

Når og hvordan skal vi operere hoftene for å forhindre hoftelukasjoner ved CP?



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LUND
UNIVERSITY

Vad vet vi?

Orsaken

Riskfaktorer

Naturalförloppet

Kan förhindras

krävs röntgenkontroller

krävs ofta operation

Vad diskuterar vi?

När ska vi operera?

Hur ska vi operera?

Adductor –
psoas
förlängning



Femur
osteotomi

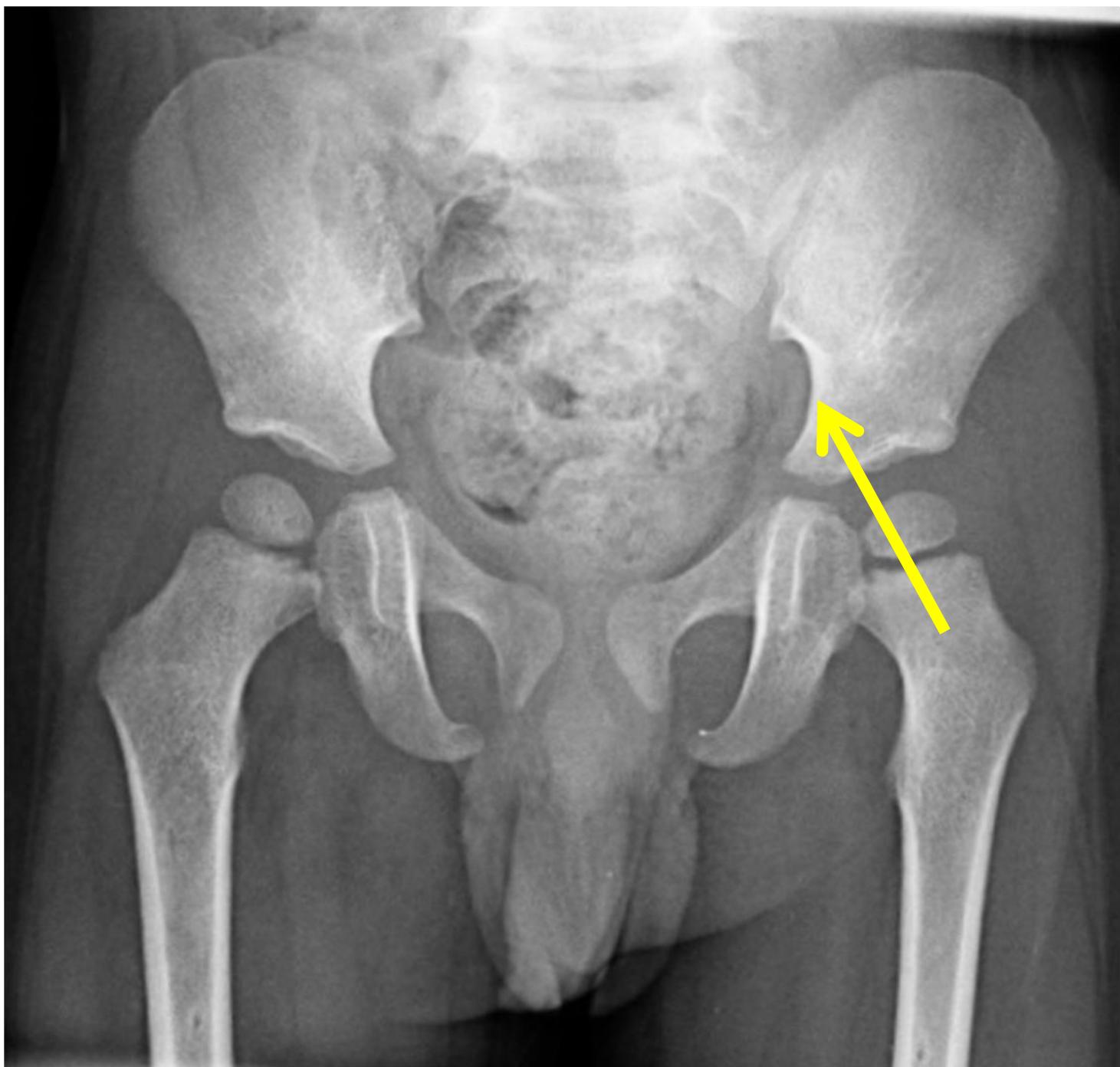


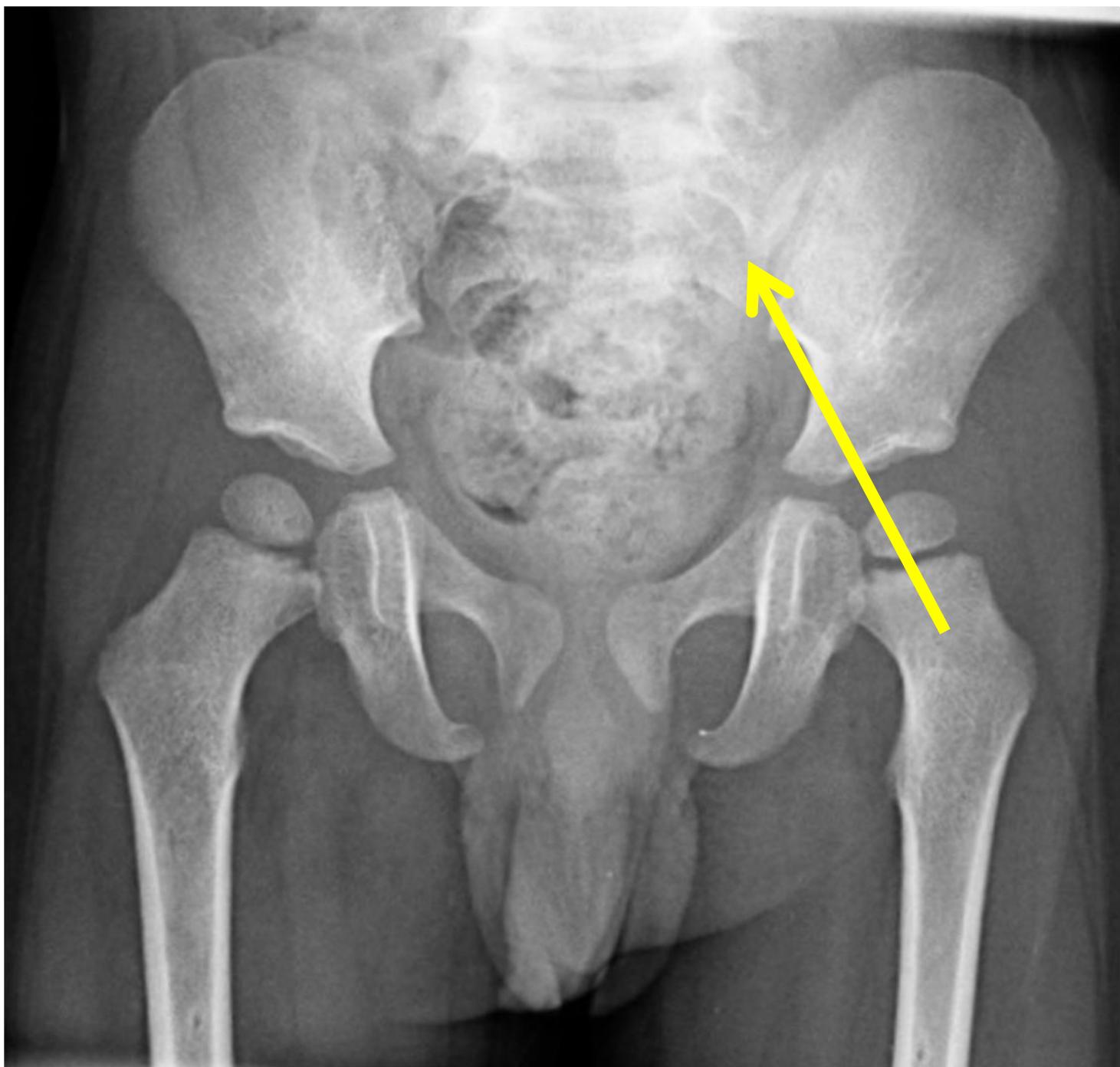
Bäcken
osteotomi

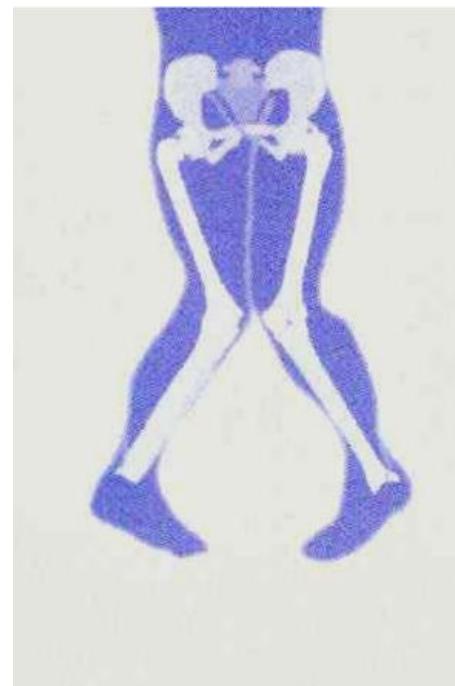
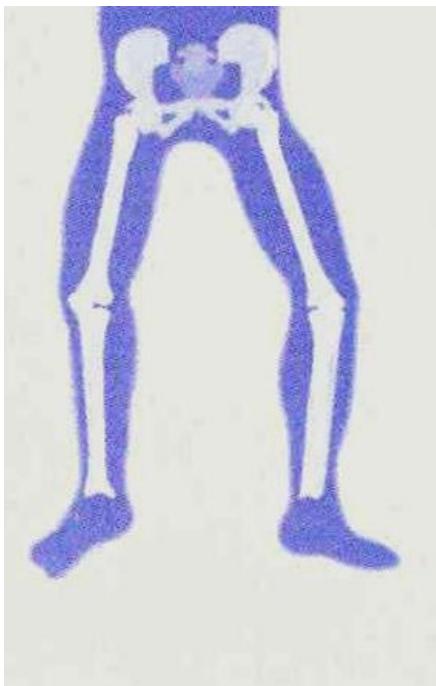


