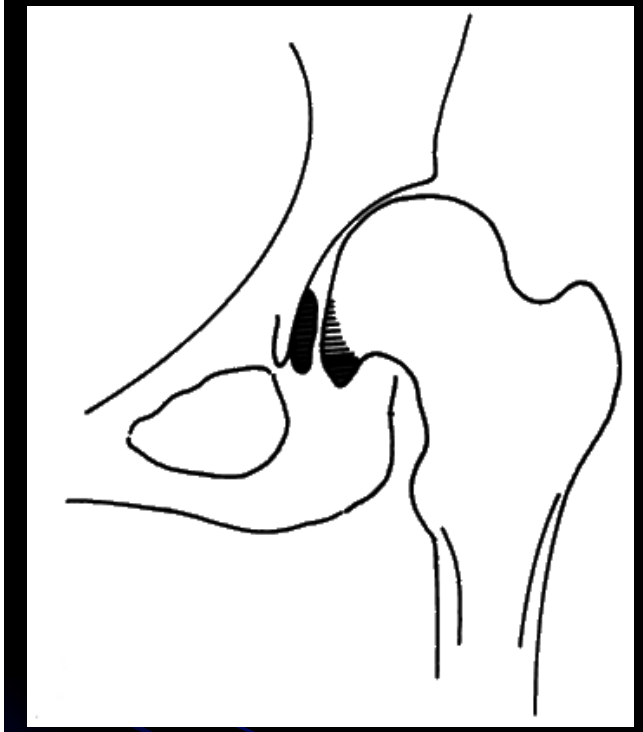
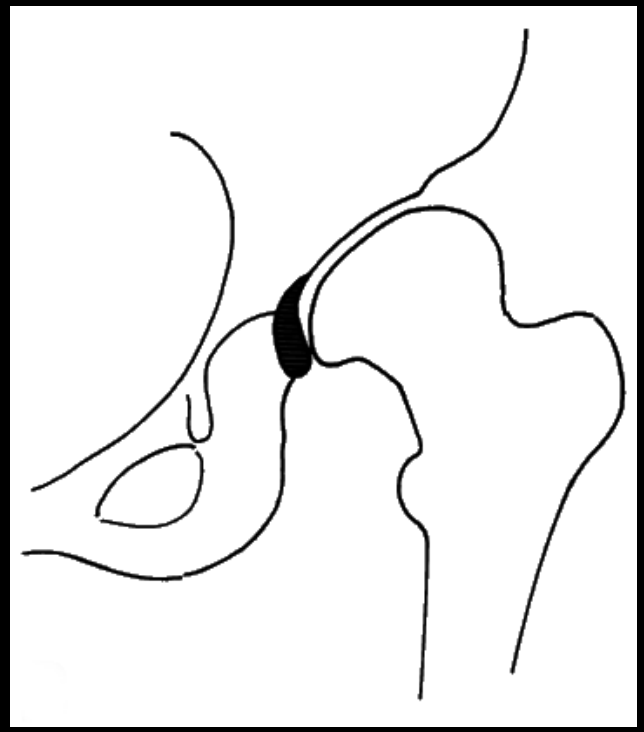
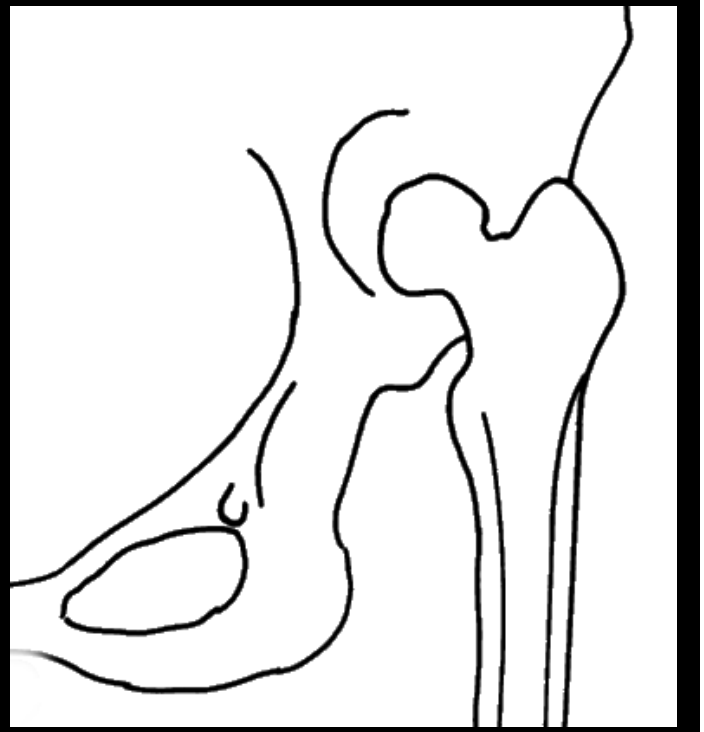
Congenital Hip Disease in Adults

