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Uloga timskog rada u ranom otkrivanju razvojnog poremećaja kuka

Role of teamwork in early detection of developmental dysplasia of the hip

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Apstrakt

Uvod: Razvojni poremećaj kuka (RPK) ili displazija kuka je problem dečijeg uzrasta koji je u našoj pedijatriji prepoznat i relativno rano uključen skrining. Najpre je uveden obavezni klinički, a poslednjih 20 godina se koristi i sonografski skrining kukova. Ovakav pristup u praćenju razvoja koristi se i u evropskim zemljama (Nemačka, Švajcarska), dok se u Americi sonografski pregled radi nakon kliničke sumnje na oboljenje u neonatalnom periodu. Ovo oboljenje je jako kompleksno, te iziskuje čitav tim lekara i medicinskog osoblja koji prate, leče i rehabilituju dete. Tim čine ginekolog/akušer- pedijatar/pedijatriska sestra-patronaža-dečiji ortoped-fizijatar/ fizioterapeut.

Cilj: ovog rada je približiti značaj uloge svake karike tima.

Metodologija i rezultati rada: Savremeno doba i novi izazovi, sve veći broj blizanačkih trudnoća, stil života majke (sedetalni stil, gojaznost, pušenje) vrlo često iziskuju ne samo praćenje, već i održavanje trudnoće, koje se neretko završavaju tzv. carskim rezom, ili vakuum ekstrakcijom- neki su od razloga povećanog rizika pojave oboljenja. Rizični faktori pre rođenja su: karlična prezentacija bebe, prva trudnoća, nedovoljno plodove vode, nenormalan položaj posteljice, genetika (direktno nasleđivanje (majka, otac sestra, brat), porodična predispozicija, ženski pol koji ima pet do osam puta veći rizik za pojavu oboljenja od dečaka. Navike i nega deteta posle rođenja: spavanje na trbuhu koji se više ne savetuje, obavezno široko povijanje. Svaka trudnica obavezna je da obavesti svog ginekologa ukoliko je imala oboljenje ili je lečena u detinjstvu. To usmerava praćenje trudnoće, ali i izbor porođaja. Bebu na rođenju preuzima neonatolog koji radi osnovne kliničke preglede i uzima neophodnu anamnezu o riziku za ovo oboljenje. U mnogim porodilištima uveden je i songrafski skrining. U otpusnoj listi naglašava se rizik bebe za oboljenje. Po dolasku kući bebu obilazi patronažna služba i daje uputstva majci o načinu nege deteta, širokom povijanju bebe. Široko povijanje je revolcionarno promenilo tok oboljenja jer je omogućeno slobodno razvijanje zgloba koji je najintezivniji u prvim mesecima života bebe.Izabrani pedijatar već pri prvom pregledu uzima anamnezu, radi klinički pregled i zakazuje sonografski pregled. Stav pedijatara, ali i radiologa je da sonografiju radi pedijatar i da pri svakoj sumnji na oboljenje hitno konsultuje dečijeg ortopeda. Preporuka je uraditi sistematski pregled novorođenčeta u prve 2 nedelje života. U periodu od 4–6 nedelje života ukoliko nije bilo mogućnosti obavezno uraditi sonografski pregled. Sonografija se gradira po Grafu. Uvodi se i supstitucija vitamina D do prve godine, a dalje po proceni izabranog pedijatra. U slučaju usporene osifikacije povećava se supstitucija vitamina D i prati songrafski na 6–12

Abstract

Introduction: Developmental dysplasia of the hip (DDH) is a problem in the childhood and in our pediatricts it is recognized on time. Mandatory clinical testing was introduced first, and sonographic hip screening has been used for the last 20 years. This approach in monitoring development is also used in European countries (Germany, Switzerland), while in America, the sonographic examination is performed after clinical suspicion of the disease in the neonatal period. This disease is very complex, and requires a whole team of doctors and medical staff who monitor, treat and rehabilitate the child. The team consists of a gynecologist / obstetrician-pediatrician / pediatric nurse-patronage-pediatric orthopedist-physiatrist / physiotherapist.

Aims: the main aim is to explain how important is the role of each team member.

Methodology and results: Some of the reasons are the increasing number of twin pregnancies, the mother`s lifestyle (sedentary lifestyle, obesity, smoking) and they often require not only monitoring, but also maintaining the pregnancy, which often ends in the so-called cesarean section or vacuum extraction. Risk factors before birth are the pelvic presentation of the baby, first pregnancy, low amniotic fluid, abnormal position of the placenta or genetics. Girls are at five to eight time higher risk of developing the disease than boys. Habits and care of the child after birth: sleeping on the stomach, which is no longer advised, wide bending is mandatory. Every pregnant woman should inform her gynecologist if she had a disease or was treated as a child. This directs the monitoring of pregnancy, but also the choice of childbirth. The baby is examined by a neonatologist who performs basic clinical examinations and takes the necessary anamnesis about the risk of this disease. Sonographic screening is also introduced in many maternity hospitals. The discharge list emphasizes the baby's risk of getting the disease. After coming home, the baby is visited by the patronage service and gives instructions to the mother on how to take care of the child, the wide swaddle of the baby. Wide bending has revolutionized the course of the disease because it allows the free development of the joint, which is most intense in the first months of a baby's life. The chosen pediatrician takes the anamnesis at the first examination, performs a clinical examination, and schedules a sonographic examination. According to the opinion of the pediatrician, but also the radiologist, the pediatrician does the sonography and immediately consults a pediatric orthopedist in case of any suspicion of the disease. It is recommended to do a systematic examination of the newborn in the first 2 weeks of life. In the period of 4-6 weeks of life, if there was no possibility,

nedelja. Roditelji se savetuju o značaju izlaganju deteta sunčevoj svetlosti. Lekar savetuje vežbe za jačanje mišića kuka. Kod svake sumnje na oboljenje dečiji ortoped prati i po potrebi leči adekvatnim tretmanima razvojni poremećaj kuka. U težim ali i kasno otkrivenim slučajevima radi se hiruška intervncija. I na kraju ukoliko je oboljenje lečeno hiruškim putem lečenje se nastavlja intenzivnim fizikalno-rehabilitacionim tretmanom.

Zaključak: Značaj ovakvog pristupa u ranoj dijagnostici je otkrivanje bolesti u ranom uzrastu jer od toga zavisi i tok i ishod lečenja. Bez lečenja, oboljenje završava pojavom ranih degenerativnih promena u zglobu kuka, bolovima, hramljanjem i stepenom trajne psihofizičke invalidnosti.

it is obligatory to do a sonographic examination. Sonography is graded by Graf. Vitamin D substitution is introduced until the age of one, and further according to the assessment of the chosen pediatrician. In the case of slow ossification, the substitution of vitamin D increases and is followed sonographically for 6-12 weeks. Parents are advised about the importance of exposing the child to sunlight. The doctor advises exercises to strengthen the hip muscles. In case of any suspicion of the disease, the pediatric orthopedist monitors and, if necessary, treat the developmental disorder of the hip with adequate treatments. In severe but also late discovered cases, surgical intervention is performed. And finally, if the disease is treated surgically, the treatment is continued with intensive physical-rehabilitation treatment.

Conclusion: The importance of this approach in early diagnosis is the detection of the disease at an early age because it depends on the course and outcome of treatment. Without the treatment, the disease ends with the appearance of early degenerative changes in the hip joint, pain, limping, and the degree of permanent psychophysical disability.