Orsaken

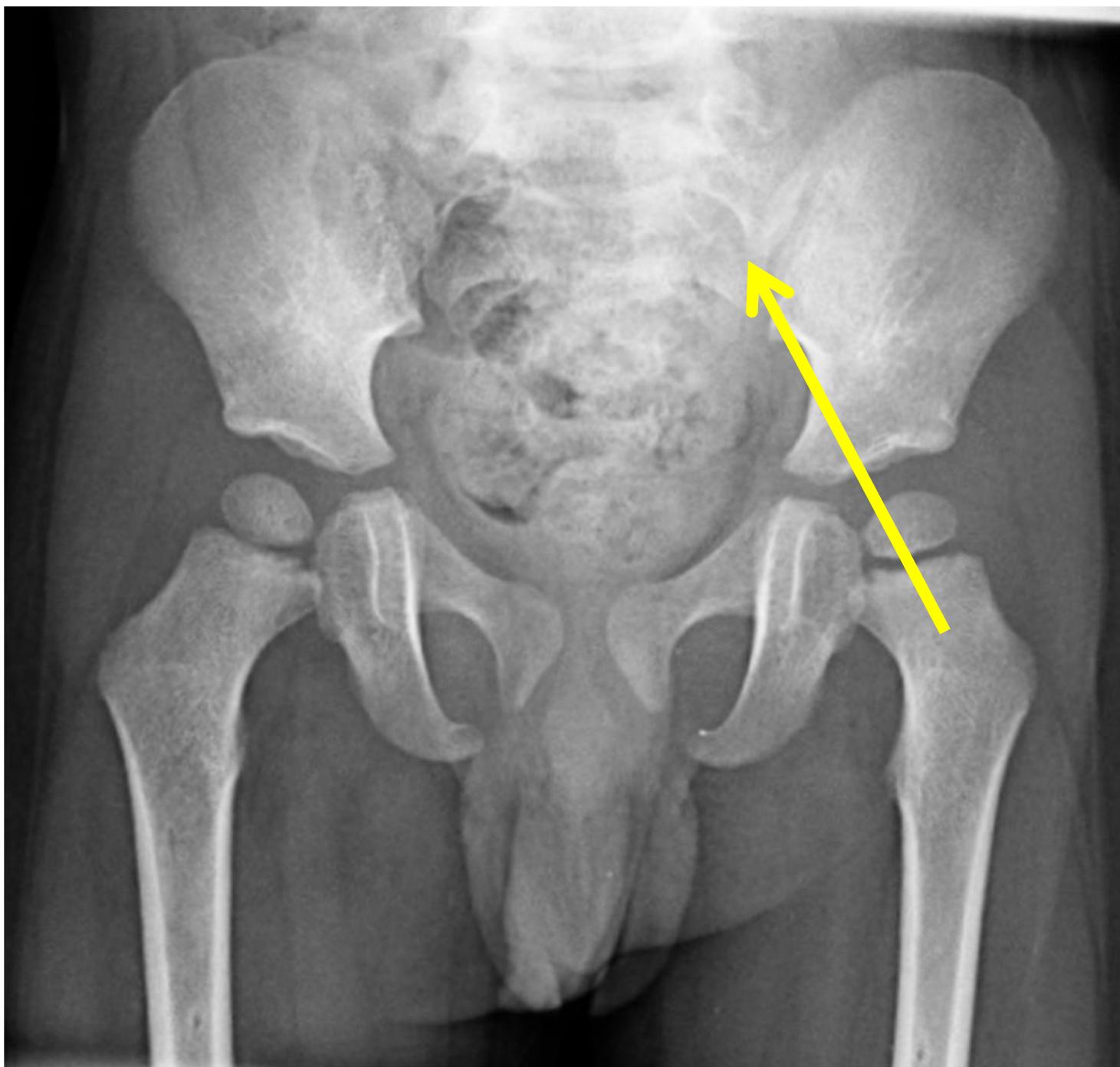
Ändrad kraftbalans över höften

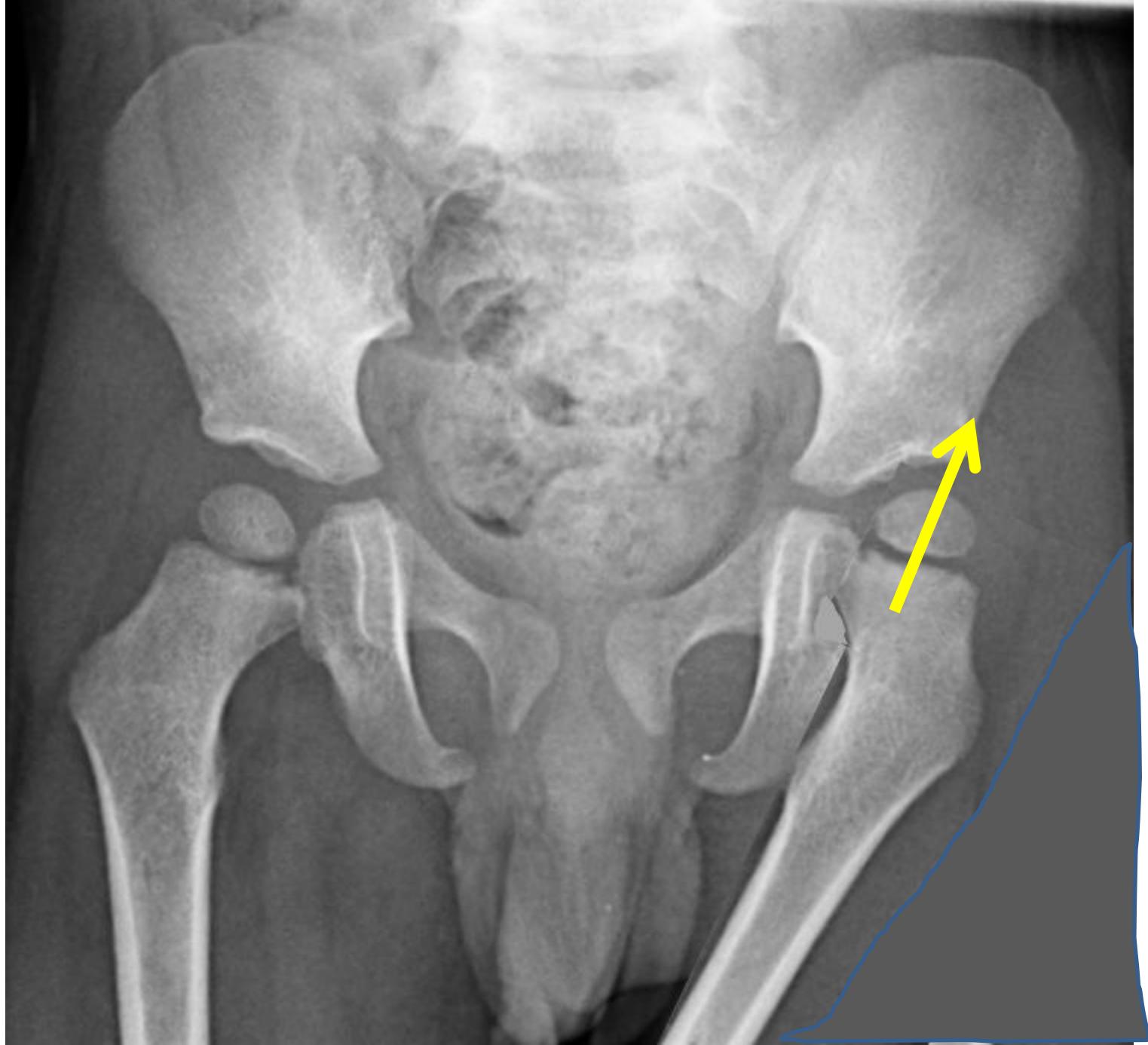






