

## CAUSES AND SYMPTOMS OF HIP DYSPLASIA

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### Abstract

The causes and mechanisms of development of hip dysplasia are complex and not fully understood. There is a theory that dysplasia is caused by inflammation of the hip joint capsule (synovitis). According to the paralytic theory, congenital hip dysplasia is caused by poliomyelitis in the womb. Supporters of acute trauma believe that trauma during childbirth causes hip dysplasia.

**Keywords:** Genetic condition, cartilage, hip pain, hip dislocation, Hip labral tears.

### Introduction

The causes and mechanisms of development of hip dysplasia are a complex and incompletely studied area. There is a theory that dysplasia occurs due to inflammation (synovitis) of the hip joint capsule. According to the paralytic theory, congenital hip dysplasia is caused by poliomyelitis in the womb. Supporters of acute trauma say that trauma during childbirth causes hip dysplasia. Proponents of the mechanical theory explain that due to a lack of amniotic fluid, the uterine muscles crush the bent and brought together legs of the fetus, leading to hip dysplasia.

### The Main Part

The disease develops due to a violation of the connective tissue structures. Causes:

- hereditary factor, i.e. heredity;
- injuries during childbirth or after childbirth;
- hormonal disorders in the body of a pregnant woman;
- incorrect location of the fetus in the uterus (causing hip dysplasia).

Also, if the parents are over 40 years old, there is a possibility that the baby will be diagnosed with the disease.

### Symptoms of hip dysplasia

The symptoms of the disease are different for each type of dysplasia:

- Hip dysplasia: the child's legs are of different lengths, asymmetrical buttocks, buttock folds are also asymmetrical, and asymmetry is also observed when the legs are moved apart;
- Shoulder dysplasia: the shape of the scapula changes, pain occurs during movement, joint protrusions are often observed;
- Knee dysplasia: the knee hurts during movement, the shape of the kneecap changes.



Treatment of hip dysplasia

The following are prescribed for the treatment of hip dysplasia:

- massage;
- therapeutic exercises;
- physiotherapy;
- medications;
- special splints or devices;
- surgical operations (artificial joint implantation).

All treatment methods (except surgery) are effective only up to one year of age. After one year of age, dysplasia can only be treated surgically.

A healthcare provider will diagnose hip dysplasia with a physical exam and some imaging tests. Tell your provider when you first noticed hip pain and if any activity makes it worse. Your provider will check your baby for signs of hip dysplasia right after they're born and again at all their well-child visits.

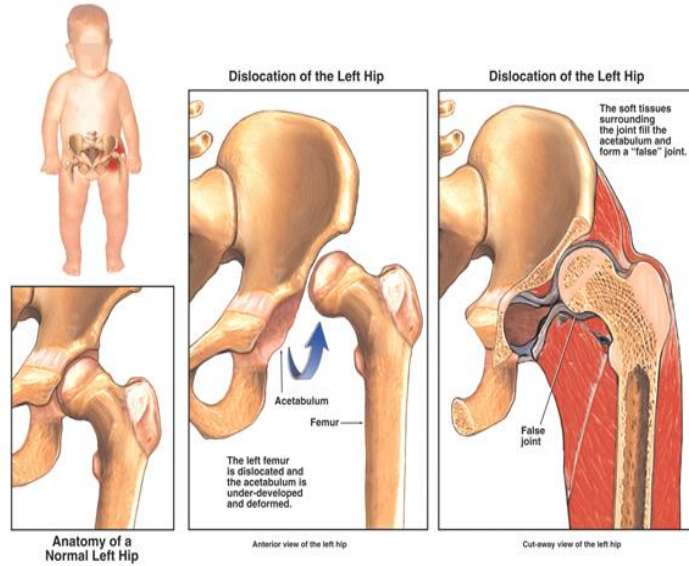
Your provider might use a few imaging tests to take pictures of your (or your child's) hips, including:

- Ultrasound.
- Hip X-rays.
- A computed tomography (CT) scan.

The clinical picture of hip dysplasia and congenital hip dislocation To date, the detection of clinical signs of hip dysplasia in newborns poses certain difficulties. As a result of repeated examinations, it is possible to be sure of the presence or absence of this disease. The following main signs of hip dysplasia are distinguished:

1. asymmetry of the hip and buttock folds;
2. Marx-Ortolani's "click" sign;
3. limitation of extension of the legs in the hip joint;
4. excessive twisting of the legs;
5. relatively short leg.

Asymmetry of the hip folds, their different number, length, depth, and location may indicate the presence of dysplasia. On the diseased side, the folds are more numerous, deeper, and located higher. This sign is ambiguous and is also observed in healthy children. When viewed from behind, the different heights of the hip folds may indicate unilateral protrusion of the hip. The disease can also be detected in infants with decreased muscle tone, but decreased tone is observed in all muscles. Another clinical sign is a weak opening of the hip joint of the leg - a limitation of extension. In the first days, the baby can extend his legs to 60-70 °, if less, the baby should be re-examined later. The limitation of extension may be due to injury, the presence of an inflammatory process in the joint area, a decrease in the neck-diaphysis of the femur angle. Excessive external rotation of the legs is



especially noticeable in unilateral congenital dislocation of the hip. Relatively short extension of the leg is due to the upward and outward displacement of the proximal part of the femur. It is quite difficult to detect it in newborns, for this purpose the legs are placed at a right angle in the hip joint, the knees are bent and the height of the knees is compared to determine the shortness. The above signs are not always correctly determined; therefore it is necessary to examine the babies several times. On the X-ray, it is possible to identify the three signs of congenital hip dysplasia proposed by Putti. These are the slope of the roof of the acetabular cup, the lateral and upward displacement of the femur, and the late appearance or growth lag of the ossification nucleus of the femoral head.

### Conclusion

An analysis of the literature shows that X-rays in infants are of great help in the early detection of hip dysplasia. In children over one year of age, congenital hip dysplasia is not difficult to diagnose. The patient walks slowly, limps when walking, and sways like a duck when both hips are out of joint.

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