

# Slipped Capital Femoral Epiphysis

## What does it mean?

Slipped Capital Femoral Epiphysis, also known as “SCFE”, is a disorder of the adolescent hip. The head of the femur (or top of femur bone) slips, typically in a backwards direction. The causes are not known, but there typically is a weakness of the growth plate of the femoral head. SCFE’s tend to occur shortly after puberty begins, during times of rapid growth.

## What are symptoms?

The most common presentation of a SCFE is an adolescent with pain of the hip AND/OR knee for a period of several weeks to months. He/she may have an intermittent limp as well. The child may not be able to place weight on the affected leg. Also, the affected leg may be turned outward compare to the unaffected leg. In most situations, the slippage is a gradual, slow process, but may be sudden if it occurs with trauma.

## Who is at risk?

SCFEs occur more often in males. It is also known that many patients that suffer from SCFEs are overweight for their height. A SCFE may occur suddenly with a fall or trauma.

## How is it diagnosed?

Your physician will take a thorough history and then perform a physical exam. Examination of the hip will show loss of motion. The limited motion will consist of loss of flexion and inability to rotate the hip fully. There is inflammation of the hip causing pain, especially with range of motion. The physician will also evaluate how the patient walks.

Radiographs of the pelvis to include both hips are used to diagnose a SCFE. The radiographs will show that the femoral head is slipping off and does not align with the rest of the femur bone.

## What is the treatment for a SCFE?

Treatment of a slipped capital femoral epiphysis requires surgery. Surgery is needed to prevent the femoral head (or top of the femur bone) from slipping further. If the femoral head continues to slip without any intervention, limitation of the hip movement and premature osteoarthritis will occur.

Treatment usually begins within 24-48 hours of diagnosis. Treatment at the earliest stage will help with a better outcome of stabilization of the hip. Surgery typically consists of placing one or two screws into the femoral head to prevent further slippage.

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Your child will be admitted to hospital fairly quickly after the diagnosis is made. After surgery, your child will not bear weight on the affected leg for a period time and will need to use crutches or a wheelchair. Your child will be followed closely for the next 18-24 months with radiographs every 3 to 4 months to evaluate if the growth plate has fused and the other hip. Your child will need to refrain from sports and physical activity for an extended period of time to help prevent complications.



Slipping of femoral head



Pinning of SCFE

## What are the complications of a SCFE?

Avascular Necrosis of the femoral head (or AVN) is the most common complication. AVN is an alteration of blood flow to the femoral head caused by the slip. Evidence of avascular necrosis on radiographs is not seen until 6 to 24 months after surgery.

Chondrolysis is another complication, though not as common. Chondrolysis is a loss of cartilage in the hip joint. This loss of cartilage may cause permanent loss of motion, stiffness, flexion contractures, and pain.

Other complications that can occur are limited hip rotation, femoral acetabular impingement or external rotation of the foot.