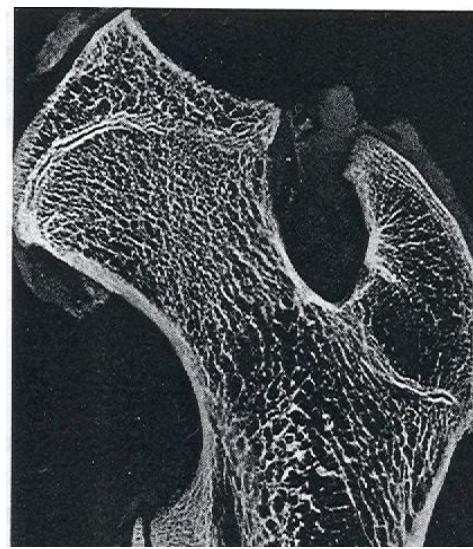
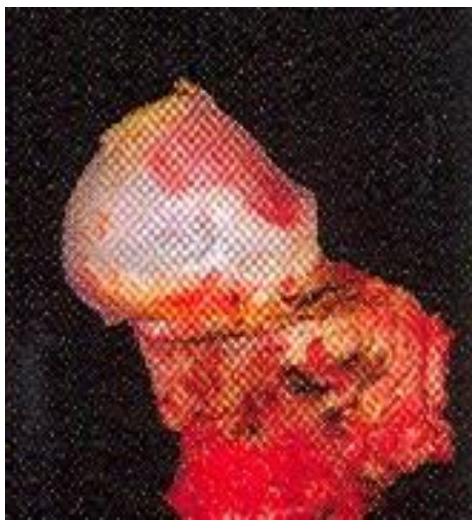
Miller et al







