Case Presentation

J. Eric Gordon, MD
Mark Miller, MD
James Gregory, MD

Presentation

• 14 yo female
• CC: painful R hip, limp, and shorter leg
• Mother and patient report no trauma, she has always had this problem
• Pmed: septicemia as a newborn, significant keloid formation from minor scrapes and injuries
• Soc: Pt seen in St. Vincent while on medical mission

Physical Exam

• Walks with Trendelenburg gain to RLE
• + Trendelenburg on the R
• Obvious LLD R <L (clinically about 3+ inches)
• Limited abduction of R hip
• 90 of flexion
• No instability/abnormalities of knee or ankle

Presentation Radiographs

Treatment Radiographs

Most Recent Radiographs
Pelvic Support Osteotomy

- First performed by Bouvier (1838)
- Evolved to solve problems associated with hip instability by supporting the pelvis on the upper end of osteotomized femur
- Von Baeyer (1912)
  - subtrochanteric osteotomy aiming of increasing tension in the pelvifemoral muscles so that they could support the pelvis better
- Lorenz, Schanz, and Hass
  - Modified the bifurcation portion
- Illizarov
  - added the distal femoral ostetomy correct mechanical axis deviation

Questions/Comments