Slipped Capital/Upper Femoral Epiphysis (SCFE/SUFE)

Fact Sheet

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

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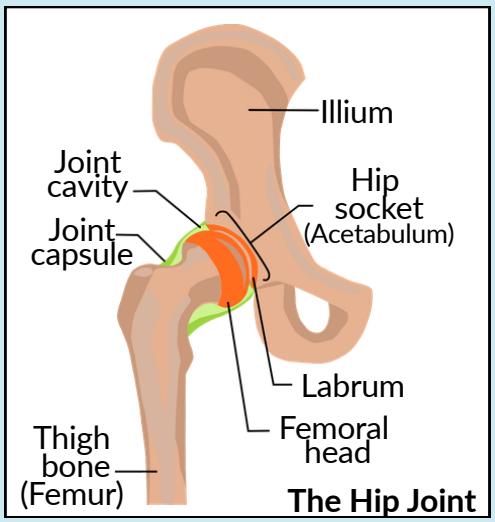
What is SCFE/SUFE?

Slipped capital femoral epiphysis (SCFE) or slipped upper femoral epiphysis, (SUFE) is a condition which affects the hip. The hip joint connects the bones of the leg to the pelvis and allows movement at the top of your leg.



The Hip Joint

A round head (ball) at the top of the thigh bone (femur) fits in the cup-shaped socket in the pelvis (known as the acetabulum).

SCFE/SUFE describes a change to the part of the thigh bone where the leg grows new bone (known as a growth plate or physis). The physis 'slips' from the top of the femur.

The change in the position of the physis allows the rest of the femur to slip out of the socket, leaving the separated end of the ball part of the hip in the socket, known as "slippage". This causes the rest of the femur to twist forwards and outwards.

In short, SCFE/SUFE is where the very top of the ball joint slips, leaving the hip in a dangerous position.

Why does it happen?

SCFE is a rare condition, affecting about 1 in 1000 children during their lifetime. It occurs slightly more commonly in boys. Obesity is a common cause of SCFE. The increased weight puts more pressure on the developing hip joint. Less common causes of SCFE can include rapid adolescent growth and other hormonal or metabolic conditions.

Diagnosis

The first sign of SCFE is often a pain in the groin area, but it also commonly causes pain in the thigh or knee, due to the pain signals travelling down a nerve in the leg. This is known as 'referred pain'; when pain from one part of the body is felt somewhere else.

The condition more commonly affects just one side (unilateral), but can affect both hips (bilateral). Signs also include a waddling walk and trouble moving the leg in all directions.

Diagnosis is usually by X-ray and physical examination. The condition is often graded on the stability of the hip (determined by the child's ability to walk unaided) and how much the bone has slipped out of place. The hip is said to be unstable when walking is not possible, even with crutches.

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Treatment

SCFE needs surgery to stabilise the joint and prevent further damage.

The affected hip will be stabilised and held in place with pins. If there is thought to be a significant risk of slippage in the other hip, surgery is done to prevent this, again using pins.

If the slip is very large, then surgeons may consider trying to reduce the amount of slip by doing more invasive surgery.

If the slip is 'unstable' then surgeons may decide that a period of bed-rest is most appropriate before attempting to fix the hip. If the slip is significant (assessed by the surgeon) or the child is especially young, surgeons may use a 'growing' screw to allow the amount of slip to correct with growth – though this will require close monitoring, and possibly further surgery.

The type and timing of treatment will depend on many factors, and each treatment will be planned around individual cases. Bed-rest and pain relief, such as analgesics and anti-inflammatory drugs are commonly used to alleviate symptoms.

The aims of all treatments are to stabilise the hip joint to allow the child to grow and develop a hip joint that fits as well as possible. This will reduce the chance of developing arthritis in adult life.

When will treatment start?

Children are generally admitted for treatment as soon as SCFE is identified. Consultants will assess each child individually following a diagnosis and decide on an appropriate treatment pathway.

How will it affect my child?

It is thought that the timing of surgery affects the success of treatment and quick intervention may reduce the risk of further complications.

If SCFE is not treated, it may lead to disruptions in the blood supply to the femoral head, leading to avascular necrosis (AVN). AVN occurs when the reduced blood flow causes damage to bone tissues in the femoral head. This can be painful and impact walking patterns. In severe cases, there may be an increased risk of osteoarthritis in adulthood.

Following surgery, your child should avoid high impact activities (such as running and jumping) until the consultant says it is safe, following which, they can return to normal daily activities.

If your child is considered overweight, it is important to encourage a healthy diet and regular exercise to help them achieve a healthier weight. There is information and support available on the NHS website regarding this.

The condition is unlikely to return following treatment, but your child will be routinely monitored throughout their growth.

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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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