

# Congenital deformities

As a parent, it can be concerning to notice that your newborn's limbs or body shape appear unusual. Some babies are born with congenital orthopedic conditions, which affect the musculoskeletal system. These conditions are present at birth and can be diagnosed soon after delivery. It is imperative, that you consult a Paediatric Orthopaedician for the best outcomes, for your baby.

Here are some of the Common Congenital Orthopedic Conditions, seen in Newborns:

Head and Neck:

1. Congenital Muscular Torticollis (twisted neck muscles)

Upper Body:

1. Phocomelia (underdeveloped or absent upper arm bone)
2. Radial Club Hand (underdeveloped or absent radius bone in the forearm)
3. Ulnar Club Hand (underdeveloped or absent ulna bone in the forearm)
4. Sprengel Deformity (congenital shoulder blade deformity)
5. Congenital trigger thumb (bent thumb, inability to straighten, noticed at around one year)

Lower Body:

1. Hip Dysplasia (condition where the hip joint doesn't form properly)
2. Congenital Coxa Vara (deformed hip joint)
3. Proximal focal femoral deficiency (partial or complete absence of the thighbone)
4. Congenital knee dislocation (knees are bent in the opposite direction)
5. Metatarsus Varus (condition where the foot is curved inward)
6. Congenital Vertical talus (vertical Talus Equinovarus, a foot that is shaped like a boat)
7. Polydactyly and Syndactyly (extra fingers or toes/webbed fingers or toes)
8. Congenital Pseudoarthrosis of tibia (abnormal bent tibia bone with risk of early fracture)
9. Lower Limb Deficiencies (conditions like fibular hemimelia, tibial Hemimelia)

Other Conditions:

1. Osteogenesis Imperfecta (brittle bone disease)
2. Achondroplasia (most common form of short-limbed dwarfism)
3. Spina Bifida (neural tube defect that affects the spine)

**CONGENITAL DISLOCATION OF THE KNEE**

Dramatic Presentation at birth. "The knee on Backward"

RESULT! At 3 M age

Rare condition that involves hyperextension of the knee joint with varying degrees of displacement diagnosed at birth. Can be associated with other Musculo-skeletal syndromes

Treatment is best begun soon after birth. Most of the cases are amenable to non-operative manipulation and casting by a PAEDIATRIC ORTHOPAEDICIAN

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## What to Expect:

If your newborn has been diagnosed with a congenital orthopedic condition, you can expect:

- A comprehensive evaluation by a pediatric orthopedic specialist like Dr Shraavan
- A multi-disciplinary team address all the prevalent conditions
- Imaging tests (e.g., X-rays, ultrasound) to confirm the diagnosis
- A treatment plan tailored to your child's specific needs
- Ongoing monitoring and follow-up appointments to track progress

## Early Treatment Matters:


Early diagnosis and treatment can make a significant difference in your child's life. It can help:

- Improve mobility and function
- Reduce the risk of future complications
- Enhance overall quality of life

## Trust Our Expertise:

A pediatric orthopedic like Dr Shraavan, is dedicated to providing compassionate and specialized care for your newborn. We understand that every child is unique, and we will work closely with you to ensure the best possible outcome.




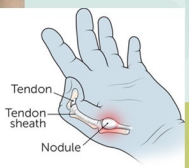
### Paediatric Trigger Thumb



- About 3 in 1000 children will develop this between age 1 and 3
- Child will not be able to give a "thumbs-up"!
- A small bump may be felt at the base of the thumb
- Some children may get better without treatment
- Generally children younger than 2 years, can try - stretching and splinting
- Older children will likely need surgery

**What will your Paediatric orthopaedic Surgeon do?**

- A thorough examination
- Generally x-rays not needed
- Teach you stretching
- A simple DAY-CARE surgery if needed





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### CALCANEVALGOID FOOT



- This postural foot is theorized to be a "packaging" defect
- All anatomical structures are formed normally
- But are deformed as a result of uterine "crowding"
- Essentially a benign soft tissue contracture deformity

Your Paediatric Orthopaedician will evaluate for likely association with


- Hip deformities
- Leg bowing deformities
- Rotational profile analysis

Seen in upto 40% of new born

Prognosis excellent!

Natural recovery in most

Most resolve by natural progression  
Gentle stretching in some cases  
Casts and splints in severe cases



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