INTRODUCTION

Articular disorders had been imaged for long time depending on plain radiographic examination, yet a wide variety of joint symptoms are caused by intra and peri articular abnormalities. **(Kaplan et al., 1990).**

Ultrasound has, in recent years become a primary imaging tool in many aspects of pediatric radiology. One area of pediatric imaging in which US applications have greatly expanded is the musculoskeletal system. In infants and young children, the cartilaginous models of bones cannot be visualized with plain radiography.

These parts can be imaged indirectly with arthrography, poorly with computed tomography (CT), but with great detail with magnetic resonance imaging (MRI). However, these procedures are fraught with other well known limiting factors that are not problems with US. **(Wahid H. Tantawy, MD, 1999).**

Ultrasound has been noted as a safe and effective tool for the diagnosis of congenital hip dysplasia. Ultrasound has advantages over x-rays, as several positions are noted during the ultrasound procedure. This is in contrast to only one position observed during the x ray. **(Joseph F., 2004).**

In addition, ultrasonography has been reported to be useful for detecting intra-articular fluid. However, no specific sonographic findings served to differentiate sterile, haemorrhagic, or purulent effusions. **(Wilson et al., 1984).**