

Developmental Dysplasia of Hip: A Saudi National Concern

Dear Editor,

It is well known to all the pediatric orthopedic surgeons in Saudi Arabia that developmental dysplasia of the hip (DDH) is a major pathology affecting children in Saudi Arabia with an incidence that was studied in one region of Saudi Arabia, reaching 3.5/1000 live births.^[1] It is also known that the surgical treatment of neglected DDH cases occupies around 30% of the surgical practice of most of the pediatric orthopedic surgeons in the country. Some of the cases present very late, limiting even the provision of the surgical treatment to those children leaving them limping till reconstruction procedures become an option.

Most of the pediatric orthopedic surgeons in Saudi Arabia attribute the current unacceptable numbers of late-presenting cases of DDH to the lack of an appropriate national hip dysplasia screening program that can discover DDH cases early enough so that efficient conservative treatment can suffice; though currently, clinical screening for DDH is part of the neonatal screening routine.

I was believing in this fact till I started “The National Hip Dysplasia Program” as an outreach program to diagnose and surgically treat the neglected DDH cases at walking age in their local hospitals to reduce the surgical waiting time and the cost of travel of the patient and companions and increase the awareness of the local hospitals about DDH diagnostic and therapeutic implications.

After completion of the 1st year of the National Hip Dysplasia Program providing surgical treatment for >100 children diagnosed with DDH in three participating local hospitals and running >10 pediatric orthopedic outpatient clinics seeing >300 cases, I realized that the problem of DDH in our country cannot be addressed simply by forcing a nationwide screening program. In the cities that have a high incidence of DDH, most people and the health-care providers are fully aware of the problem and the kids are presented for evaluation early in life, and they refer most of the newborns to orthopedic clinics for clinical evaluation and radiological evaluation with hip ultrasound (US), especially in suspected cases. In other words, the regions with high DDH incidence are doing their own screening program. I realized in such cities that they have a problem in the US reporting, not being done by a specialized radiologist which made them overdiagnosing in some cases and underdiagnosing in others. Another critical problem, in my opinion, is the treatment of the diagnosed cases. The local general orthopedic surgeons do not have enough experience in treating and monitoring DDH conservatively. The unavailability of Pavlik harness and other abduction braces is another problem, which stands in the way of treating DDH early in life to avoid the need for surgeries.

I believe that simple screening program enforcement will not solve DDH problem in Saudi Arabia. Such a major problem will require an extensive collaborative work from a selected expert panel to establish “DDH screening and treatment centers”

attached to certain local medical centers in different parts of the country that are working without pediatric orthopedic specialists. Those centers should run by monthly visits by experts in DDH management to provide training and supervision of local orthopedic surgeons and act as an effective referral channel for cases requiring surgical treatment. This will provide a win-win-win-win situation. Patients will get timely effective, convenient treatment at their local hospitals. Local orthopedic surgeons get the right hands-on training at their base hospitals. The pediatric orthopedic centers get better management of their workload, and their fellows get better training while helping in the program. The ministry of health get better utilization of its budget by cutting the costs of referrals to higher centers (tickets for patients and their parents) and on the long run by reducing the numbers of admissions and surgically treating patients.

Awareness, education, collaboration, and resources are required to face a national health concern like DDH. I am writing this letter to reach out to the rapidly growing pediatric orthopedic community in Saudi Arabia to get their opinion and support in getting this concern through the right channels, so a well-constructed and supported national DDH project will see the light soon.

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