Opinion Volume 12 issue 2- July 2018 DOI: 10.19080/OROAJ.2018.12.555833

Ortho & Rheum Open Access J

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Developmental Dysplasia of The Hip in Saudi Arabia - A Problemthat goes beyond a National Screening program



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Submission: June 21, 2018; Published: July 02, 2018

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Opinion

It is well known to all the pediatric orthopaedic surgeons in Saudi Arabia that developmental dysplasia of the hip (DDH) is a major pathology affecting the children with incidence that was studied in one of the regions reaching 3.5/1000 live births [1]. Surgical treatment of neglected DDH cases occupies more than 30% of surgical practice of most of pediatric orthopaedic surgeons in the country. Some of the cases present very late limiting even surgical treatment to be provided to those children leaving them limping for life.

Most of the paediatric orthopaedic surgeons in Saudi Arabia attribute the current DDH unacceptable numbers and facts to the lack of a national hip dysplasia screening program which can discover DDH cases early in life and treat them conservatively efficiently. I was believing in this fact till I started "The National Hip Dysplasia Program" as an outreach program to diagnose and surgically treat the neglected DDH cases at the walking age in their local hospitals to reduce the surgical waiting time and increase the awareness of the local hospitals about DDH diagnostic and therapeutic implications.

After completion of 1 year operating the National Hip Dysplasia Program providing the surgical treatment for more than 100 children diagnosed with DDH in three participating local hospitals and running more than 10 paediatric orthopaedic outpatient's clinics seeing more 300 cases, I realized that the problem of DDH in our country cannot be addressed simply by forcing a screening program nationwide. Cities which have high incidence of DDH, the people are fully aware about the problem and they present their kids for evaluation early in life, and the health care providers as well they refer most of the neonates

to orthopedics clinics to be clinically evaluated and do hip US especially the highly suspected cases. In other word, the regions with high DDH incidence are doing their own screening program. I realized in such cities, they have a problem in the US reports not being reported by specialized and expert people which made them over diagnosing a lot of neonates. Other critical problem is the treatment of the diagnosed cases. The general orthopaedic surgeons in the local hospital they don't have enough experience treating DDH conservatively and monitor its treatment. The lack of Pavlik harness and other abduction braces is another problem which stands in the way of treating DDH early in life.

I believe that simple screening program enforcement will not solve DDH problem in Saudi Arabia. Such a major problem will require an extensive collaborative work from a selected experts panel to establish "DDH screening and treatment centers" attached to certain local medical centers in a selected region lacking paediatric orthoepic care. Those centers should be running monthly by experts in DDH to provide training and supervision to local orthopaedic surgeons and act as an effective referral channel for cases requiring surgical treatment.

Awareness, education, and resources all are required to face a national health concern like DDH, and I hope as the pediatric orthopaedic society in Saudi Arabia is rapidly growing, awell-constructed and supported national DDH project will see the light soon.

References

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Orthopedics and Rheumatology Open Access Journal (OROAJ)



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