

Developmental Dysplasia Of The Hip Screening: Status in Malaysia

Zulkiflee Osman

Hospital Pulau Pinang, Malaysia

ABSTRACT

Screening in DDH and population to be screened are still controversial. There are three methods described namely i. clinical screening, ii. universal clinical screening with selective ultrasound examination for children with factors, iii. universal screening with ultrasound of all babies. Universal screening with ultrasound is expensive. Published studies did not link any screening approach to improved functional outcome. In Malaysia neglected cases of DDH who come to see orthopedic surgeon still high. Most patients brought to orthopaedic clinic more than one year old and beyond 'window' period of non-operative treatment. Study was conducted at Paediatric Institute Kuala Lumpur Hospital to determine the reasons why patients brought late to orthopaedic clinic. Proposal for screening method in Malaysia will be discussed.

Surgery For Developmental Dysplasia Of The Hip In School-Age Children

Sharaf Ibrahim

Department of Orthopaedics and Traumatology, Universiti Kebangsaan Malaysia,
Kuala Lumpur, Malaysia

ABSTRACT

Why do these children present late?
What do they complain of?
What are the difficulties with the surgery?
Is there an upper age limit to perform the surgery?
What is the long-term outcome?

Decision Making in Perthe's Disease

Benjamin Joseph

Kasturba Medical College, Manipal, India

ABSTRACT

The aim of treatment of Perthes' in the early part of the disease is to prevent the femoral head from getting deformed by muscular forces and weight-bearing stresses transmitted across the acetabular margin. In order to achieve this aim femoral head extrusion must be pre-empted in children who are over the age of eight years at onset of the disease by ensuring containment as soon as the disease is diagnosed. In children under the age of eight years in whom femoral head extrusion occurs, containment must be obtained by the early stage of fragmentation. If appropriate intervention is not undertaken by this critical time the femoral head is likely to deform and then any treatment that is offered is either remedial or salvage in nature.

SP 021

Controversies In The Management Of Flatfeet

Robert Penafort

Damansara Specialist Hospital, Kuala Lumpur, Malaysia

ABSTRACT

Flatfoot deformity is a common presentation in the pediatric orthopedic clinic with various etiologies. It causes confusion as to when and how to treat it. Overzealous treatment is a problem, especially in asymptomatic flexible paediatric flatfoot. Most aspects of the condition are clouded by disagreement and anecdotal information. The vast majority of these children are asymptomatic and have no functional deficit. However anxious parents and the flourishing of "Foot Centers" offering a variety of treatment options, challenges the modern day orthopedist to dispel the myths associated with the management of this condition. The human foot is a complex biomechanical structure. Attempting to meddle with this system of joints, ligaments, tendons and muscles is fraught with complications that in the short and often long-term may render the foot both painful and functionally disabling. The lack of any valid long-term prospective controlled studies relating to this topic allows controversies to remain unresolved.

Understanding the Barriers For Effective Treatment Of ClubFoot by the Ponseti Method in India

Alaric Aroojis

Kokilaben Dhirubhai Ambani Hospital & Bai Jerbai Wadia Hospital for Children Mumbai, India

ABSTRACT

Introduction: The Ponseti method of corrective casting has revolutionised the treatment of clubfoot (CTEV), but the utility of this method in the Indian scenario with its unique socio-economic pattern has still not been adequately proved. **Materials and methods:** The database of two groups of patients with CTEV treated over a 3 year period at two different institutes was analysed using prospectively gathered data. One set of patients (Group I) which had 58 patients with 96 clubfeet, was treated at a private hospital by the senior author and the other group (Group II) having 99 patients with 153 clubfeet was treated at a Children's hospital in the government set-up by qualified Orthopaedic residents. All patients were treated according to a uniform protocol described by Ponseti. The two groups of patients were compared on the basis of follow-up rate, compliance with brace wear, rate of recurrence and its relation to socio-economic status and educational status of the parents. **Results:** The mean pre-treatment Pirani score was 5.3 in Group I while it was 5 in Group II. The average number of casts required for completion of treatment in the private setup was 5.9 while it was 7.2 in the government setup ($p=0.14$, NS). No patient defaulted during treatment in either group. The method failed in two patients each in both the groups who required a formal soft tissue release. Fifty one patients (90%) from the private set-up were available for review at a mean follow-up of 3 years (1 – 5 years); while only 28 patients (28%) from the government setup followed up at 22 months (1 – 4 years). Ten patients (17 feet) in Group I relapsed as compared to nine patients (16 feet) from Group II. **Discussion:** Despite the marked differences in the socio-economic and educational levels of parents in both groups, the results were not significantly different with no drop-outs during the treatment phase in both groups. The number of casts required for completion of therapy as well as the failure rates were not statistically different, thus proving that the Ponseti method can be used effectively even by general Orthopaedic surgeons. A notable observation was the poor follow-up rate (<30%) in the patients treated at the government set-up, the probable reasons being poor educational levels of the caregivers, amount of money and time required to travel for follow-up and more tolerance of people towards minor deformities.

SP 023

Neglected Clubfoot In Adolescent

Yeok Pin Chua, Aik Saw

Department of Orthopaedic Surgery, University Malaya Medical Centre, Kuala Lumpur, Malaysia

ABSTRACT

Clubfoot (CTEV) is a common congenital foot deformity in paediatric age group. Usually it could diagnose soon after birth and treated successfully with serial casting using Ponseti's method and subsequently maintain the correction by using Dennis Browne shoes. However, there are a group of patient who was not treated appropriately and syndromic child with neuromuscular disease who has stiff club foot which are not responding to serial casting and even soft tissue procedure. Treatment for this group of patient with stiff club foot and neglected clubfoot in adolescent remains a problem. The aim of surgical treatment is to provide the patient with plantigrade foot for ambulation. Bony procedure like triple fusion involves in fusion of subtalar, talonavicular and calcaneocuboid joints which may make the foot very stiff and will increase stress on the adjacent joints which may cause osteoarthritis at the early age. In addition, this involves in loss of bone which is associated with risk of growth disturbance that may permanently affect the growth of the foot. Gradual correction with Ilizarov external fixator provides a useful option since it causes minimal injury to the bone, minimum invasive and is able to lengthen all components of soft tissue. However, there was no long term result on this treatment. In summary, treatment of neglected and stiff club foot in syndromic patients with neuromuscular disease remains challenging. Ilizarov external fixator could allow effective deformity correction for stiff club foot deformity in this group of patients when bony procedure is not suitable.