

What is Perthes?

Legg Calve Perthes disease is an uncommon condition that often occurs only in children aged between the ages of 2-14. It seems more common in boys. Some children develop Perthes in both hips - bi lateral.

Perthes disease is not common. In fact it is not a "disease" in the true sense of the word, nor is it catching.

The blood supply to the femur head temporarily stops working for some unknown reason. The femur head then goes through a process where it collapses and/or flattens and stays this way until the blood supply returns and slow bone re-growth takes place. A child will initially complain of knee or groin pain and develop a limp. The condition is diagnosed by x-ray. The younger child may blow on his/her knee and this is accepted as 'referred pain'. Perthes children find they just cannot walk any distance without feeling severe pain and discomfort. It is therefore useful to have a wheelchair to enable family life to continue as normal as possible.

It can take from 2-5 yr. to recover and we must take heart that it is NOT life threatening and for most children they make a full and active recovery. However, it is possible some children will go on to develop early arthritis requiring a total hip replacement later in their life.

Treatment depends on the child's age and at what stage Perthes is presented upon diagnosis. It also seems to vary from area to area. Some children will be admitted for traction to ease pain and bed rest. They attend regular hydrotherapy to help stop the hip from stiffening and to ease pain and help build up muscles. All our children have found benefit from this and if it is an option for your child we strongly would advise it. Some children are put on 'restricted activities' where there are restrictions placed on their weight bearing activities, i.e. no running, jumping, horse riding and football etc. For some children they are put into a wheelchair, crutches, and body splint and braced. Others will have surgery for a variety of reasons.

The main goals are:-To ensure the child has good abduction and rotational movement and that the femoral head is contained in the socket.

It would seem that the final shape of the ball of the femur head and socket shape will determine if the child can expect to suffer arthritis in later life.

It can be very distressing watching your child in pain. See your GP for medication. It is naturally upsetting for the child watching their peers play football and other weight bearing activities when they have been forced to stop. Compensations can be made by adequate help from a child's school who can seek help and advice to integrate them into PE/Games through non-weight-bearing activities. Out of school children can take part in fishing, bowling, or become excellent swimmers for example, where they can compete as equals with their peers.

From our experiences some children show mood swings, behave verbally and/or physically aggressive. Their schoolwork may suffer because they have to take time out of school to attend hydrotherapy, bed rest or hospital appointments. Sometimes they are wrongly 'labelled' as 'disruptive' in class because they feel the need to get up and walk about to ease stiffness or discomfort. These children do not have 100% health and often cannot give 100% concentration to their work. We ask people to make some allowances but not excuses for a Perthes child. All these feelings are a normal part of the child trying to accept his/her disability and the behaviour problems are caused by the sheer frustration of the restrictions imposed on them. There is a lot of pressure on these children, they just want to be like their friends and live for the moment knowing they will probably be in pain later. This is why it is unfair to expect a younger child to take the responsibilities of the restrictions for themselves. They are first and foremost CHILDREN, and wherever possible should try and live as normal a life as possible. This can be achieved through ongoing support and the use of appropriate equipment.

We have found that our Perthes child benefits from wearing training shoes as these seem to help 'cushion' the impact from the hip. Also if the child develops a leg length discrepancy some hospitals provide shoe lifts and boots or training shoes accept these well. In court shoes they tend to 'step out of them'.

We know that stepping off a pavement can cause a jolt to the Perthes hip, it is the little day to day things that effect the child that we tend to take for granted.

We find during changes in weather and temperature effect the child. Extra care and supervision should be taken on icy days. Indeed things like standing around in a queue can cause the hip to ache.

We wish to reassure you that NOTHING you did or could have done would have prevented your child from getting Perthes. You must not feel any guilt. There are many theories into the cause but as yet nothing has been consistently proven. REMEMBER: Most children make an excellent recovery.

If you would like to contact a parent with experience of caring for a child with Perthes, please email Sheila at: parentsofperthes@audi44.karoo.co.uk

Disclaimer: The information contained within this document is only intended as advice/help and is based on information from Parents whose children have or have had Legg Calve Perthes Disease. **If in doubt always seek professional medical opinion.**

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This version was modified slightly to correct some mis-spelling and grammar on 29 July 2008.

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