

MILD SCFE

in situ fixation and arthroscopic osteochondroplasty

C. Dora

Department of Orthopaedics

University of Zurich, Balgrist

Zürich, Switzerland

www.balgrist.ch



SCFE: PREVENT

avascular necrosis

early osteoarthritis

in situ fixation

open reduction and
fixation

± inter-trochanteric
osteotomy

„mild“?

± “gentle closed
realignment”

± femoral neck osteochondroplasty

Grade I slip (<30°)

II slip (30-60°)

III slip (>60°)



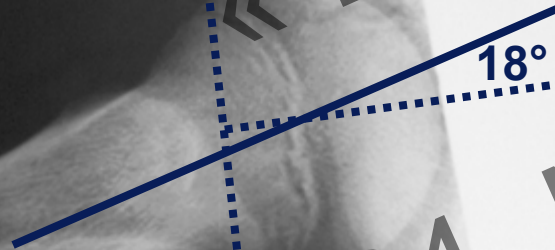
MALE, 12.09.1971 (173113)

16 y

Orthopedics Update

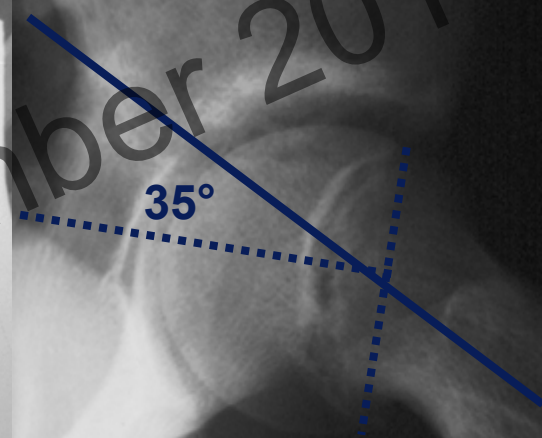
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“mild” slip angle

17°



MALE, 12.09.1971 (173113)



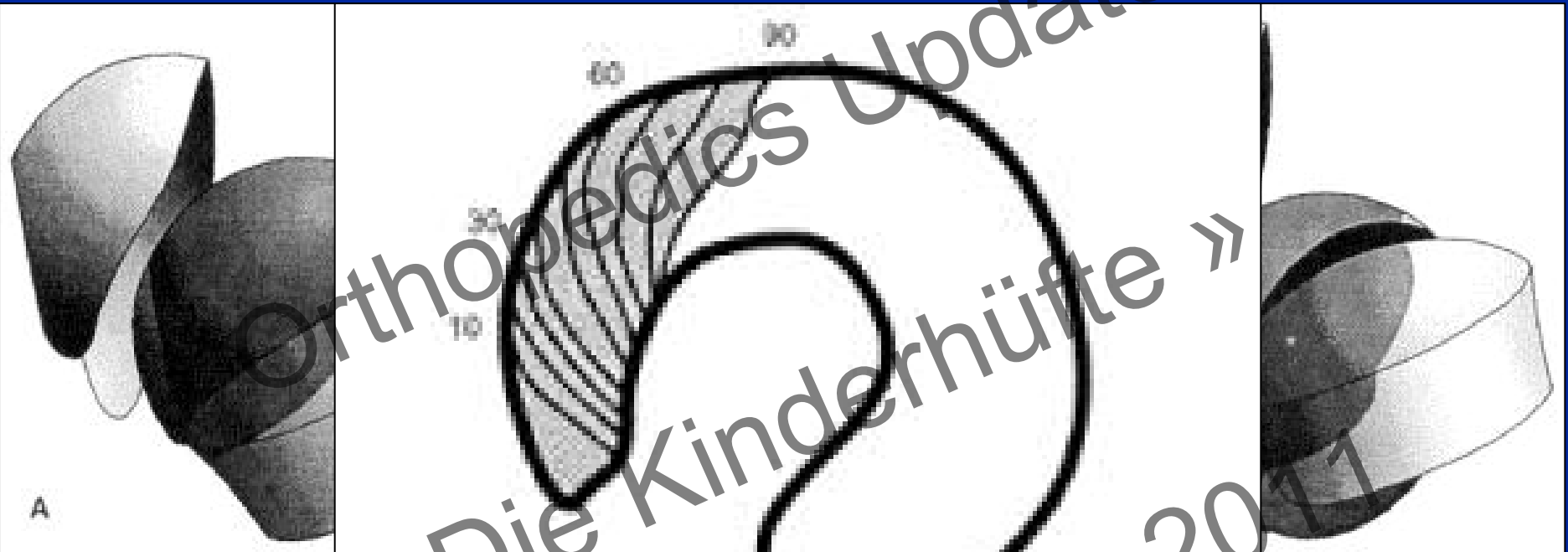
mild consequence of SCFE?



