

## **Pelvic Support Osteotomy In Unstable Hip**

**R.A. Agrawal**

*Agrawal Orthopaedic Hospital & Research Institute, Jubilee Road, Gorakhpur, U.P., India, Phone – 0551 – 2333102*

### **AIM AND INTRODUCTION:**

Unstable Hip in young patients is a challenging problem in Orthopaedics. Earlier, hip arthrodesis was an option with many disadvantages; total hip in young patients is being explored. Between these two options, Pelvis support Osteotomy is a good alternative. We evaluated results of 22 patients with pelvic support Osteotomy with satisfactory results.

### **PATIENT AND METHOD:**

Between September 2003 and August 2015, 30 patients were treated with pelvic support Osteotomy. 16 were old septic arthritis, 8 were old Perthes and 6 were old CDH. The technique followed consists of two separate but combined procedures. First, the pelvis is supported by a osteotomy in the proximal one-third of the femur. This consists of medial angulation of the diaphysis that places the proximal end of the femur in maximal adduction in relation to the pelvis and the distal two-thirds of the femur in relative abduction. Second, an additional corticotomy is made in the distal metaphyseal area of the femur. Through this corticotomy the limb may be progressively lengthened eliminating the leg length inequality. Finally, by producing a gradual varus (lateral) angulation through this distal corticotomy, the mechanical axis was normalized through the hip, knee and ankle joints.

### **RESULT:**

24 out of 30 cases had significant clinical improvement. Trendelenburg sign became negative and lurch was reduced to minimum. Pain was relieved and patients were able to squat.

### **CONCLUSION:**

Advantages of Pelvic support Osteotomy are

1. Stability of Hip is regained.
2. Relieving pain and maintaining function without creating a non-biological interface.
3. Is a good alternative to total hip replacement in young patients
4. Avoids complications of hip arthrodesis.

**KEY WORDS:** Osteotomy, septic arthritis, pelvis