

Completely slipped capital femoral epiphysis in an 11 year old girl
successfully treated by dunn's open reduction through Ganz' surgical
dislocation of the hip (clinical case)

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Objective. Slipped capital femoral epiphysis (SCFE) is a hip condition that occurs in teens and preteens who are still growing. The ball at the head of the femur slips off the neck of the bone in a backward direction. This causes pain, stiffness, and instability in the affected hip. The condition usually develops gradually over time. Treatment for SCFE involves surgery to stop the head of the femur from slipping any further. To achieve the best outcome, it is important to be diagnosed as quickly as possible. Without early detection and proper treatment, SCFE can lead to potentially serious complications, including rapid degeneration of the femoral head and/or painful arthritis in the hip joint. Our case is presented to familiarize with the technique of safe surgical hip dislocation for the treatment of intraarticular hip pathologies. Case report and Methods. After collision while playing the 11 year old girl developed left hip pain still allowing to walk. Four weeks later she developed acute pain causing impossibility to walk. Imaging documented an acute slipped femoral capital epiphysis with the metaphysis articulating against the acetabulum. The patient was kept in a wheel chair until 10 days later open reduction could be performed using the DUNN procedure modified by GANZ. 6 weeks later prophylactic screw stabilization of the healthy right hip followed. Results. At 9 months follow-up the patient walks painfree with symmetric range of motion. Imaging shows anatomic reduction without signs of femoral head necrosis. Conclusion. The goal of treatment is to prevent the mildly displaced femoral head from slipping any further. This is always accomplished through surgery. Early diagnosis of SCFE provides the best chance of stabilizing the hip and avoiding complications. When treated early and appropriately, long-term hip function can be expected to be very good. Once SCFE is confirmed, the child will not be allowed to put weight on their hip and will be admitted to the hospital. In most cases, surgery is performed within 24 to 48 hours. In patients with unstable SCFE, the surgeon may first make an open incision in the hip, then gently manipulate (reduce) the head of the femur back into its normal anatomic position. The surgeon will then insert one or two metal screws to hold the bone in place until the growth plate closes. Some patients are at higher risk for SCFE occurring on the opposite side. Sometimes surgeon may recommend inserting a screw into the unaffected hip at the same time to reduce the risk of SCFE. This is a more extensive procedure and requires a longer recovery time. Our case demonstrates the value of open reduction of a severely dislocated femoral capital epiphysis in a case otherwise probably needing endoprosthetic hip replacement for restitution of hip function or hip arthrodesis at short-term follow-up