

## TRAUMATIC HIP DISLOCATION IN DOWN SYNDROME CHILD - A DILEMMA

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**Introduction:** Down Syndrome is commonly associated with hip instability and ligament laxity. The incidence of hip instability among them were reported as 1-7% but traumatic hip dislocations in paediatric age is rare[1].

**Discussion:** A 6 year old non-local child with underlying down-syndrome was brought by her mother to the Emergency Department with complaints of child refusing to weight bear over her left lower limb with noticeable shortening of the lower limb for past one week. Further history revealed child had an alleged fall from bed prior to that. Upon examination, child was comfortable, not crying and didn't seem to be in pain. She was sitting with left hip flexed, adducted, internally rotated with knees fully flexed and significantly shorter left lower limb with no neurological deficit. Radiograph image of pelvis showed a left posterior hip dislocation. A closed manual reduction of the hip was successful and hip spica was applied. Post reduction radiographs showed that the left hip had been successfully reduced. Patient was discharged well and is subjected to regular follow-up but patient defaulted.

**Conclusion:** Treatment of hip instabilities in Down Syndrome children remains a challenge. Reduction of hip dislocation in such cases are usually easy however there is a higher risk of future instability in view of the nature of the disease[2]. It remains a dilemma to orthopaedic surgeons in determining the exact duration and method of immobilization, mobilization rehab protocol and in rare cases, decision for operation in cases of failure of reduction and development of complications. It is also important to educate parents to create awareness of such occurrence in order to avoid negligence and reduce complications.