INTRODUCTION AND AIM OF WORK

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The ideal solution to the problem of congenital dislocation of the hip essentially lies in antenatal and postnatal prevention (Yamamuro and Ishida, 1984; and Yamamuro, 1992), and early detection within the first weeks of life. Ultrasonography of the hip, as described by Graf (1980, 1983, 1984 and 1987) provided an accurate and safe method for early diagnosis. This would simplify and shorten the way of treatment (Klapsach et al., 1991). In spite of the increased efforts for early detection and the development of screening programs, patients with this problem are still seen for the first time at the walking age. At this age, much of the literature indicates that frequent poor results during management are inevitable (Lloyd-Roberts, 1966). The conservative treatment is difficult to apply in this age group, and the incidence of failure is high (Morel, 1975).

The surgical treatment presently offers a variety of procedures from which to choose: pelvic osteotomies, femoral osteotomy or a combination of both. The choice of the operation frequently depends on the preference of the surgeon and not the pathological anatomy.

Salter osteotomy, since its description in 1961, has gained universal acceptance. The objective of this procedure is to improve stability of reduction of the femoral head by the anterior and superolateral portions of the acetabulum in the weight-bearing position.

The critics of this osteotomy have no disagreement regarding its value, but claim that the procedure is technically difficult for the average surgeon to master, and is hard to teach (Kalamchi, 1982).

In this study, we applied the innominate osteotomy in 28 cases of neglected hip dislocation to get a normal stable relationship between the femoral head and the acetabulum after reduction. Our aim of the work is to evaluate the results of Salter's innominate osteotomy in the treatment of congenital dislocation of the hip and to delineate the limits of this operation and its clear indications.