Morphologic Variations of Low and High Dislocation

G. Hartofilakidis, C.K. Yiannakopoulos, G.C. Babis







Dysplasia Low Dislocation High Dislocation

- G. Hartofilakidis, K. Stamos, TT Ioannidis. JBJS Br, 1988
- G. Hartofilakidis, K Stamos, T Karachalios, TT Ioannidis, N Zacharakis, JBJS Am, 1996

Dysplasia or
Low Dislocation ?

Low or High
Dislocation ?

Materials and Methods

- 101 hips with low dislocation
- 74 hips with high dislocation

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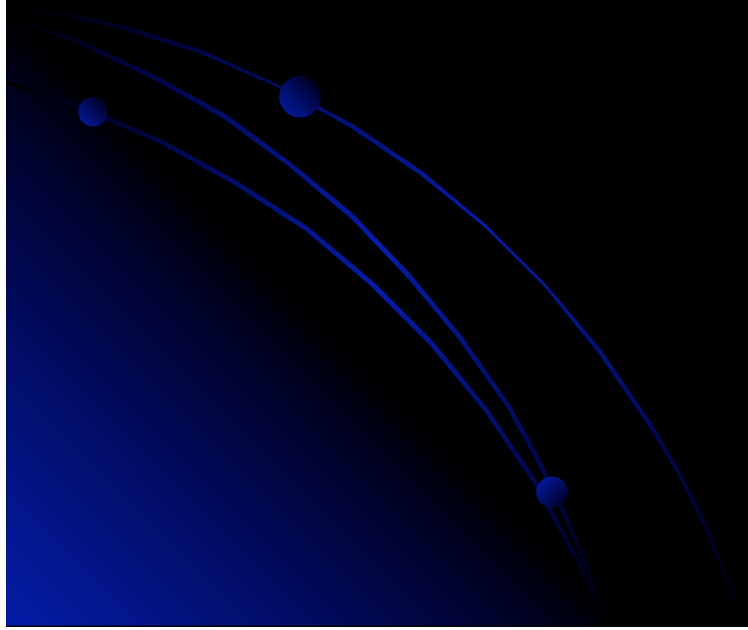
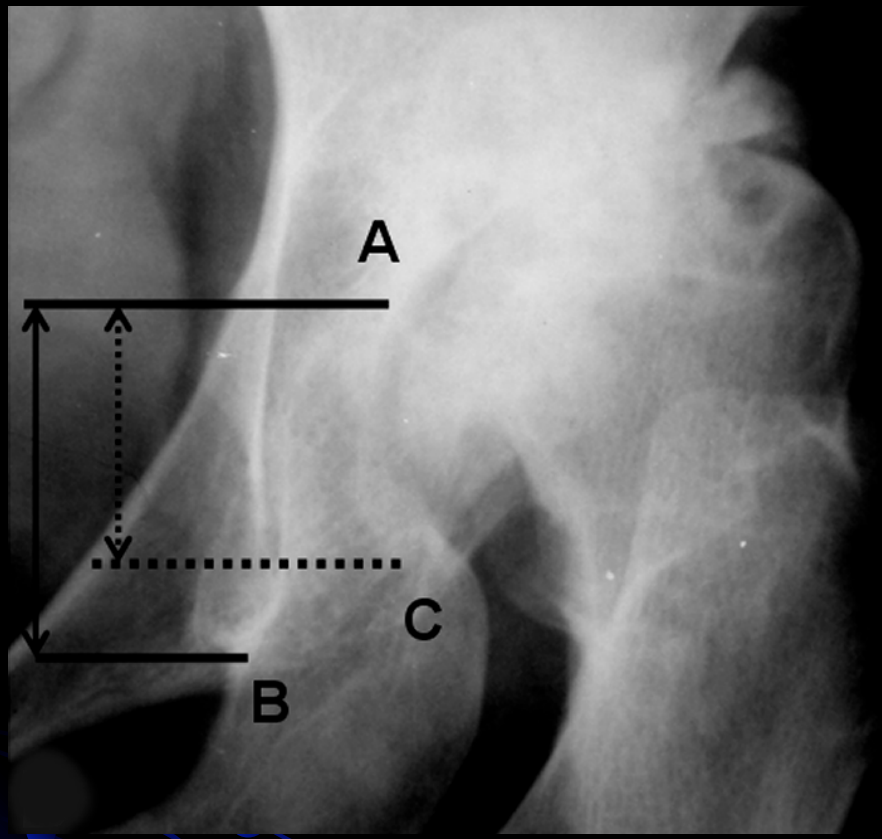
In press, Clin. Orthop. Symposium on DDH

