

Idiopathic Chondrolysis of The Hip

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INTRODUCTION:

Idiopathic Chondrolysis of the Hip (ICH) is a diagnosis of exclusion that is characterized by rapid and progressive destruction of articular cartilage in the hip joint.

This eventually results in premature degeneration and subsequent joint arthritis.

REPORT:

A 12 year old girl presented to us with antalgic gait for 6 weeks after a trivial fall at school during a netball training session. Initial radiographs at a local health centre showed no abnormalities, however despite rest and analgesics, the pain persisted.

Upon our assessment, we noted the patient to have apparent lengthening of the left lower limb due to a abduction contracture. Her hip range of motion was minimal due to severe pain and she required crutches for ambulation, as she was unable to bear weight.

Inflammatory markers were not raised. There was no evidence of infection. A pelvic radiograph revealed marked reduction of joint space with no evidence of avascular necrosis or a slipped epiphysis.

Initial management of skin traction and NSAIDS was only able to minimally reduce the symptoms, she was not able to perform her physiotherapy regime due to persistent pain.

3 months follow up showed little improvement in her range of motion but her pain has improved to the point she was able to bear weight with crutches. She had now developed a flexion – abduction contracture of the left hip. As range of motion was the primary concern, the decision to avoid osteotomies and soft tissue release was made in order for joint replacement surgery to be performed in the future without compounding its difficulties. Stretching exercises were implemented with the hope of avoiding worsening contractures



Figure 1: Radiograph at clinical presentation

CONCLUSION The clinical course of this pathology is variable. Some hips progress to ankylosis, whereas others may spontaneously heal. Surgical treatment temporarily alleviates symptoms.

REFERENCES:

1. Segaren N, Abdul-Jabar HB Idiopathic Chondrolysis of the hip:presentation, natural history, and treatment options. J Peadiatric Orthop B 2014; 23:112-116