

Legg-Calve-Perthes Disease

What is Perthes Disease?

Perthes Disease is an inflammation and irritation to the femoral head. This is due to a loss of blood supply to the femoral head and the cause is unknown (idiopathic).

The term 'disease' is utilized because there are several complex stages that Perthes disease passes through.

The disease process can be lengthy until the child returns to normal activities, up to 18 to 24 months. Perthes disease is common between the ages of 4 to 10 years of age. It occurs approximately in 1 in 10,000 children. Perthes is also more common in boys than girls, but females tend to have more of an extensive involvement.

What are the symptoms?

The most common symptom seen in children with Perthes is limping.

The child also may complain of mild pain in the hip joint. These symptoms may occur over weeks to months and also may be intermittent.

Pain may also occur in other parts of the leg including the thigh and knee.

How is it Diagnosed?

Perthes Disease is usually diagnosed using a Radiograph. Depending on what stage the child is at when the Radiograph of the hip is obtained, the femoral head can look flattened. The child is expected to have several Radiographs taken throughout the process of Perthes Disease.

What are the treatment options?

If the child is young, **2 to 6** years of age, and the Radiographs show **minimal changes of the hip**, the child will only need to be observed.

Children **older than 6** years of age will need more intervention to preserve motion of the hip: NSAIDS, such as Ibuprofen, are used to decrease inflammation of hip joint. NSAIDS can be used for several months.

If the child is already **presenting** with a **limp** and **stiffness** of the hip, the child may require crutches and partake in physical therapy to improve the motion of the affected hip.

If the motion of the **hip** becomes **limited** or **Radiographs** show **progressive deformity**, a special cast may be used to keep the head of the femur in the proper position in the hip joint:

The placement of the **cast** would be done in the operating room. The Physician may need to perform an **arthrogram** (inject dye in the hip) to help see how flattened the head of the femur is. In some occasions, a muscle in the groin may need to be lengthened. This will be done through a small incision. This will aid in placing the hip in the proper position for the best healing. The cast will need to be worn for 4 to 6 weeks.

Surgical treatment may be needed to realign and place the hip back in the proper position. This is done with screws and plates which will be removed at a later time. The patient again will be placed into a cast from chest to toes for 6 to 8 weeks. After the cast is removed, the child will participate in physical

therapy to regain motion of the hip. Additional Radiographs will be obtained to evaluate the healing process.