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Letter to the Editor

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I congratulate Dr. Ishaan Swarup and coauthors for their publication “Open and Closed Reduction for Developmental Dysplasia of the Hip in New York State. Incidence of Hip Reduction and Rates of Subsequent Surgery” an excellent paper which reviews the experience of New York State from 1997 to 2013 on the treatment of “Developmental Dislocation of the Hip (DDH)”.

This letter is in relation to the name “Developmental Dislocation of the Hip (DDH)”. The historic name of this pathology has always been Congenital Dislocation of the Hip (CDH) (1). Even during the decade of the 70’s, at a time I had the pleasure of running the Children’s Hip Clinic at the Hospital for Special Surgery with Dr. Leon Root, CDH was the accepted name. Likewise during the Instructional Courses of the American Academy of Orthopedic Surgeons of the 70’s where I covered the Neonatal Diagnosis, Ignacio Ponsetti the Closed Treatment, Robert Salter his Innominate Osteotomy, Pemberton his pericapsular osteotomy and Chiari his Osteotomy for irreducible subluxation, still the name was CDH. Amongst the references of the paper the only one using CDH is the one by Ziontis et al (2) published in 1986, whose Senior author GD McEwen was the distinguished pediatric orthopedist, Professor and Chairman of Dupont Institute. It was during the later part of the decade of the 1980’s when the new name of Developmental Dislocation of the Hip was introduced, at a time when litigation was rampant, hopefully to shield physicians who may have missed the diagnosis at birth.

From 1966 to 1972 we examined 23,408 newborn babies at the New York Hospital (now renamed New York Presbyterian Hospital). On Mondays and Thursdays with residents and fellows we did the Barlow maneuver (3) (very similar to the Ortolani maneuver) on all newborns. As the time of hospitalization after delivery was progressively reduced our rounds started to miss newborns who were discharged prior to our rounds and the routine examination program was discontinued. Such experience was published in CORR in 1978 (4).

All dictionaries recognize “congenital” as a pathology which is present at birth. Congenital dislocation of the hip occurs during the last trimester of pregnancy, as an acquired deformity in utero during the last

period of intrauterine development. It happens particularly in primigravidas with high uterine tone (first born), in the presence of oligohydramnios, breech presentation, cesarean section for fetopelvic disproportion, delayed delivery, overweight baby, all conditions which constrain the fetus in a tighter intrauterine space. The lower incidence in premature and underweight full term babies further support the concept. Other congenital pathologies present at birth are still and correctly defined as congenital (ie club foot, torticollis, heart disease, etc.).

I believe it's time to return to the proper name Congenital Dislocation of the Hip.

References

1. Putti V. Early treatment of congenital dislocation of the hip. *J Bone and Joint Surg.* 15:16, 1933
2. Zions LE, MacEwen GD. Treatment of congenital dislocation of the hip in children between the ages of one and three years. *J Bone Joint Surg Am.* 1986 Jul;68(6): 829-46.
3. Barlow TG. Early diagnosis and treatment of congenital dislocation of the hip. *J Bone and Joint Surgery.* 44B:292, 1962
4. Neonatal diagnosis, treatment and related factors of congenital dislocation of the hip. Artz T, DB Levine, Lim WG, Salvati EA, Wilson PD Jr. *CORR* 1978

Conflict of Interest: None Declared