

## SCFE treated with the Ganz Approach



Severe slip in a 11 year old child treated with the Ganz Safe Surgical Hip Dislocation approach.

  
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## Slipped Capital Femoral Epiphysis (SCFE)



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## Slipped Capital Femoral Epiphysis

SCFE is a common hip pathology seen more frequently in boys than girls during the adolescent growth spurt. There is a mechanical weakening between the metaphyses of the femoral neck and head causing the epiphysis to slip posteriorly. .

It is more common in children with endocrine disorders, with metabolic bone disease and renal disorders.

Children with bilateral slips must be evaluated for thyroid and, growth hormone deficiency and renal causes

SCFE may vary from mild (early) slip to moderate and complete slip depending on the extent of displacement of epiphysis.

SCFE can also be classified as **Stable** and **Unstable** slips depending on the ability of the child to bear weight on the affected leg.

Any acute, and unstable SCFE requires **emergent** treatment.

Stable slips also need to be pinned on an elective basis.

Untreated or unreduced SCFE can lead to Avascular Necrosis of the epiphysis, chondrolysis and Femoral-Acetabular impingement leading to early hip arthritis.

Severe Slip may require open reduction using the Anterior or Watson-Jones Approach or the Safe-Surgical Hip (GANZ) Dislocation approach.



11 year old boy with right hip pain & limp. AP and Lateral x-rays showing "Slip" of Epiphysis



The traversing the Klien line across the femoral neck should abut on the head. Note the sign on the right side.



In early slip, in-situ fixation with a single screw across the physis is sufficient.

