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## Case Background

- 27-year-old female with mixed athetoid/spastic tetraplegic cerebral palsy (CP)
- Ambulates with gait trainer in home and power mobility in community
- Significant right hip pain and weakness of knee extensor muscles

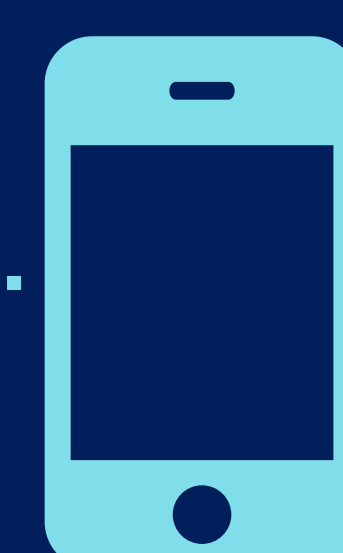
## Clinical Course

- Hip X-Ray with femoral acetabular dysplasia, shallow acetabulum, aspherical femoral head with uncovering, and subchondral cyst and osteophyte formation
- Underwent Girdlestone procedure
- Over next year pain worsened, and home ambulation was lost
- Return to OR for total hip replacement and femoral shortening osteotomy
- Ambulation regained with PT with quad strengthening and gait training with shoe lift

## Discussion

- Hip dysplasia and dislocation cause pain, restrict mobility of hip in adults with CP
- Girdlestone and total hip replacement have been preferred to arthrodesis
- Complication of Girdlestone include migration of femur
- Total Hip replacement improved pain and function in this patient with ambulatory potential

**Hip Replacement may be preferred to Girdlestone Procedure to improve function and pain in delayed hip dysplasia in CP**



Take a picture to view the abstract and poster in app!

## Pelvis/Hip X-Ray Before and after Girdlestone Procedure

