

LEGG-CALVÉ-PERTHES DISEASE

(Slipped Femoral Epiphysis; Coxa Plana)



BASIC INFORMATION

DESCRIPTION

A hip disorder of childhood. It involves gradual weakening of the head of the thigh bone where it meets the pelvis. It can involve either leg at the hip joint. It affects children ages 2 to 12 years (most often 4 to 8) of both sexes, but it is more common in boys (85% of the patients).

FREQUENT SIGNS AND SYMPTOMS

- Pain and stiffness in the hip and thigh. Sometimes both sides are involved.
- Pain in the leg and often in the knee, even though the disorder is in the hip.
- Limping or other problems with walking.
- Symptoms usually begin slowly over time.

CAUSES

The bone becomes weak due to lack of a blood supply to the top of the bone. The weak bone is not able to handle weight. Why this occurs is unknown. It may involve growth hormones in the body or blood clotting problems. Injury is usually not a factor.

RISK INCREASES WITH

- Boys more than girls.
- Use of cortisone drugs for other disorders.
- Overweight persons.
- Periods of rapid growth.
- Children with low birth-weight and delayed development may be more at risk.

PREVENTIVE MEASURES

No specific preventive measures.

EXPECTED OUTCOMES

Often curable in 2 to 3 years with early treatment. The blood supply to the bone becomes normal, and new bone cells start growing to replace the old bone.

POSSIBLE COMPLICATIONS

- Delayed treatment may cause permanent bone injury.
- Osteoarthritis may develop later in life.



DIAGNOSIS & TREATMENT

GENERAL MEASURES

• Your child's health care provider will do a physical exam and ask questions about the symptoms. Medical tests usually include x-rays or other tests to determine how far the problem has progressed.

• Treatment may not be needed for about half of the patients with the disorder. These children will be watched to see if any problems develop. This can include children younger than 6 with no hip motion problems, or older children who maintain good range of motion.

• Other treatment steps are aimed at maintaining the range of motion and keeping the hip-bone in the hip socket. They may include a cast, brace, physical therapy, or surgery.

• Youngsters often have difficulty accepting the need for rest, casts, braces, or other treatment. Help your child find activities and interests that don't involve a lot of movement or athletics.

• Use heat to relieve pain. Warm compresses, heating pads, or other methods are effective.

• Surgery to reinforce the bone's attachment to the joint and prevent further problems (sometimes).

• A hospital stay may be needed for traction (a steady pull on the leg).

MEDICATIONS

For minor discomfort, you may use nonprescription drugs, such as acetaminophen or ibuprofen. Don't give aspirin to children.

ACTIVITY

Bed rest may be necessary for 6 months to 1 year until the condition improves, or until after surgery. When the bones can bear weight, crutches, braces, or casts are usually necessary. After that, activities may be resumed gradually.

DIET

No special diet, unless the child is overweight.



NOTIFY OUR OFFICE IF

- Your child has hip or knee pain, stiffness, or a limp.
- The following occur during treatment:
 - Symptoms don't improve in 4 weeks, despite treatment.
 - Pain increases.

Special notes:

More notes on the back of this page