

Pediatric Orthopedic Pathology

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Congenital Defects - Clubfoot (congenital equinovarus)

- Forefoot is adducted and supinated
 - Positional equinovarus
 - Idiopathic congenital equinovarus
 - Teratologic equinovarus



Congenital Defects - Developmental Dysplasia of the Hip (DDH)

- Abnormality of the hip that can affect the femoral head, acetabulum, or both
 - Risk factors:
 - Female sex
 - Positive family history
 - Breech presentation
 - The hip can present as subluxated, dislocated, or acetabular dysplasia
 - Manifestations:
 - Asymmetry of skinfolds at groin crease
 - Galeazzi sign
 - Limitation of hip abduction
 - Positive Ortolani sign
 - Positive Barlow test
 - Clinical management
 - Outcome becomes poorer with age
 - Pavlik harness
 - Closed reduction with spica casting
 - Surgery



Osteogenesis Imperfecta - “Brittle bone disease”

- Defect in type I collagen production
 - Bone and vessel collagen
- Clinical manifestations:
 - Osteopenia
 - Increased rate of fractures
 - Bone deformity (bowing)
 - Short stature
 - Blue sclera and poor dentition
 - Aortic aneurysm



- Clinical management:
 - Surgical
 - Intramedullary and telescoping rod placement
 - Medical
 - Increased calcium and vitamin D
 - Biphosphates

Osteomyelitis

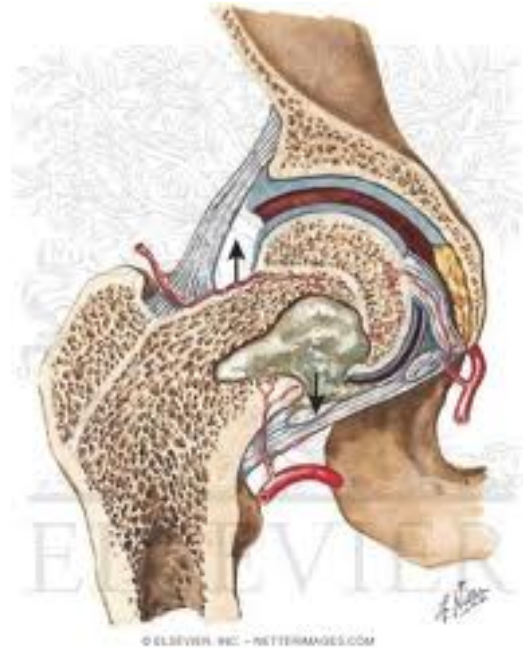
- Bone infection from bacteria or tuberculosis (granulomatous)
- Acute hematogenous osteomyelitis in children frequently begins as a blood abscess in the metaphysis of the bone
- The abscess ruptures under the periosteum and spreads along the bone shaft or into the bone marrow
- Clinical manifestations:
 - Pain, swelling, warmth, fever
 - Elevated white blood cells, C-reactive protein, and erythrocyte sedimentation rate
- Clinical management:
 - Antibiotics for 6-week regimen
 - Surgical debridement



ADAM.

Septic Arthritis

- Caused by bacteria or granulomatous
- Surgical emergency
- Occurs primarily or secondary to osteomyelitis
- Lysosomes destroy articular cartilage and interrupt blood supply
- Clinical manifestations:
 - Pseudoparalysis
 - Inability to bear weight
 - Guarded motion of the joint
 - Malaise
 - Anorexia
- Clinical management:
 - *Staphylococcus aureus* most common bacteria
 - Surgical debridement
 - Antibiotic therapy
 - Long-term follow-up



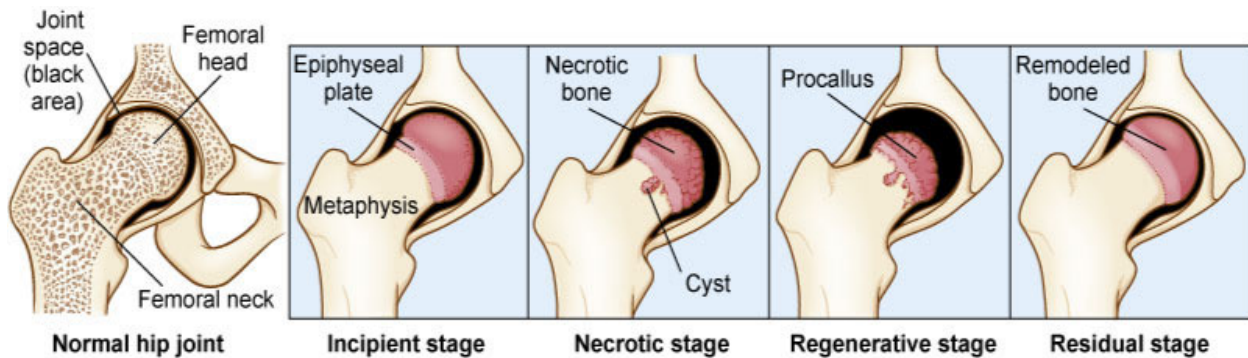
Juvenile Rheumatoid Arthritis (JRA)