Boyer, JBJS 63-A:85, 1981

Carney, Clin Orthop 322: 43, 1996

SLIP AND FEMOROACETABULAR IMPINGEMENT



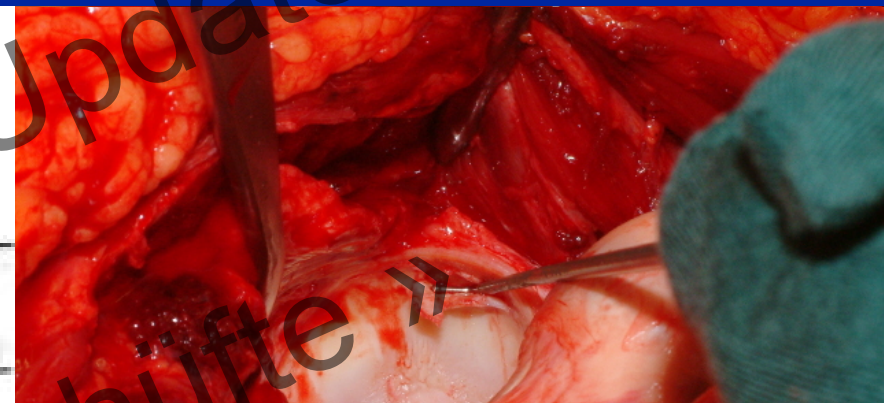
AS A FUNCTION OF DIRECT
POSTERIOR SLIP ANGLE

Rab, J Pediatr Orthop 19: 419, 1999

SLIP AND EARLY OSTEOARTHRITIS



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Dodds, J Pediat
Fraitzl JBJS
Leunig, Acta Orth

