

Slipped Upper Femoral Epiphysis



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INTRODUCTION

- Displacement of the proximal femoral epiphysis– also known as epiphysiolysis – is uncommon and virtually confined to children going through the **pubertal growth spurt**.
- **Boys are affected more often than girls.** If one side slips there is a 30% risk of the other side slipping as well.
- Age
 - 11- 16yrs in boys
 - 9-14yrs in girls

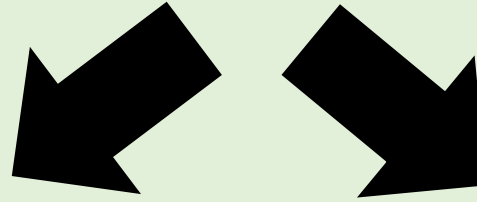


INTRODUCTION

- Peak incidence in girls is about 2 yrs earlier than boys.
- Often in very tall children or very **fat children** with delayed gonadal development.
- **Pathophysiology-** Imbalance between GH and testosterone. Capital epiphysis slips backwards and downwards



AETIOLOGY



Increased stress to hip

- Trauma
- Obesity

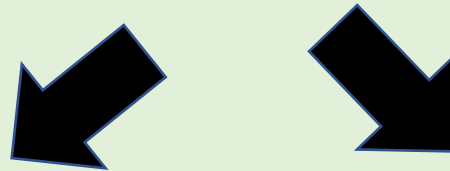
Weakening of growth plate

- Hypothyroidism
- Renal failure
- Radiotherapy



CLINICAL FEATURES

Two types



**Stable-
child can
walk**

**Unstable-
child cannot
walk, Painful**



CLINICAL FEATURES

- The patient – usually a boy of 14 or 15 years – presents with pain in the groin, the anterior part of the thigh or the knee (referred pain); he may also limp.
- The onset may be sudden and in 30% there is a history of trauma (an 'acute slip'). However, in the majority symptoms are protracted (a 'chronic slip'), or else a long period of pain may culminate in a sudden climax following minor trauma (an 'acute-on-chronic slip').
- Two-thirds of the patients are overweight and sexually under-developed, or unusually tall and thin.



CLINICAL FEATURES

Limp- usual presentation

Pain- Hip, thigh or knee joint

Short and externally rotated leg

Restricted movements

- Abduction
- Flexion
- Internal rotation



EXAMINATION

- On examination the leg is externally rotated and is 1 or 2 cm short.
- Characteristically there is limitation of abduction and medial (internal) rotation.
- Following an acute slip, the hip is irritable and all movements are accompanied by pain.



X-RAYS

- Even when slipping is trivial, changes can be detected. In the **anteroposterior view** the epiphyseal plate seems to be too **wide** and too '**woolly**'.
- A line drawn along the superior surface of the femoral neck remains superior to the head instead of passing through it (Trethowan's sign).
- In the **lateral** view the femoral epiphysis is **tilted** backwards; small degrees of tilt can be detected by measuring the angle between the epiphyseal base and the femoral neck



COMPLICATIONS

**Avascular
necrosis**

**Secondary
osteoarthritis**

**Slipping of the
opposite hip- B/L
slipping in 20-37%
(1/3)**

Coxa vara

Chondrolysis



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TREATMENT

- Closed reduction of the 'slip' is dangerous and should not be attempted.

Non operative

**Bed rest
Non weight bearing.**



TREATMENT

Operative

Mild slip- Lag screw

Moderate and severe slip- Lag screw and corrective osteotomy

Routine prophylactic pinning of other side- in special risk patients