Guest Editors: Drs. Muharrem Inan & Feza Korkusuz

Low Dislocation

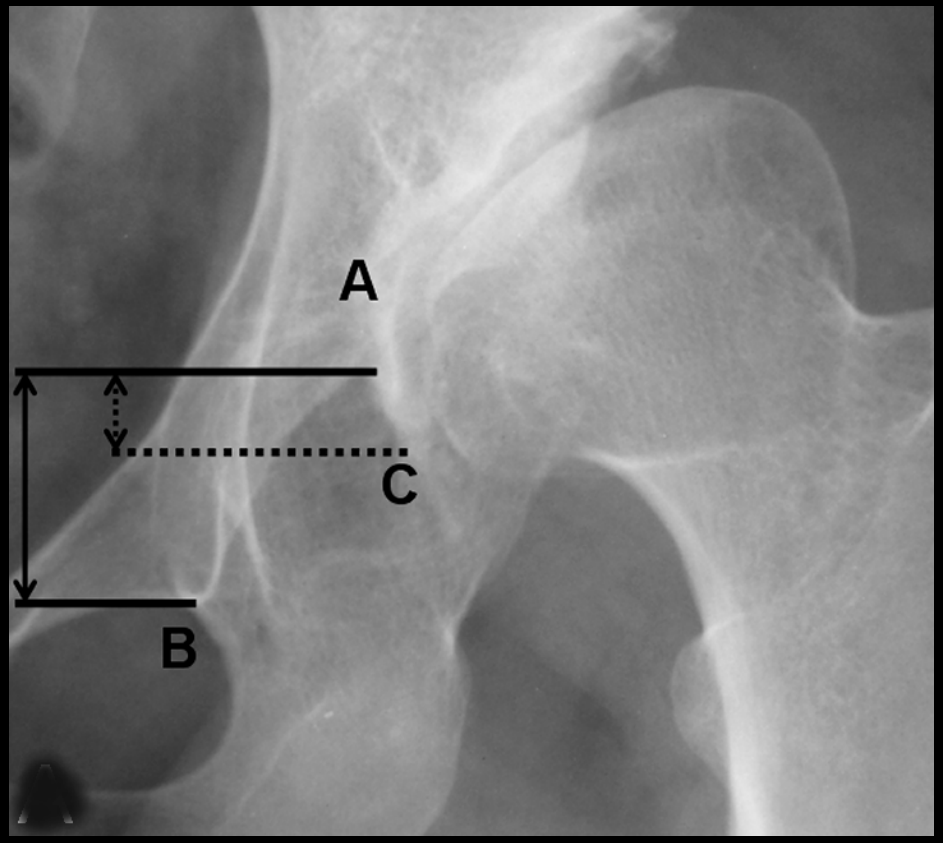
Two subtypes are recognized





Type B1

Extended coverage

