT indicative of DDH.

Hip ultrasound:

Hip ultrasound is a very sensitive investigation for DDH up to 6 months of age. Babies with suspected DDH may be referred for hip US by GPs up to the age of 6 months.

Clicky hips and Asymmetric thigh creases are NOT indications for hip US and requests for hip US on the basis of these 'soft' signs will not be honoured.

After the age of about 6 months US is not indicated for diagnosis of DDH.

X-ray of hips:

After 9 months of age, hip x-rays are a very sensitive investigation for the detection of DDH. GPs should request hip x-rays in infants suspected of DDH. GP requests for hip x-rays in children suspected of DDH and older than 9 months of age will be honoured by the radiology department at NGH.