Dx





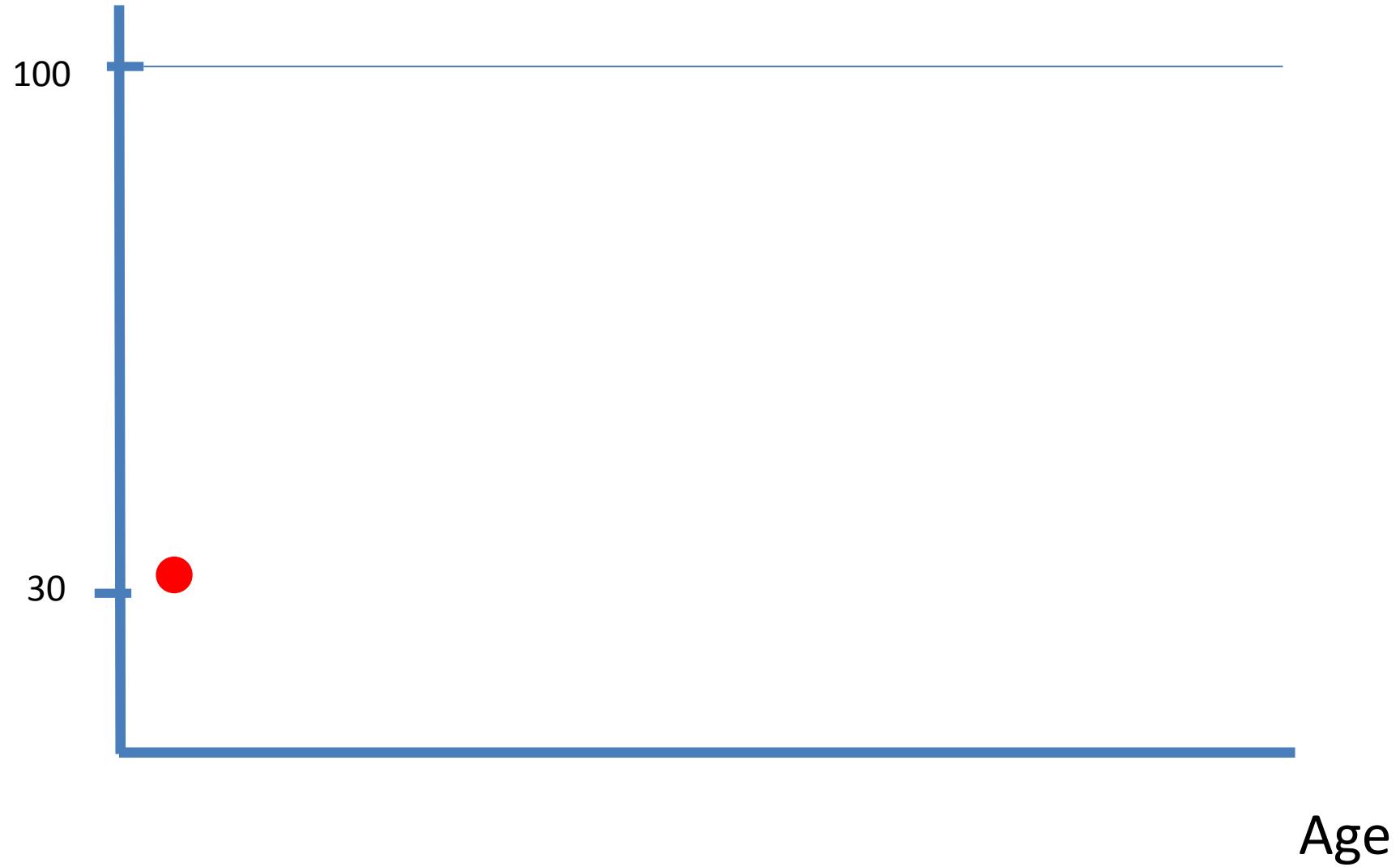
När ska vi operera?

