INTRODUCTION

The term septic arthritis includes all joint infections caused by pyogenic bacteria except tuberculosis. In 1874, Thomas Smith described, the characteristics, evolution and postmortem findings of septic arthritis of the hip. The severity of this pathology was emphasized: of 21 patients with pyogenic arthritis of the hip, 13 died. Only eight recovered, but with severe hip disability **(Salvati, 1984)**.

Badgley et al., (1936) reviewed the end results of 113 cases of septic arthritis hip in all ages. They emphasized that sever hip disability could be prevented by early diagnosis and arthrotomy. The mortality was 12% and only 6.2% of the hips were normal at the end result.

Most large series of septic arthritis indentify the hip as the joint most frequently affected (40%), followed by the knee (30%), ankle (10%), shoulder, elbow, wrist, hand, sternoclavicular joint and foot. Sever residual disability is observed most frequently after septic arthritis of the hip (43% of cases) followed by the shoulder (33%), ankle (15%) and knee (8%), **(Heberling, 1941)**.

Since the advent of antibacterial therapy, the surgeon has become more aggressive in the treatment of bone and joint infections resulting in a change in the history of septic arthritis. A half century later the mortality almost has been eradicated but only 21% of a normal hips at the completion of the skletal maturity. This situation is still short of the twentith-century goal of preserving function in all cases of suppurative arthritis. This goal could be accomplished by early diagnosis and treatment **(Salvati 1984).**

This work is aiming for evaluation of early diagnosis and managment of cases having acute septic arthritis of the hip joint in early infancy.