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Congenital Hip Dislocation— Avascular Necrosis

D. Tönnis



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Congenital Hip Dislocation— Avascular Necrosis

Necrosis of the femoral head as a complication of different conservative and operative methods of reduction in congenital dislocation of the hip

Collective statistics prepared by the Commission for the Study of Hip Dysplasia of the German Society for Orthopaedics and Traumatology

Edited by D. Tönnis

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Congenital Hip Dislocation

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Congenital Hip Dislocation—Avascular Necrosis, *edited by D. Tönnis*. Thieme-Stratton Inc., New York, 1982, 117 p. Price: \$15.95.

This compact paperback book, first published in German in 1978, is the English translation of a collection of statistics prepared by the Commission for the Study of Hip Dysplasia of the German Society

for Orthopaedics and Traumatology. Dr. Tönnis of Dortmund (West Germany) serves as editor with translation assistance and a Forward by Drs. Ponseti and Weinstein of Iowa City.

The book focuses on the incidence of avascular necrosis following closed reduction for congenital dislocation of the hip. Numerous photographs illustrate a wide variety of European treatment methods (Hanausek apparatus, Fettweis "squatting" reduction), many of which require lengthy hospitalization and therefore would be less applicable in the United States.

By studying 3,316 hips from 13 centers, important variables such as age, degree of dislocation, reduction method, duration of immobilization, etc., can be meaningfully correlated with the associated incidence of necrosis. In addition to closed reduction, the study reports 730 patients treated by open reduction, comparing the avascular necrosis rate in those treated with and without femoral or pelvic osteotomies.

Summary notes include that avascular necrosis is more closely related to severity of dislocation (high versus low) than to age. Also, the hip immobilization position is more important in determining necrosis than is the reduction method. Duration of immobilization has little direct relationship to the incidence of necrosis, since ischemia probably occurs within the first few hours following hip immobilization in an undesirable position. The "human" position is clearly safer than the "frog" (Lorenz) position. This book partially clears Lorenz of his perhaps undeserved title of "father of avascular necrosis," stating that he recognized the dangers of severe abduction but was forced to use it because many of his patients were older, more se-

vere cases. Lorenz apparently advised that “in more routine cases, less abduction will be better for the hip.” Thus, the crucial balance between enough abduction to provide stability yet not so much as to damage the head was at least considered early in this century.

Although filled with statistics and at times pedantic, overall this book is a valuable asset to the serious student of congenital hip dislocation.

Dennis R. Wenger