Det ideal:

Operera alla med risk att luxera **tidigt**;

- innan caput deformeras
- innan dysplasi uppstår
- innan pelvic obliquity uppstår
- innan skolios uppstår

Migrationsprocent



MP

100

40

30

Age



Riskfaktorer

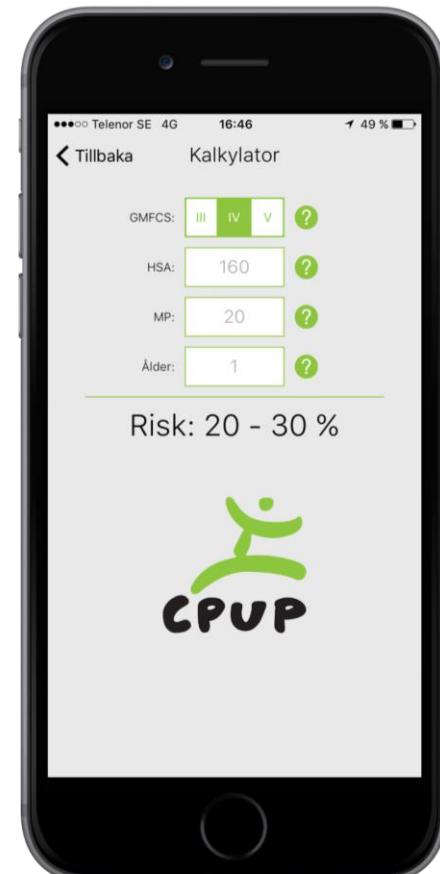
Låg ålder
Hög GMFCS
Stor head shaft angle
Hög migrationsprocent



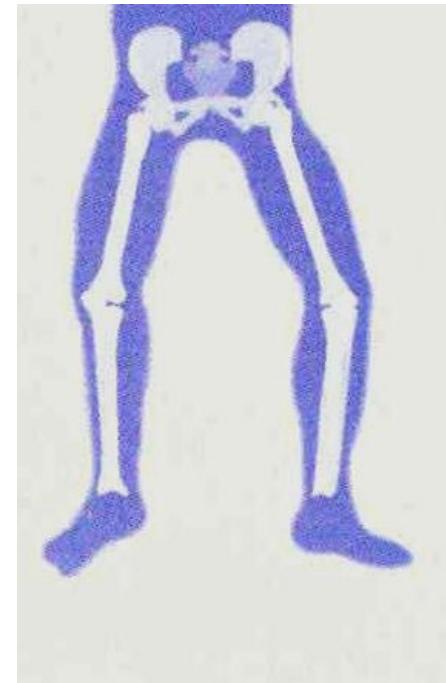
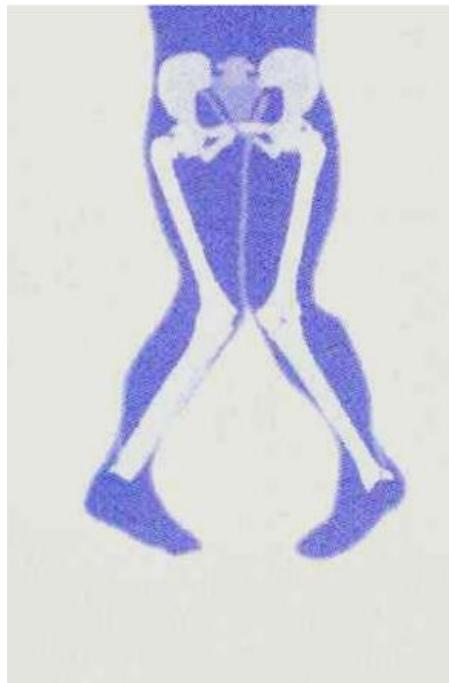
■ CHILDREN'S ORTHOPAEDICS
Prediction of hip displacement in children
with cerebral palsy

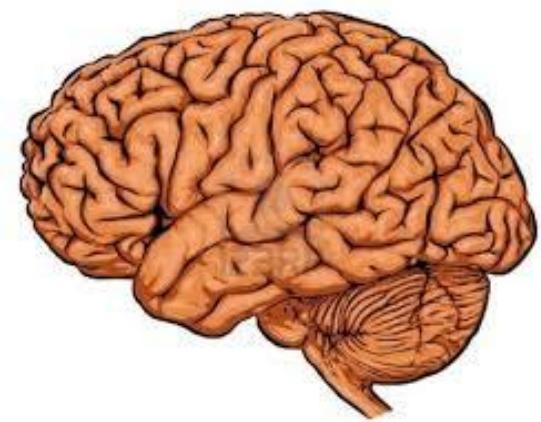
DEVELOPMENT OF THE CPUP HIP SCORE

Bone Joint J 2015;97-B:1441-4



Adductor – psoas release





Hur ska vi operera?



Det ideal:

Operera alla med risk att luxera enligt
CPUP-Hip Score med adductor-psoas release
tidigt, innan caput deformereras och innan
dysplasi över 30° uppstår.

