Adult Hip Dysplasia

Fact Sheet

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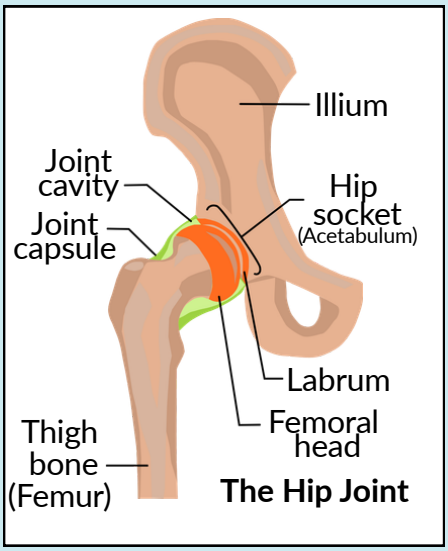
Steps is the leading charity working for all those whose lives are affected by childhood lower limb conditions

What is adult hip dysplasia?



The Hip Joint

Developmental dysplasia of the hip (DDH), also referred to as (Congenital) Hip Dysplasia is a condition affecting the hip joint or joints. Symptoms may become present in childhood and recur or continue into adulthood, or symptoms may not be noticed until adulthood.

The hip is a ball-and-socket joint. The ball (femoral head) at the top of the thigh bone (femur) fits into the socket (acetabulum) in the pelvis. In hip dysplasia, the socket is too shallow or incorrectly positioned. This means the ball is not fully covered or well contained within the socket. As a result, the hip joint is less stable and the ball can move excessively within the socket. In more severe cases, the ball may partially slip out of the socket (subluxation), or rarely, completely dislocate. The added pressure on the cartilage surrounding the hip (labrum), can also lead to labrum tears.

In short, hip dysplasia is when the hip socket does not provide enough coverage of the ball, leading to instability and increased wear within the joint.

Why does it happen?

DDH occurs when the hip joint did not form fully during childhood development.

Risk factors include:

- Breech positioning or presentation (bottom or feet first)
- First-degree family history of hip problems in early childhood (problems that were seen in baby's parents or siblings)
- When the baby is a first-born female

If someone is diagnosed as a baby, or in childhood, they will receive treatment then, but there is a small risk of residual dysplasia in adulthood. For someone who was not previously diagnosed, the symptoms may become more evident later in life.

How is it diagnosed?

Symptoms that may indicate the need for review of the hip can include pain felt in the groin, or at the front or side of the hip.

Pain (such as a dull ache) may also be felt deep inside the joint, or sometimes in the knee or lower back. Other symptoms can include a limp, changed walking pattern, stiffness in the hip, pain that worsens with activity, the hip giving way, or sensations of clicking or locking of the joint.

Diagnosis is usually made by physical examination, X-ray, magnetic resonance imaging (MRI) or computed tomography (CT).

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How is it treated in adulthood?

The type of treatment needed will depend on several factors including your age and the severity of the dysplasia but there are two main approaches: non-surgical treatment and surgical treatment.

Non-surgical treatment

Non-surgical treatment will focus on physiotherapy to improve posture and pelvic alignment, strengthen the hip, improve your walking pattern and increase awareness of the position of the joint.

Clinicians may also recommend pain relief medication, hip joint injections and lifestyle adjustments to support treatment.

Surgical treatment

Surgery may be recommended for labrum tears or to improve the stability of the hip by correcting how the top of the femur and the socket work together.

- **Periacetabular osteotomy (PAO)** is an effective form of hip preservation surgery involving small cuts into the pelvis and repositioning of the hip socket so that it covers more of the head of the femur. This improves how force is loaded into the joint.
- In some cases **femoral osteotomy** (reshaping or repositioning the thigh bone) may also be required.
- If there is a large amount of arthritis, a **total hip replacement** may be recommended.

After any surgery you will be asked to follow a structured rehabilitation programme and slowly return to putting weight through the treated hip.

How will it affect my life?

The sooner you start treatment, the better.

In the long term, the aim of treatment is to reduce pain, improve movement, and delay the development of arthritis in the hip.

DDH recovery depends on severity, and everyone responds differently to treatment, so some people will go on to require hip replacements or experience mobility issues later in life.

Many people with hip dysplasia live active lives with appropriate management of the condition. With the right information, care, and rehabilitation you will be able to set realistic goals and manage your symptoms.

Want to know more?

'A Guide for Adults with Hip Dysplasia' is a comprehensive guide to hip dysplasia in adults. Whether diagnosed as a child, and having ongoing hip problems, or diagnosed as an adult, this book covers everything there is to know about developmental dysplasia of the hip in adults. This guide covers everything from hip anatomy and surgery, to recovery and the psychological aspects of the condition. Both authors have bilateral hip dysplasia.

"This book should be recommended reading for doctors and patients alike. Sophie West and Denise Sutherland have given a true gift to anyone with hip dysplasia."

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Support Steps is here to help.

Contact Steps: +44 (0) 1925 750271 to answer any practical questions you have.

Email: info@steps-charity.org.uk with questions.

Family Contact Service: If you want to talk to someone who has been through a similar situation, one on one.

Facebook Group: A closed group where you can talk about your worries, share helpful tips, and find emotional support.

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