

AB130. An audit of screening clinic for developmental dysplasia of the hip in a tertiary hospital

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Background: Developmental dysplasia of the hip (DDH) occurs in 1:1,000 births and is regarded less as congenital, more as a developmental disability now, as children with initially normal hips can develop this condition. Major risk factors include females, positive family history, breech birth or breech to third trimester, Ortolani or Barlow positive examinations and packaging disorders. Non valid risk factors like extra/asymmetric gluteal creases, hip clicks and leg length discrepancy justify further investigation.

Methods: We looked at all children referred to the DDH screening clinic by the Paediatric department at our tertiary hospital, General Practitioners and medical officers in the

community for seventeen [17] months. Information from patient's charts and imaging reports was used to generate the spreadsheet. Main outcome measures were age at clinic attendance, risk factors, non valid risk factors, clinical and radiologic evidence of DDH, treatment with harness/brace and referral to Temple Street Hospital. Microsoft Excel was used for analysis.

Results: A total of 546 children were seen in clinic with 104 children conservatively treated for suspected DDH with harness/brace. Twenty-nine children were diagnosed with DDH with 41% (12/29) having a positive non valid risk factor. Twenty-five children were referred.

Conclusions: Appropriately timed conservative treatment of DDH results in fewer referrals required. DDH Screening Clinic is a useful resource and fully compliant with National Guidelines. Based on our results we have proposed new guidelines for management to improve patient outcome.

Keywords: Abduction brace; Barlow's manoeuvre; developmental dysplasia of the hip; Pavlik harness; ortolani manoeuvre; osteotomy

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