To what extent can soft-tissue releases improve hip displacement in cerebral palsy?

A prospective population-based study of 37 children with 7 years' follow-up

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Submitted 2017-05-12. Accepted 2017-06-27.

Interpretation — Bilateral soft-tissue release is recommended in both ambulatory and nonambulatory children with hip subluxation. The operation should be performed before the hip displacement reaches 50%.



Hur ska vi operera?

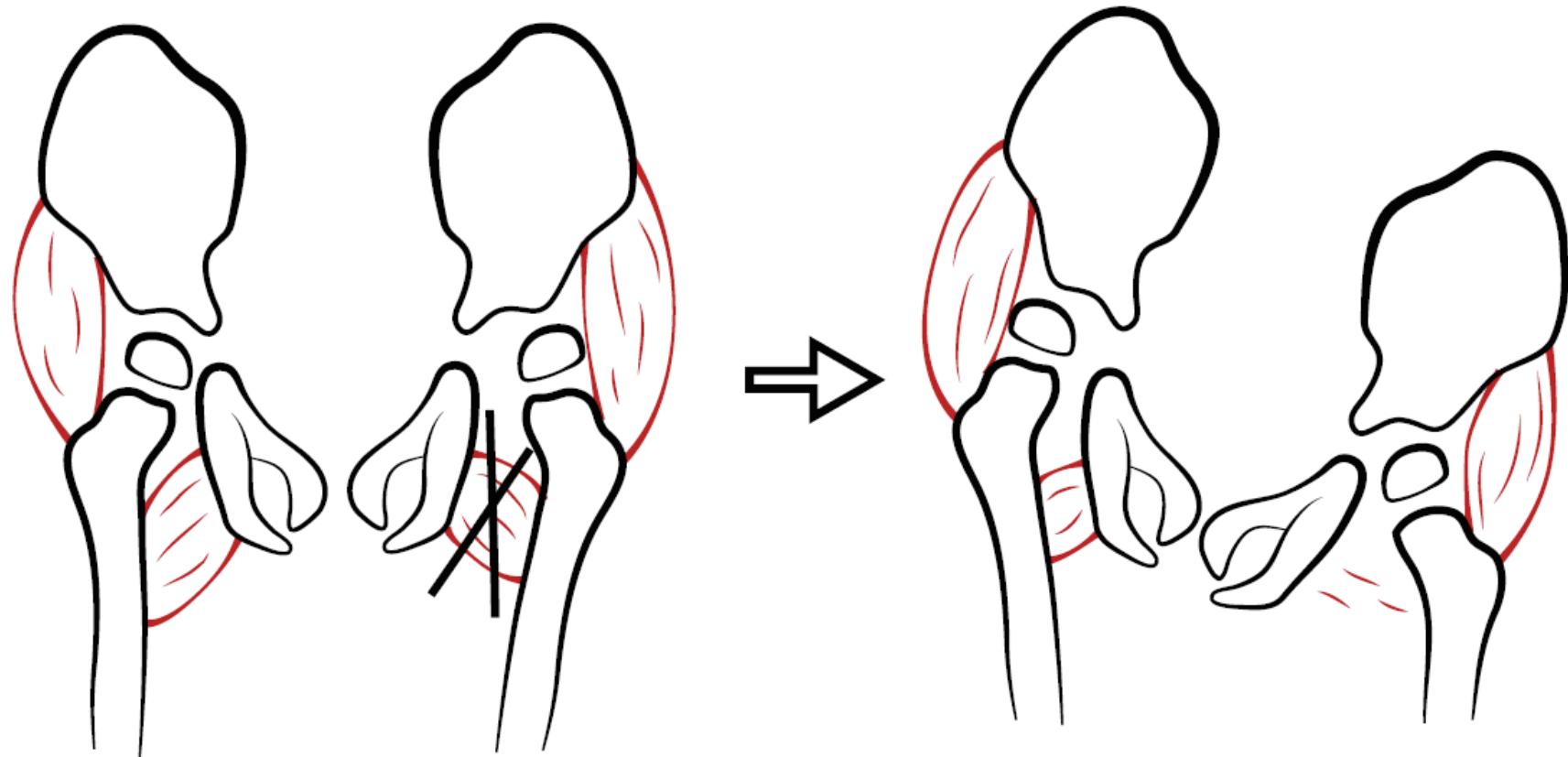


Överväg APT även om MP är >50-60% om barnet är 4-8 år och i svagt allmäntillstånd för att vinna tid.

