“Developmental Dysplasia of the Hip”

An unsuitable term

G. Hartofilakidis
Before the application of roentgenograms, Dupuytren, in 1826, observed that some new born infants presented with displacement of the head of the femur from the acetabulum.
He named the condition “Congenital Dislocation of the Hip”
Although the accuracy of the term became questionable, nonetheless it persisted causing considerable confusion in understanding and communication.
Thus, in following years the literature on pathogenesis and terminology of CDH is replete with contradiction and uncertainty.
A variety of terminologies appeared describing the pathology of the deformity:

- Congenital dislocation
- Congenital dysplasia
- Idiopathic infantile displacement
- Congenital hip disease
- Infantile displacement
In 1989, Klisic, emphasized that congenital dislocation of the hip is a misleading term, when used for the total spectrum of infant hip deformities.
He recommended the use of the term: 

“Developmental Displacement of the Hip”
The change of the term “congenital” to “developmental” was surprisingly accepted by the majority of authors.
On the other hand, the wording of “displacement” was replaced with that of “dysplasia”
A new term was established:

“Developmental Dysplasia of the Hip”
From a deficient term "Congenital dislocation of the Hip" we ended up with the non specific and unsuitable term "Developmental dysplasia of the Hip" without convincing arguments for the change
The term “Developmental” is not descriptive of the congenital nature of the deformity.

“Developmental” has the meaning of evolving, gradually changing, progressing.

“Dysplasia” bears the meaning of abnormally formed.
A possible explanation for that change: To avoid malpractice for late diagnosis

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An agreed term is needed to cover the entire pathology of congenital hip deformities, and furthermore a generally accepted classification of the deformities is necessary.
1. To accept the general term:

“Congenital Hip Disease”

covering all types of congenital deformities of the hip joint
Our suggestion

2. To use the following classification

**Infants**
(proposed by various authors)
- Dysplasia
- Subluxation
- Dislocation

**Adults**
(Hartofilakidis et al)
- Dysplasia
- Low dislocation
- High dislocation
Congenital Hip Disease - Infants

Dysplasia

- Poor development acetabulum and femoral head
- Shenton’s line intact
Congenital Hip Disease - Infants

Subluxation

- Proximal and lateral migration of the femoral head (without overpassing the upper edge of the acetabulum)
- Shenton’s line broken
Congenital Hip Disease - Infants

Dislocation

- Femoral head completely out of the acetabulum
Congenital Hip Disease - Adults

Dysplasia
Type 1

- Femoral head articulates with the true acetabulum
Congenital Hip Disease - Adults

Low dislocation Type 2

- Femoral head articulates with a false acetabulum, partially covering the true acetabulum
Congenital Hip Disease - Adults

High dislocation
Type 3

- Femoral head has migrated superiorly and posteriorly to the true acetabulum
We strongly suggest:

Avoid the term

Developmental Dysplasia of the Hip

The term is unsuitable and misleading