

Because the blood supply to the hip is compromised in this condition, the muscles of the thigh may atrophy, as the cells cannot extract sufficient oxygen to generate ATP and produce essential cellular products.

Diagnosis

AP and Frog Leg Lateral X-ray

[AP and Frog Leg Lateral X-ray](#)

Diagnosis and staging of LCPD involves anterior/posterior or frog leg lateral X-rays. In the early stage of LCPD, X-rays may demonstrate asymmetric femoral epiphyses. In the fragmentation stage, compression and deformity of the femoral head is visible. In the reparative stage, the femoral heads begin to re-ossify. In the final healing stage, X-ray findings vary based on severity of the disease.

Compression and Deformity of Femoral Head

[Compressed & Deformed Femoral Head](#)

In the fragmentation stage, compression and deformity of the femoral head is visible on X-rays. In the reparative stage, the femoral heads begin to re-ossify. In the final healing stage, X-ray findings vary based on severity of the disease.

Treatment

Bed Rest

[Bed](#)

Many patients are managed conservatively and are advised to avoid weight-bearing activities or use crutches. However, physical therapy exercises may be used to increase range of motion.

NSAIDs

[N-sad](#)

Anti-inflammatory medications, such as NSAIDs, are recommended for control of pain and inflammation.

Containment with Brace or Cast

[Cast](#)

Hip bracing or casting in abduction with a Petrie cast may be used to contain the femur within the acetabulum if the patient is developing a severe deformity, has extensive disease or a decreased range of motion.

Surgery

[Surgeon](#)

Surgery is recommended for children above age eight, when greater than 50% of the femur is damaged, and when patients fail conservative therapy. An osteotomy, the most common type of corrective surgery for LCPD, helps to realign the femoral head within the acetabulum and increase range of motion.