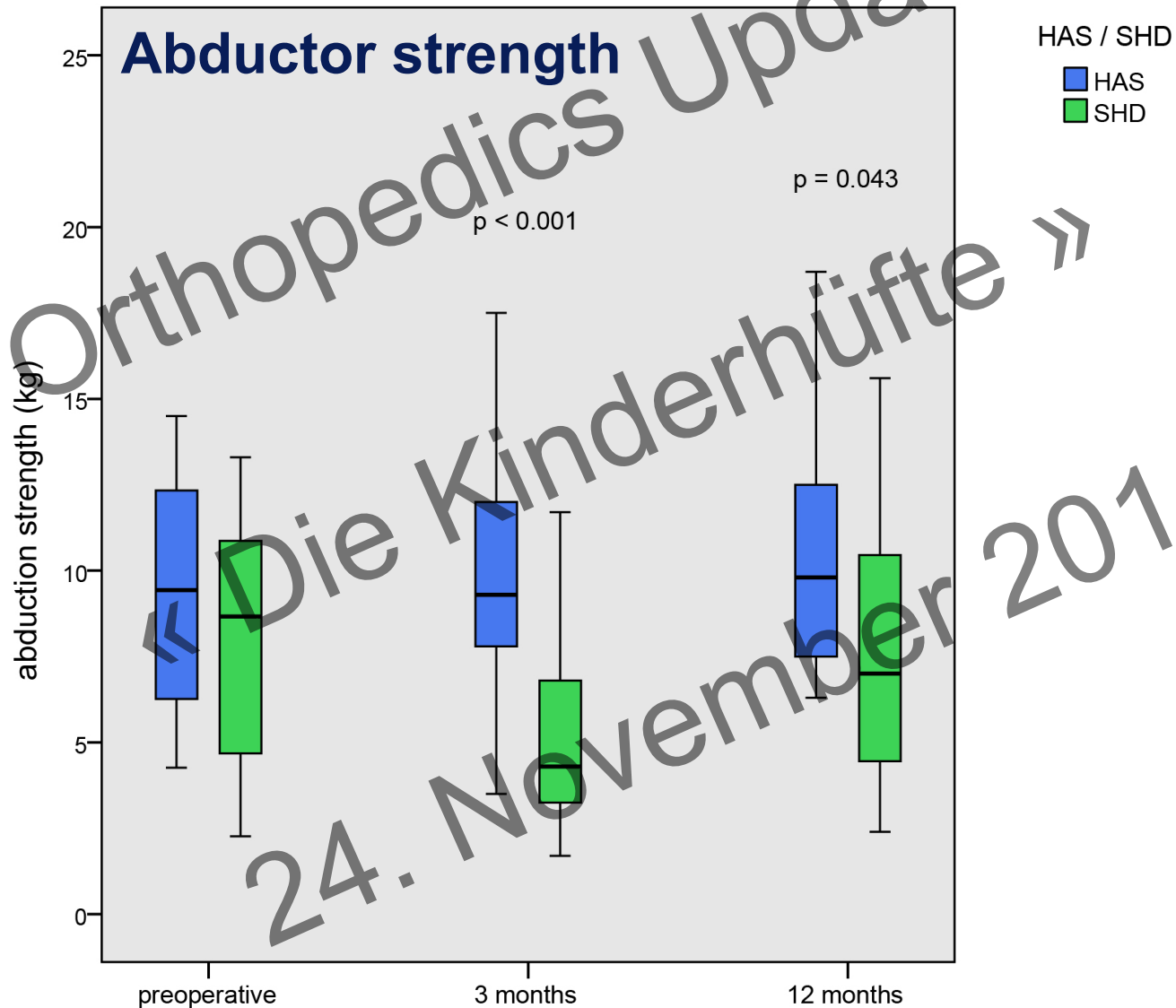


POOR MAN'S ALTERNATIVE



ARTHROSCOPY VERSUS SURGICAL DISLOCATION

N=38



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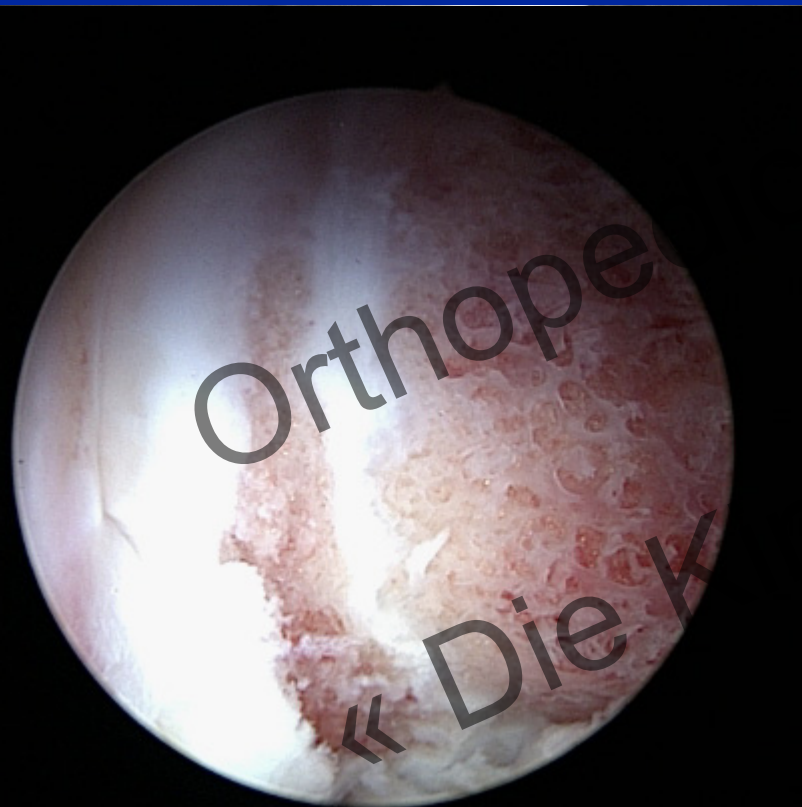


PATIENT (N=9)

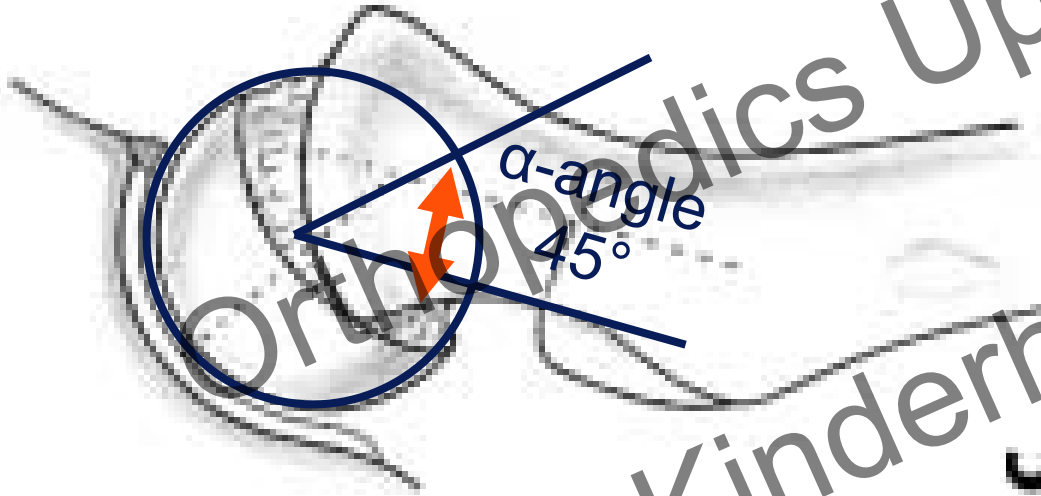
Period	since April 2010	
Age, y	11	(10-13)
Weight, kg	59	(42-93)
Height, cm	159	(153-170)
Interval, day	39	(5-200)
Complications	0	



FEMALE, 1.2.2000 (668056)



OPEN QUESTIONS



technical limitation

weight bearing zone in flexion

effect of remodeling

medium and long-term outcome

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SUMMARY

despite „mild“ slip angle severe consequences

remodeling increases risk of OA

potential of arthroscopic osteochondroplasty

limitations still to be defined



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