E-Poster

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The Hip Dilemma: Exploring the Link Between Developmental and Neuromuscular Dysplasia – A Case Report

Topic: Diagnosis

Wali Sabuhi, Hana Azizi

Department of Rehabilitation and Regenerative Medicine, Columbia University Medical Center, New York, United States

BACKGROUND

This case describes a threee-year-old girl who was initially diagnosed with mild hip dysplasia shortly after birth and later diagnosed with spastic diplegic cerebral palsy (CP) at two years of age.

CASE DESCRIPTION

A newborn girl, one of monozygotic twins, was delivered via cesarean section at 31 weeks of gestation due to preterm labor. She, but not her twin, was in breech presentation. Following delivery, she was maintained on CPAP for 13 hours due to respiratory distress before being weaned, never requiring intubation. She was discharged home after a threee-week (Neonatal Intensive Care Unit) NICU stay for feeding and growth support. A hip ultrasound obtained at two months of age because of breech history demonstrated mild dysplasia, prompting six months of Pavlik harness treatment. Her parents noted she was "stiff" and initiated early intervention services. She was slower to reach motor milestones compared to her twin sister, beginning to walk around 18 months of age, at which point a waddling gait was observed.

She was evaluated by orthopedic surgery at 26 months of age and found to have spastic diplegia on exam, prompting a referral for CP evaluation and establishment of care with rehabilitation medicine.

Nearly a year after diagnosis, repeat hip x-rays revealed bilateral coxa valga deformities with lateral uncovering of the femoral heads. She subsequently underwent bilateral placement of guided growth screws in the femoral head and neck and botulinum toxin injections.

DISCUSSION

The mild hip dysplasia observed on imaging predated her CP diagnosis by more than two years but was noted to have progressed on follow-up imaging three years later. Hip dysplasia is a known complication of spastic diplegic CP, typically developing once the neuromuscular effects of CP become apparent. However, this case suggests that pre-existing developmental hip dysplasia (DDH) may predispose these children to earlier and more severe hip involvement over time.

CONCLUSION

Neuromuscular hip dysplasia in spastic CP typically manifests after diagnosis. In this case, however, developmental hip dysplasia was identified early, prior to the CP diagnosis. Progressive migration observed on follow-up imaging three years later ultimately necessitated early surgical intervention.

Statement of Disclosures

None

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Corresponding Author:
Wali Sabuhi
Department of Rehabilitation and Regenerative Medicine, Columbia University Medical Center, New York, United States
Email: was4006@nyp.org