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Review article

Epidemiological Medical-Social Aspects of Developmental Dysplastic Coxarthrosis

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Abstract

Dysplastic coxarthrosis incidence rates in the world differ due to geographic location and racial groups variety. Rates are higher for female, than they are for male. The number of patients with dysplastic coxarthrosis who are waiting for conducting total hip arthroplasty is increasing every day.

There is a necessity of detailed research of prevalence, as well as conducting medical and social evaluation of consequences among patients with dysplastic coxarthrosis in Kazakhstan.

Key words: *developmental dysplasia of the hip, dysplastic coxarthrosis, life quality, disablement, young age.*

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Introduction

Developmental dysplasia of the hip (DDH) occurs among 2-3 in 1000 of infants. DDH influences to the biomechanics of the hip and leads to early development of coxarthrosis [1,2]. Dysplastic coxarthrosis among adults develops in 21-80% rate in case of congenital pathology of the hip and is the most common surgery pathology among kids and teenagers, that occurs, according to different resources, at 0,7-2,5% case in 1000 of infants [3-5]. According to Guo C.Y. et al., (2015), approximately 40% of dysplastic coxarthrosis of the hip among adults is the consequence of joint development defects untreated in childhood [6].

Dysplastic coxarthrosis is the basic reason of total hip arthroplasty (THA) among young people (from 21% to 29%) [7].

The degree of femur displacement is specified by different classifications Crowe J.F. (1979) [8], Hartofilakidis G (1988) [9], Eftekchar N.S. (1978) [10]. In these classifications, the final stages of the displacement of the femoral head corresponds to a developmental displacement of the hip. Consequently G. Hartofilakidis at his work in 2004, describes two subcategories at types of high dislocation to clarify the relationship between the femoral head and the formed false trough on the wing of the iliac bone – supporting (Crowe IV, Hartofilakidis C1) or unsupporting (Crowe IV, Hartofilakidis C2).

Medical-social side of the question, connected with the life quality of given patients group is also the major problem for healthcare systems of different countries in the world. Each year, the number of patients with dysplastic coxarthrosis who require expensive THA with further long-term rehabilitation is growing gradually [12,13]. Zhaksybaev M.H. et al., (2016) noted that in Kazakhstan, as well as in the rest of the world, the number of surgery on replacement of major joints is increasing. There is a necessity of 24500 surgeries of THA on hip and knee joints annually in the country [14].

The features of THA at dysplastic coxarthrosis depends on the degree of dysplasia and is followed by the possibility of several issues development. However, at the dysplastic coxarthrosis, as a rule, THA gives worse results of curing, as well as at post-traumatic coxarthrosis. Surgery in this case is more complex and the and disruption of normal anatomy leads to an increased incidence of surgical errors [15-17]. According to literature, in 10% cases, the THA can lead to periprosthetic infections, deep vein thrombophlebitis of the operated limb. In the postoperative period, dislocation of the head of the endoprosthesis can take place, instability of prosthesis, which subsequently requires re-arthroplasty.

Taking into consideration the frequency and impact on the quality of life of patients of working age, dysplastic coxarthrosis is indeed relevant issue for modern orthopedics and is required to be studies in Kazakhstan.

The aim of the review – to research the prevalence and medical-social aspects of dysplastic coxarthrosis as consequence of developmental dysplasia of the hip in the world and Kazakhstan.

The prevalence of dysplastic coxarthrosis

The frequency of coxarthrosis in the world is distributed unequally. As a result of Randall T. Loder et. al. (2011) systematic review, the prevalence of coxarthrosis is different: In Europe, 7-25% of people older than 55 years are suffering from coxarthrosis at different etiology, as well these indicators as lower for Asian and Afro-American [19].

This opinion is justified by results of our literature search. Based on analyzed literature resources, South Korea showed the lowest results of coxarthrosis (78,5 $^{0}/_{0000}$) in last ten years. The highest results are in Switzerland - 356,5$^{0}/_{0000}$, Germany - 299,1 $^{0}/_{0000}$, France – 277,7$^{0}/_{0000}$, UK – 214,4$^{0}/_{0000}$, Poland – 142$^{0}/_{0000}$, Turkey- 99,4$^{0}/_{0000}$. In Russia, this is resulted at 17.8-20.0 cases in 10 000 adults [20-22].

The DDH cases among racial groups also differs based on geographical location. It is noted, that tight swaddling of infants has a non-balgoric effect on the condition of the hip joint [19].

According to foreign literature, dysplastic coxarthrosis takes from 25% to 77% at the structure of degenerative-dystrophic diseases of the hip joint [23-25]. In average, the dysplastic affection of the hip accounts for 16.5% of all pathology of the organs of support and motion [25].

According to Batpen A. et al., (2013), the prevalence of coxarthrosis in Kazakhstan is also unequally distributed. The lowest coefficient is in Atyrau state (1,7%), the highest in Mangystau state (47,0%) and Almaty state (40,9%) [26]. The found unequal distribution of rates is connected with the level of healthcare support, specifically with effective registration and patient screening and later finding DDH. Unfortunately, the distribution of dysplastic form of coxarthrosis in Kazakhstan is not yet researched in detail.

