

A MODIFIED STABLE CAPSULORRHAPHY TECHNIQUE IN DEVELOPMENTAL DYSPLASIA OF THE HIP SURGERIES (DDH)**Mohammed El-Sayed**

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Capsulorrhaphy is considered as the single most important step in open reduction of developmental dysplasia of the hip (DDH). In neglected cases of DDH after the walking age, the capsule is adherent to the outer table of the iliac bone and is difficult to be exposed. Furthermore, in high-riding dislocations, it is not always an easy task to plan and perform an adequate capsulorrhaphy, especially to decide for the exact location of transverse limb of the classic (T-shaped capsulotomy). We have designed a new capsulorrhaphy technique, that was performed in 309 DDH hips, whom first presented after the walking age. A minimum period of two-year follow-up post-operatively was needed for inclusion of the cases in this study. In all, except five hips, a good primary stabilization and stable concentric reduction during the follow-up period was achieved. Redislocation took place in only five cases. In four cases a poor family compliance and loss of stabilization of the concentric reduction by destruction of the hip spica led to early re-dislocation. In only one hip, an excess derotation of the femur led to posterior dislocation. The need for another surgery was considered a failure and a revision was done. The new technique provided adequate, stable and simple closure of the capsule and maintained the head at the reduced position without any short-term complications.



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