

# The Limping Child

## BACKGROUND

- A limp is an asymmetrical gait caused by pain, weakness or deformity
- Limp is never normal and a cause must be established
- Limp must be considered in terms of the child's development

## DIFFERENTIALS

- Toddler (1-3 years)
  - ✓ Toddler's fracture
  - ✓ DDH
  - ✓ Discitis
  - ✓ Cerebral palsy
- Child (4-10 years)
  - ✓ Transient synovitis
  - ✓ Perthes disease
- Adolescent
  - ✓ SUFE
  - ✓ Osgood-Schlatter disease
  - ✓ Osteochondritis dissecans
- All age groups
  - ✓ Septic arthritis
  - ✓ Osteomyelitis
  - ✓ Juvenile idiopathic arthritis (JIA)
  - ✓ Reactive arthritis
  - ✓ Malignancy
  - ✓ Non-accidental injury

## PERTHES DISEASE

- Avascular necrosis of the femoral head
- Age 2-10 years, M>F
- Bilateral in 10-15%
- Gradual onset limp & pain
- Early diagnosis by MRI
- Most recover with bed rest, pain relief & physiotherapy
- Severe cases require surgical intervention

## TRANSIENT SYNOVITIS

- Commonest cause of acute hip pain in children
- Age 2-10 years, M>F
- Preceded by viral infection
- Usually resolves within 1 week with reassurance, bed rest and simple analgesia

## HISTORY

- Painful or painless
- Duration of symptoms
- Arthralgia (joint pain) or arthritis (joint pain & swelling & increased temperature)
- History of trauma
- History of fever/toxicity
- Birth history (breach, oligohydramnios)
- Family history (arthritis, DDH)

## EXAMINATION

- Centiles & vital signs
- Observe gait
- Gower's test
- Measure limb length
- Full neurological and musculoskeletal exam
- Examine spine
- Examine skin for rash, bruising
- Palpate for lymphadenopathy

## INVESTIGATIONS

- Bloods: FBC, CRP, ESR, blood film
- Blood culture
- X-ray affected joints
- U/S scan ± joint aspiration
- Bone scan or MRI

## TREATMENT

- Depends on the diagnosis
- Conservative: rest, NSAIDs
- Broad spectrum IV antibiotics if septic arthritis or osteomyelitis
- Orthopaedic intervention if Perthes disease, SUFE, DDH

## TAKE HOME MESSAGES

- The limping child always requires a diagnosis
- Knee pain may be referred to hip

## REFERRAL

- Joint pain & fever
- Joint pain in an adolescent
- Abnormal hip examination
- Child refusing to move joint
- Limp & constitutional symptoms
- Limp in an overweight child
- Nocturnal bone pain
- Suspected malignancy (hepatosplenomegaly)

## DEVELOPMENTAL DYSPLASIA OF THE HIP (DDH)

- M:F = 1:4
- Risk factors: breach delivery, first born, family history, oligohydramnios
- May not be detected in newborn period
- Presents with asymmetrical gluteal and thigh skin folds and Trendelenberg gait
- Positive Ortolani and Barlow signs in newborns
- Infants are treated with a Pavlik harness
- Children who present after 6 months or fail to respond may require surgery

## SLIPPED UPPER FEMORAL EPIPHYSIS (SUFE)

- Most common hip disorder in adolescents
- Mean age at diagnosis is 13.5 years in boys and 12 years in girls, M>F
- Risk factors: obesity, endocrine disorders
- Bilateral in 25%
- Presents with limp, pain and inability to bear weight
- Orthopaedic emergency: further slippage may result in avascular necrosis
- Management is surgical

## REFERENCES

- Tenore, Levine. *European Mastercourse in Paediatrics*. 2011.