- Childhood form of rheumatoid arthritis
- The basic pathophysiology of JRA is the same as the adult form
- Three distinct modes of onset:
 - Oligoarthritis
 - Polyarthritis
 - Stills disease
- Differences in JRA and adult RA:
 - Large joints are affected
 - Chronic uveitis
 - Low detection of rheumatoid factor
 - Subluxation and ankylosis of the cervical spine
- Treatment
 - Supportive with anti-inflammatories and methotrexate



Osteochondrosis

- Avascular diseases of the bone
- Decrease blood supply
 - Trauma
 - Change in clotting sensitivity
 - Vascular injury
- Legg-Calvé-Perthes disease
 - Interrupted blood supply to the femoral head
 - Deformation due to ischemia is permanent
 - Clinical manifestations:
 - Spasm on rotation of hip
 - Limited internal rotation or abduction of hip
 - Trendelenburg gait
 - Clinical management:
 - Anti-inflammatories
 - Serial radiographs
 - Surgery



Osgood-Schlatter Disease

- Tendinitis of the anterior patellar tendon and osteochondrosis of the tubercle of the tibia
- One of the most common ailments in children involved in sports
- Clinical manifestations:
 - Pain
 - Swelling
- Clinical management:
 - Restricted activity
 - Bracing and knee immobilizer

Scoliosis

- Scoliosis is a curvature of the spine that involves both lateral curvature and rotation
 - Idiopathic (80% of cases)
 - Congenital
 - Teratogen
- Medical management:
 - Bracing
 - Surgery



Muscular Dystrophies

- Group of inherited disorders that cause degeneration of skeletal muscle fibers
- The muscular dystrophies cause progressive, symmetric weakness and wasting of skeletal muscle groups

Duchenne Muscular Dystrophy

- Most common of the muscular dystrophies
- X-linked recessive inheritance
 - Deletion of a segment of DNA or a single gene defect on the short arm of the X-chromosome
- Generally affects boys
- Duchenne muscular dystrophy gene
 - Encodes for the dystrophin protein
 - Dystrophin maintains the structural integrity of the cytoskeleton
- Manifestations of the disorder begin to appear by approximately 3 years of age:
 - Slow motor development
 - Progressive weakness
 - Muscle wasting
 - Sitting and standing are delayed
 - The child is clumsy, falls frequently, and has difficulty climbing stairs

Musculoskeletal Tumors

- Benign bone tumors
- Osteochondroma
 - Inherited syndrome of hereditary multiple exostoses
- Nonossifying fibroma
 - Sharply demarcated, cortically based lesions of fibrocytes
 - Musculoskeletal Tumors

Malignant bone tumors

- Osteosarcoma
 - Most common tumor in childhood
 - Originates in mesenchymal cells - Linked to deletion of genetic material
 - Bulky tumor extending into soft tissue
 - Clinical manifestations:
 - Night pain, swelling, warmth,
 - Cough, dyspnea, and chest pain if lung metastasis
 - Clinical management:
 - Graded according to malignancy
 - Surgery and chemotherapy
- Ewing sarcoma
 - Most lethal bone tumor
 - Translocation of chromosome
 - Breaks through bone to form soft tissue mass
 - Metastasizes to nearly every organ
 - Clinical manifestations:
 - Pain that increases in severity
 - Fever, Malaise, Anorexia
 - Clinical management:
 - Radiation and chemotherapy
 - Surgical debridement

Nonaccidental Trauma

- “Corner” metaphyseal fractures
 - Long bone fractures caused by a twisting force
 - Transverse tibial fractures are the most common
 - Associated with child abuse, but osteogenesis imperfecta must be ruled out
- Legally mandated to report child abuse