We are pleased to read the paper entitled ‘Predictors of Hip dysplasia at 4 years in Children with Perinatal Risk Factors’ published in your journal (1). The authors reported that, acetabular dysplasia can be detected by radiological examination in children older than 2 years with perinatal risk factors. It is very important that they showed that acetabular dysplasia may develop even in infants with normal hip development in hip ultrasonography performed at the age of 6-8 weeks. Our observations are also consistent with this study. In our previously published study, we showed that ultrasonographic normal hip development in children who were given hip dysplasia treatment is not a guarantee of radiologically normal hip maturation (2). We are glad that the authors mentioned and referenced our previous published study (3). The authors mentioned that ‘For the perinatal period, a family history of DDH is a widely accepted risk factor; however, studies have reported no association between this variable and DDH postnatally (29,30).’ Reference 29 is our study (3). We reported in this study that ‘Patient characteristics that were found to be significant risk factors were swaddling use, female gender, breech delivery and positive family history.’ We would like to emphasize that, according to our study, family history is an important risk factor for hip dysplasia. We would like to inform you about the mistake, which was published in your Journal.

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References


Conflict of Interest: None Declared