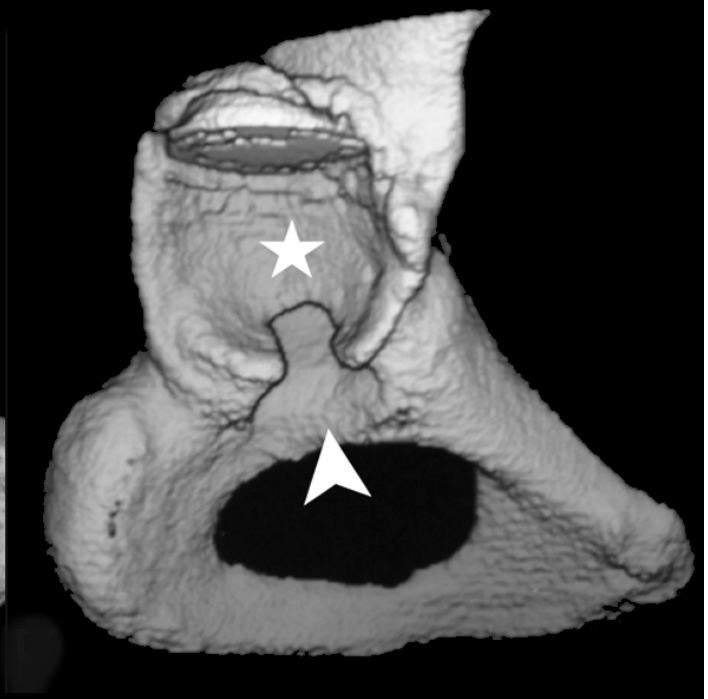


Type B2

Limited coverage

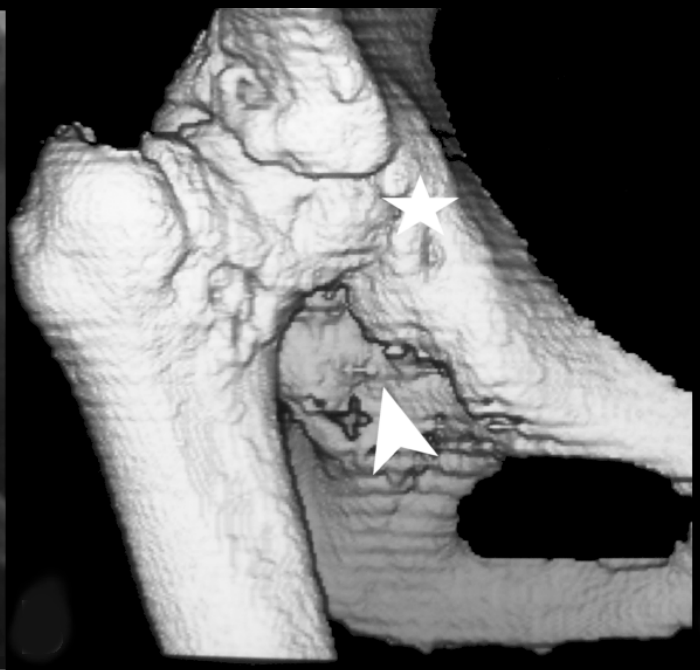
Low Dislocation, Type B1

(extended coverage)

