

COMMENT ON: DEVELOPMENTAL DYSPLASIA OF THE HIP: WHY ARE WE STILL OPERATING ON THEM? A PLEA FOR INSTITUTIONAL NEWBORN CLINICAL SCREENING

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Dear Sir,

I read with interest the article by Lee et al in the March 2019 issue of the *Singapore Medical Journal*, titled 'Developmental dysplasia of the hip: why are we still operating on them? A plea for institutional newborn clinical screening'.⁽¹⁾

The authors recommended "that all newborn clinical screenings be re-examined by a physician of at least a senior specialist level if the initial examination had been performed by a junior".⁽¹⁾ The authors further recommended "active review by a general practitioner or health visitor at specified intervals after birth".⁽¹⁾

I concur with the authors that serial hip examinations may reduce the number of children presenting with developmental dysplasia of the hip (DDH) after the age of one year. Sahin et al from Ankara, Turkey, examined 681 infants who were referred after an abnormal hip examination, had musculoskeletal anomalies or had risk factors in the history. The hip examinations were done at age two weeks, two months, four months, six months, nine months, 12 months and 18 months.⁽²⁾ Out of the 681 infants, ten were found to have DDH. The interesting finding in this study was that the diagnosis of DDH was confirmed between the ages of two and six months in all the ten infants. All were successfully treated with either a Pavlik harness or closed reduction.

In Singapore, the scheduled vaccinations are at the ages of one month, three months, four months, five months and 12 months.⁽³⁾ A recommendation could be made for hip examination during these visits. Physical signs such as limited hip abduction and a limb-length discrepancy may be obvious in older infants, and health personnel must be trained to evaluate this. We may be able to reduce the number of children presenting after the age of one year with the serial hip examinations.

Yours sincerely,

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