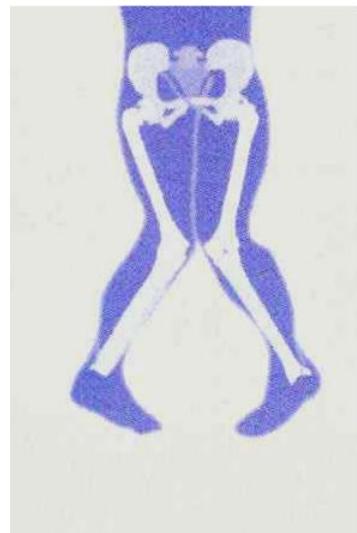
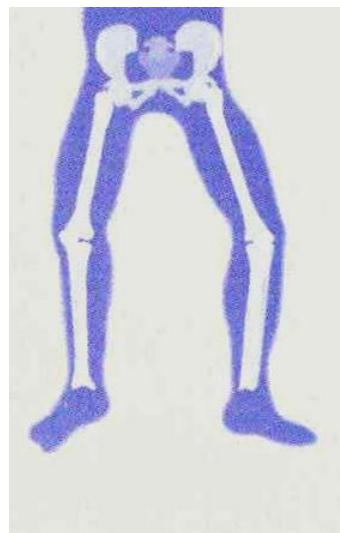
Hur ska vi operera?



Operera alltid båda höfterna



Femoral osteotomy



Hur ska vi operera?



Operera med femurosteotomi om:

- Recidiv efter APT
- MP > 50% hos äldre barn
- Dysplasi med behov av bäckenosteotomi

Hur ska vi operera?



Operera med bäckenosteotomi
om acetabular index är över 30°

Hur ska vi operera?



Osteotomera den sidan som är lateraliserad – bilateral behövs inte vid unilateral lateralisering.

Gör bilateral APT om det inte är gjort tidigare.

Femoral and pelvic osteotomies for severe hip displacement in non-ambulatory children with cerebral palsy: a prospective population-based study of 31 patients with 7 years' follow-up

Terje TERJESSEN

Department of Orthopaedic Surgery, Oslo University Hospital, Rikshospitalet, Oslo, Norway
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Submitted 2019-03-20. Accepted 2019-09-18.

Prophylactic femoral osteotomy of the contralateral non-subluxated hip is hardly indicated.

...This supports healthcare programmes that advocate unilateral VOPF in children with unilateral hip displacement.

J Child Orthop (2012) 6:145–151
DOI 10.1007/s11832-012-0401-7

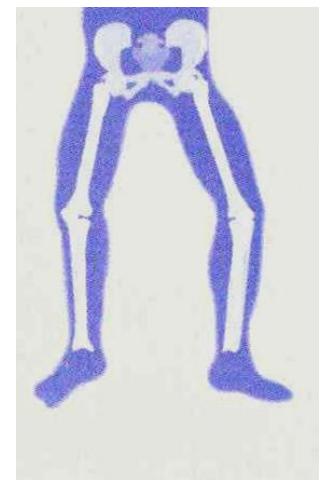
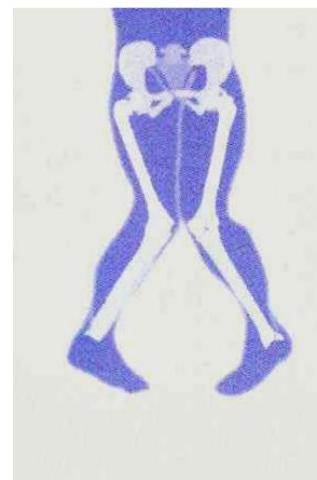
ORIGINAL CLINICAL ARTICLE

Unilateral varus osteotomy of the proximal femur in children with cerebral palsy: a five-year follow-up of the development of both hips

Maria Larsson · Gunnar Häglund ·
Philippe Wagner

Slutord

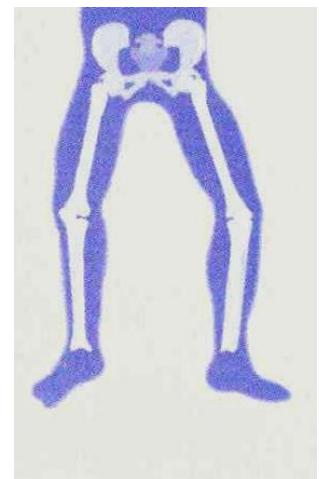
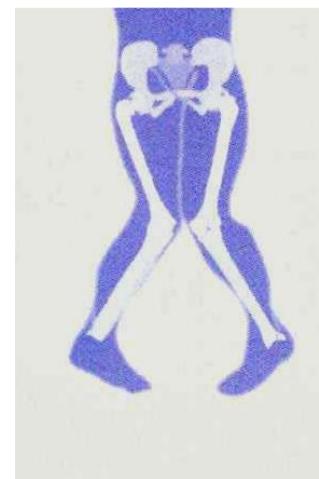
Positionering viktigt!



Slutord

Positionering viktigt!

Korta väntetider till operation viktigt!



Slutord

Positionering viktigt!

Korta väntetider till operation viktigt!

Fortsatt uppföljning efter operation viktigt!