According to conducted analysis of patients with dysplastic coxarthrosis through National Scientific Center of Traumatology and Orthopaedics named after Academician Batpenov N.D. (Former name - Scientific Center of Traumatology and Orthopaedics) in the period of 2015-2020, the distribution of dysplastic coxarthrosis is from 25% to 30% in the structure of degenerative-dystrophic illnesses of the hip among adult population of Kazakhstan. In Crowe classification, I-II type – 72,2%, III–IV type – 27,8%.

Medical-social questions on dysplastic coxarthrosis

Progressive feature of hip joint destruction is leading to decreased working abilities in 60% and to disablement in 11,5% [27,28]. We decided to research the medical-social side of the question from perspective of non-surgical and patient that went through arthroplasty.

Concluding, the coxarthrosis of dysplastic genesis is accounting for 50% of osteoarthritis of large joints. The prevalence of pathology and the clinical severity at II and III stages of dysplastic coxarthrosis defines the high medical-social important of its prevention and treatment. The developmental inferiority of the hip joint tissues and overloading of the joint components due to a deficiency in coverage of the femoral head by the acetabulum play major at pathogenesis of dysplastic coxarthrosis [29].

The severance and disability occurred by DDH and hip joints is influenced by late diagnosis and starting

point of treatment, unjustified long treatment through conservative methods, application of repeated closed femoral head repositioning. As a result of numerous corrections of femoral head, the deformation and dystrophia of femoral head is developed. The late DDH process is also defined by palliative characteristics, and it improves the ability to support the limb for a short period of time [29].

According to the literature, the group of disabled children with Congenital dislocation of the hip is dominated by girls (1:3). The average age of disabled children affected by dysplastic coxarthrosis is 11,6 years. Among adult population, there is a domination of women (1:4,3). The average age of disabled people with dysplastic coxarthrosis is 40 years. The average weight of disabled after congenital dislocation of the hip that undertook conservative treatments is higher (70,1%) than those after THA [27,28].

Results of life quality evaluation of patients with dysplastic coxarthrosis is decreasing as the child gets older. It is connected with the increase in weight, deformation, and decreased functionality of hip joints from one or both sides [29]. After conducting THA, the life quality increases dramatically. It was widely believed that the effective tool for measuring the life quality of such group was the scale and test of Chanley and Harris et al., that are focused on clinical-functional condition of surgical joint. However, several authors believe that given scale and tests are not also effective tool for concluding the impact of treatment on the quality of life [29-31]. According to our evaluation results, the quality of life after THA is indeed higher than those non-surgical. However, it is important to note that the quality of life that undergo THA is directly depending on the effective and relevant rehabilitation [32,33]. Because of this, providing accessible rehabilitation actions is still an important question at most of developing countries, as well as Kazakhstan.

Conclusions

Dysplastic coxarthrosis incidence rate in the world differs depending on the geographical and racial groups, while it is lower among males than females. The number of dysplastic coxarthrosis patients that are waiting for full arthroplasty with further long-term rehabilitation is increasing gradually.

There is a necessity in research of the prevalence, as well as conducting the medical-social evaluation of the consequences among those with dysplastic coxarthrosis in Kazakhstan.

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Диспластикалық коксартроздың эпидемиологиялық және медициналық-әлеуметтік аспектілері

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Түйіндеме

Әлемдегі диспластикалық коксартрозбен аурушаңдық жиілігі географиялық орналасуына және нәсілдік топқа байланысты айтарлықтай өзгереді. Ерлер мен әйелдердегі аурушаңдық көрсеткіші шамамен бірдей деңгейде екені байқалады. Диспластикалық коксартрозбен ауыратын науқастардың ішіндегі әрі қарай ұзақ мерзімді оңалтуды қажет ететін толық эндопротездеуді күтетіндердің саны тұрақты өсіп келеді.

Қазақстанда диспластикалық коксартрозбен ауыратын науқастардың таралуын егжей-тегжейлі зерттеу, сондай-ақ, аурудың салдарын медициналық-әлеуметтік бағалау қажет.

Түйін сөздер: жамбастың туа біткен дисплазиясы, диспластикалық коксартроз, өмір сапасы, мүгедектік, жас науқастар.

Эпидемиологические и медико-социальные аспекты диспластического коксартроза

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Резюме

Показатели заболеваемости диспластическим коксартрозом в мире значительно различаются в зависимости от географического положения и расовой группы. Показатели заболевамости у мужчин и женщин примерно на одном уровне. Количество пациентов с диспластическим коксартрозом, ожидающих проведения тотального эндопротезирования с дальнейшей длительной реабилитацией неуклонно растет.

Есть необходимость детального изучения распространенности, а также проведения медико-социальной оценки последствий заболевания у больных диспластическим коксартроза в Казахстане.

Ключевые слова: врожденная дисплазия бедра, диспластический коксартроз, качество жизни, инвалидность, молодой возраст.