

## **Bow-Leg Deformity**

Mark Locke, MD  
mark.locke@mooreclinic.com

Bowed legs are quite common in childhood. It is usually seen in children from 1-3 years of age and corrects with time and growth of the leg. In some children the bowed legs may be caused by a more serious disease known as Blount's Disease, also called Tibia Vara. Instead of the legs getting better with time they get worse. It is important to distinguish between normal bowing, which does not need treatment, and Blount's Disease which needs brace treatment.

Blount's Disease is a condition in which there is an unhealthy growth of the inside portion of the tibial growth plate. This causes the tibia (shin bone) to grow with an angular deformity. There are three types of Blount's Disease: (Early Onset) Infantile 1-3 years and (Late Onset) Juvenile 4-8 years and Adolescent 10-14 years.

Children with infantile Blount's are generally healthy at birth, and are usually early walkers (9 months). The bowing is commonly seen in both legs and the child has a waddling gait. If only present in one leg the child may appear to walk with a limp. The severity will be determined by your physician and may include observation every 4 months with x-rays to measure the metaphyseal-diaphyseal angle (this is the distance measured between the knees). If this angle is less than 9 degrees, the patient is followed with a diagnosis of normal bowing. For those patients with an angle between 9-16 degrees your doctor will follow you every 4 months until the bowing resolves or the characteristics of Blount's Disease are seen. If present your doctor may recommend a brace or surgery.

Blount's Disease can also occur in the young child and adolescent.

The onset is usually 4-10 years of age for juvenile and 10-14 years for adolescent. It is a slowly progressive bow leg deformity with pain rather than deformity as the initial complaint. All three types of Blount's have common characteristics. The differences are usually due to the age of onset. The infantile group has the possibility of greater deformity and adolescents the least. Adolescent Blount's usually affects only one leg. Treatment for Juvenile/Adolescent Blount's Disease is usually surgery to correct the deformity.

It is very important that your child is followed closely by your pediatric orthopedist until he or she reaches maturity. Recurrence of the deformity is possible especially during periods of growth.



### **Dr. Locke's clinical care team**

Tammie Gillam 227-8176  
tammie.gillam@mooreclinic.com

Lacey Davis 227-8158  
lacey.davis@mooreclinic.com