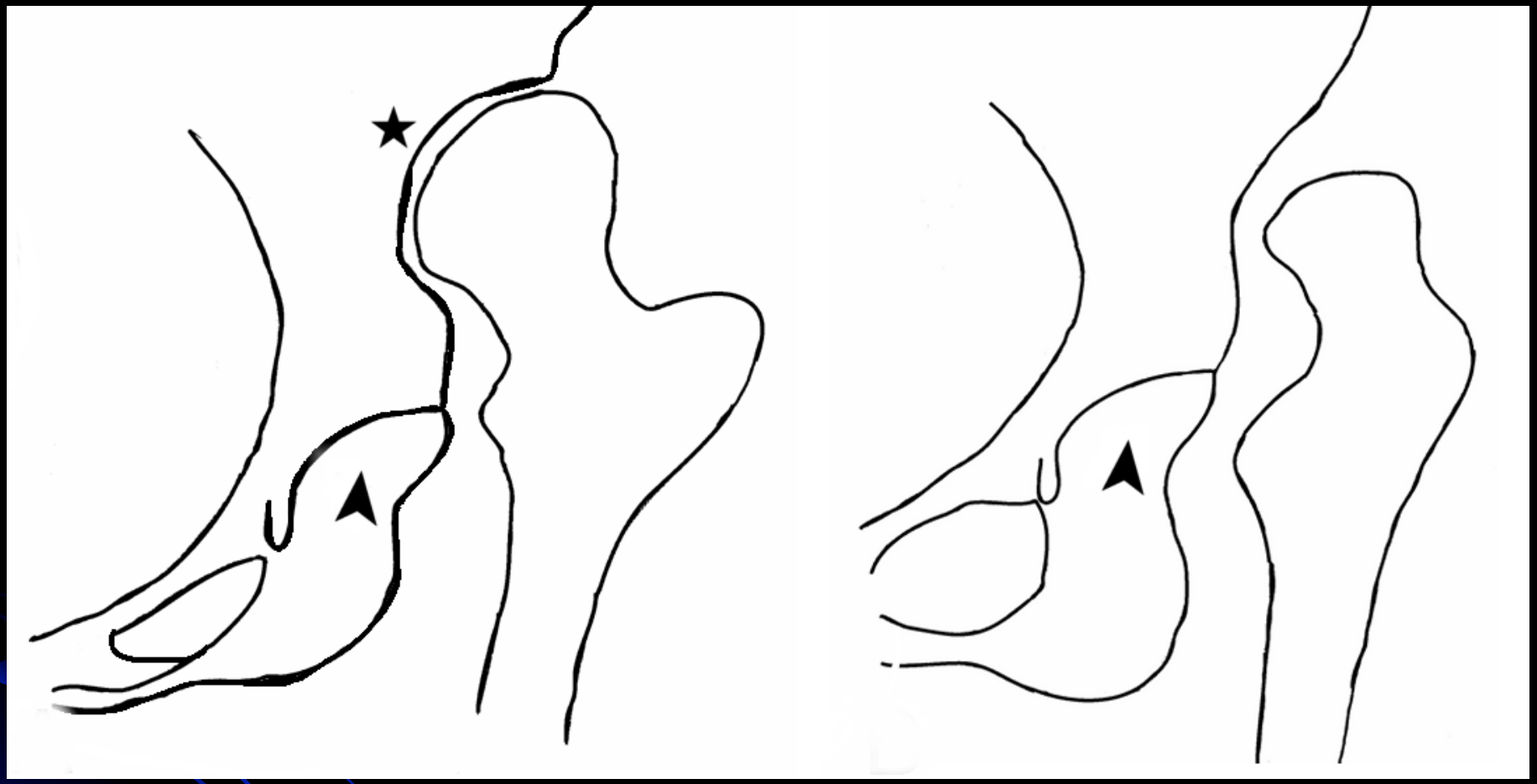


Low Dislocation, Type B2

(limited coverage)



