Contact details

If you have any questions or concerns please contact:

Advanced Nurse Practitioners on
023 8079 4991 or
Switchboard 02380 777222,
ask for bleep 2641
or
Ward G3 on 023 8079 6486
or your GP
What is Perthes disease?

There is a loss of blood supply to the femoral head (bone in the hip). This bone dies and becomes soft. It is one of the most common hip disorders in children. Little is understood about why it happens.

Perthes disease affects boys more than girls and they are usually aged 3-12 years with the majority being aged five to seven years.

What are the symptoms?

Some children have an acute onset of pain and hip irritation, or may have referred pain to the knee. The pain may have been present over a period of weeks. They may present with a limp and may have difficulty moving their leg fully outwards or inwards.

What investigations will be performed?

X-rays are taken to confirm the diagnosis. Blood tests are taken to check there is no infection. A bone scan may be considered to aid the diagnosis. A separate leaflet is available on this.

What is the treatment?

There are different stages of Perthes disease requiring different treatments, which will be decided by the consultant.

The overall aim of the treatment is to keep the head of the femur well positioned in the hip socket. This encourages the blood supply to return and promotes growth at the hip joint.

Treatment A

If the hip is in a good position and there is no spasm, your child will be seen regularly in the outpatient clinic. An X-ray will be taken at each visit. If the head of the femur is healing, then your child will continue to be followed up until it is completely better. If your child has pain in the hip, then he/she will start on Treatment B.

Treatment B

If the hip is in a good position and your child has pain or spasm, he/she will be admitted to hospital for simple traction. This means being on bed rest, sometimes for up 7-14 days. The traction is applied with bandages, and weights are attached to the end of the traction. The traction helps to reduce the pain by resting the hip joint.

Regular pain relief will be given. Your child may have hydrotherapy to encourage easy movement of the hip joint. When the pain and spasm has settled, then you will be discharged from hospital and followed up regularly in the outpatient clinic.

Treatment C

If the head of the femur is not well placed in the hip joint, or there is loss of function of the joint and there is pain or spasm, your child will be admitted to hospital for a period of skin traction to overcome spasm. (see treatment B)

Your child may need surgery to improve the position and/or function of the hip joint. Three types of surgery can be done.

1 shelf acetabuloplasty. An operation to make the pelvic cup (acetabulum) larger.

2 pelvic osteotomy. An operation to alter the position of the socket.

3. femoral osteotomy. An operation to alter the position of the femoral head within the socket.

Your consultant will discuss the best option with you. Separate information leaflets are available about the operations.

Discharge

Your child will be given an outpatient appointment to check that all is well, following the surgery. The physiotherapist may also want to see your child as an outpatient.

It is a good idea to discuss your child’s needs with their school.