Osteoarthrosis of the hip Joint in Young adults

Essay

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AIM OF THE WORK AND INTRODUCTION





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AIM OF THE WORK & INTRODUTION

Osteoarthrosis is the commonest condition to affect synovial joints, the single most important cause of locomotor disability, and a major challenge to health care. Previously considered as a degenerative disease that was an inevitable consequence of aging and trauma, osteoarthrosis is now viewed as a metabolically dynamic, essentially reparative process that is increasingly ameanable to treatment (*Jones and Doherty*, 1995).

Osteoarthrosis is not a single disease. It results from a variety of patterns of joint failure. These can be summarised as deformations in which there is deterioration and mechanical loss of the articulating surface associated with a disturbance of the configuration of the joint related to a series of reparative phenomena which result in proliferation of new articular tissue at the margins and base of the joint (Sokoloff, 1969).

Osteoarthrosis of the hip is frequently the result of obvious anatomic defects, congenital or acquired, developmental, traumatic, or metabolic. (Roland, 1984).

Osteoarthrosis of the hip is frequent, and it may develop early in adult life. The earliest roentgenographic changes are best seen at the margins of the head of the femur, where osteophytes form. Because of the superior margin of the acetabulum is often irregular, this is not a reliable area in which to identify

osteoarthrosis. The early joint space narrowing is usually eccentric at the weight-bearing surface, becoming concentric later. In rare instances, the entire hip joint may narrow equally, which leads to confusion with rheumatoid arthritis (Solomon L., et al. 1982).

In study of 500 patients with limb joint osteoarthrosis we found that the hip stands out as a site with quite different associations, being more likely to occur as alone problem in younger, non-obese men than disease at other joint sites (Cushnaghan and Dippe, 1991).

This study is concerned with osteoarthrosis of the hip joint in young adult patients. Full and through awareness of the anatomy of the hip joint, understanding the congenital and developmental changes of the hip joint and acquired disorders of the hip that are responsible for development of osteoarthrosis in young adult. Biomechanical aspects of normal and abnormal hip as well as the pathological process of the disease.

Full assessment of the patient, including clinical such as pain, stiffness, limping, deformity, limitation of movement and inability to walk. Laboratory and image examinations is mandatory before resorting to any line of treatment. Imaging technique that are used to assess such condition include:

Plain X-rays in different views in which there is diminution

of cartilage space, with tendency to sclerosis of subcondral bone. Hypertrophic spurring of bone is usually seen at the joint margin. Also computed tomography, magnetic resonance imaging and radioisotope scanning.

The problem of choosing the correct management of osteoarthrosis in young adult hips is one of the most difficult dicision facing an orthopaedic surgeon, so the treatment required depends upon the severity of disability, the primary cause of osteoarthrosis and the age of the patient. Different well known conservative methods of treatment are used such as relative rest, drugs (non-steroidal anti-inflammatory drugs), physiotherapy, stick and injection inside the joint (Soloman, L. 1976).

Surgical procedures are required if the pain is severe and interferes seriously with the patient's capacity for walking to work. The operations include osteotomies of proximal femur as McMurray osteotomy, osteotomies of the pelvic ring as acetabulum displacement osteotomy, replacement arthroplasty, arthrodesis and excision arthroplasty which of a very little use.

With the development of the design, configuration and bioengineering of the total hip arthroplasty, the role of joint replacement in treatment of osteoarthrosis in young adult has increased considerably.

