

Cerebral palsy complications

The [hip](#) is the joint most exposed to orthopaedic [complications](#) in [cerebral palsy](#) (CP) which is the main cause of [spasticity](#) in [pediatric patients](#). The initial immaturity of the hip allows the forces applied by the spastic and retracted muscles to displace the [femoral head](#), eventually causing it to dislocate.

The risk of [hip dislocation](#) increases with the severity and extent of [cerebral palsy](#) (CP), exceeding 70% in the most severe cases. [Hip dislocation](#) causes [pain](#) in up to 30% of cases, carries a risk of orthopaedic and cutaneous [complications](#), and hinders patient installation and nursing [care](#). These adverse [outcomes](#) warrant routine [screening](#), which has been proven effective in lessening the frequency and severity of hip displacement. Preventive techniques including [physical therapy](#), orthoses, and treatments to alleviate [spasticity](#) are strongly recommended in every case. The beneficial effects of treating [spasticity](#), if needed via neurosurgical procedures, have been convincingly established. Orthopaedic surgery is required when prevention fails. Soft-tissue release is designed to correct the asymmetry in the forces applied by the [muscles](#). [Femoral osteotomy](#) creates the possibility for spontaneous correction of secondary acetabular dysplasia. Progress has been made in standardising the use of multilevel surgery involving the soft tissues, [femur](#), and [pelvis](#), which is often effective in correcting the morphological abnormalities and stabilising the joint. When hip pain or alterations are severe, hip resection or total hip arthroplasty are highly effective in alleviating the pain and improving patient comfort. The [spastic hip](#) is a complex condition in which currently available screening protocols and treatment strategies have been proven effective in benefitting patient outcomes ¹⁾.

¹⁾

Dohin B. The Spastic Hip in Children and Adolescents. Orthop Traumatol Surg Res. 2018 Jul 26. pii: S1877-0568(18)30197-X. doi: 10.1016/j.otsr.2018.03.018. [Epub ahead of print] Review. PubMed PMID: 30056240.

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