High Dislocation

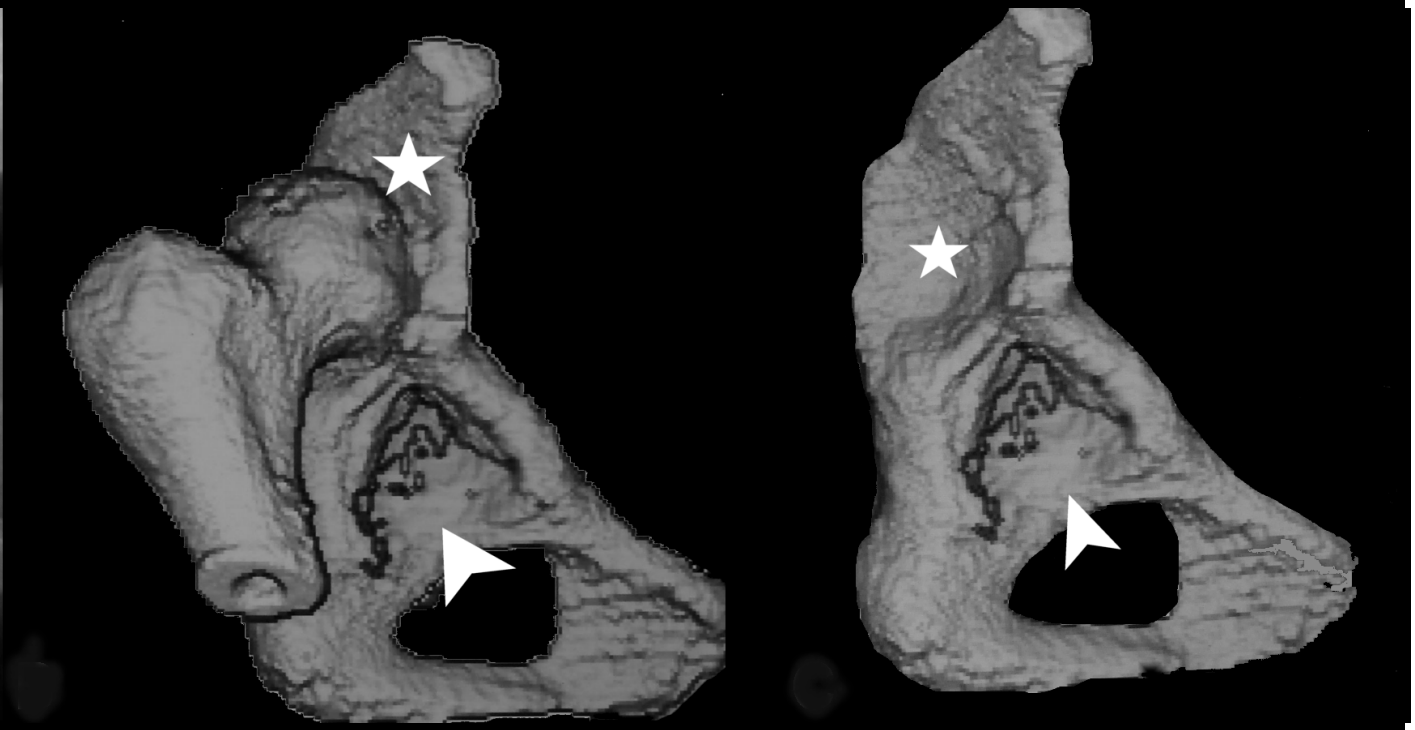


Type C1

Type C2

High Dislocation, Type C1

(false acetabulum)



High Dislocation, Type C2

(no false acetabulum)

Results

Low dislocation (101 hips)

- Type B1, 54 hips (53.5%)
- Type B2, 47 hips (46.5%)

High dislocation (74 hips)

- Type C1, 46 hips (62%)
- Type C2, 28 hips (38%)

Conclusions (1)

The description of the morphological variations of low and high dislocation aims to improve the accuracy of our classification system of CHD in adults, in borderline cases, and to support its clinical use.

Conclusions (2)

It is not a new classification, or even a modification of the original classification, but rather a refining of our classification previously suggested.

Conclusions (3)

Careful attention to the morphology of the hip joint in patients with CHD predicts from plain radiographs and from 3D CT scans the bone deficiencies encountered during THA and helps to select the proper method and implants.