

Legg-Calve-Perthes Disease

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Legg-Calve-Perthes Disease is a pediatric hip disorder, and is defined as a deterioration of the head of the thighbone (femur) due to a temporary interruption of blood flow to this area. When the blood flow to the femur is interrupted, the tip of the bone dies (necrosis). This usually causes pain and a limp. As the bone heals pain usually goes away but the limp may be persistent. A new blood supply results in new bone formation which replaces the old bone. This entire process may take 18 months to several years.

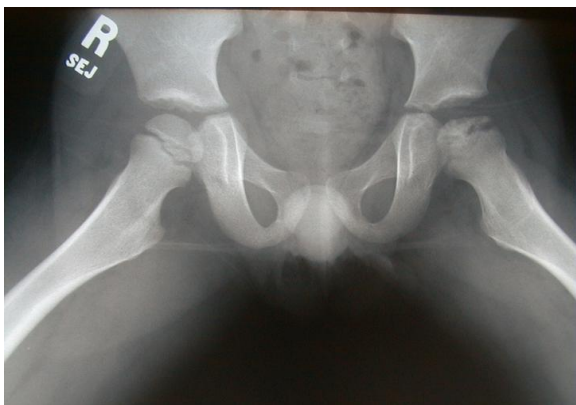
The cause of LCPD is unknown. It affects males more often than females, most commonly between the ages of 3-12 years, with Caucasians being affected more than any other race. Many children with LCPD are usually very active, almost hyperactive.

Signs and symptoms of LCPD include a limp, which is worse after activities and improves following periods of rest, pain (hip and/or knee) and a short stature, small for his or her age. A diagnosis is made using x-rays, bone scan and MRI.

Treatment options are observation, activity modification, physical therapy, medication and surgery. Each child's treatment recommendation is different. Your child's age, x-rays, and range of motion help the doctor choose which treatment is best. The treatment goals are to keep full range of motion in the hip and to keep the femoral head round to prevent stiffness and arthritis.

The younger child is, prior to being diagnosed with LCPD the better the outcome. The later the diagnosis, the lower the potential for healing. The long-term prognosis is directly related to the shape of the healed femoral head.

There is a general agreement that the shape of the femoral head is the most important predictor of future prognosis. This disease can be difficult for families due to an active child requiring a less active lifestyle. Finding new hobbies to reflect this often help transition.



Dr. Locke's clinical care team