



# Guide to Paediatric Hip Ultrasound

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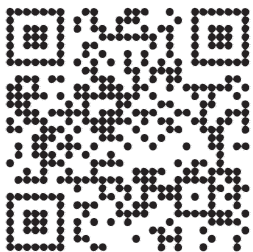
# Introduction

Welcome to our clinician guide designed to help diagnose and assess hip dysplasia, also known as developmental dysplasia of the hip (DDH), using ultrasound imaging. Our goal is to support clinicians, radiographers and radiologists who perform and report on paediatric hip scans.

Hip ultrasound remains the most important tool in the detection and monitoring of hip dysplasia in infants. It is crucial to have high-quality scans and interpretations to guide care and treatment decisions, highlighting the importance of expertise in this field.

Our guide aims to enhance ultrasound quality standards for optimal patient outcomes. It does not replace proper training, experience or accreditation. Instead, it seeks to enrich existing knowledge and expertise, and strengthen hip care and services in Victoria.

For more information and resources, please scan the QR code or visit: [www.vichip.org.au/health-professionals/](http://www.vichip.org.au/health-professionals/)



# About VicHip

The Victorian hip dysplasia registry, or VicHip, is a clinical registry of patients diagnosed with hip dysplasia in Victoria.

We are a passionate research team working hand-in-hand with families to enhance hip care and outcomes for people with hip dysplasia, also known as developmental dysplasia of the hip (DDH).

VicHip is made possible thanks to the Victorian hip dysplasia community, the Australian Government and our valued **partners and supporters**. We are so grateful for their support.



VicHip is funded by the Australian Government Department of Health and Aged Care under the Medical Research Future Fund grant 2015989.

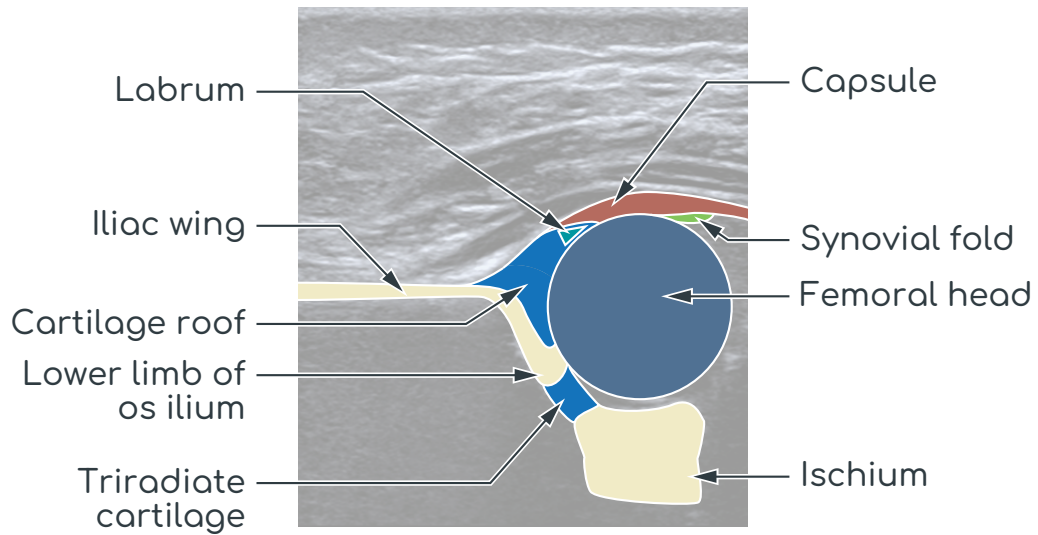
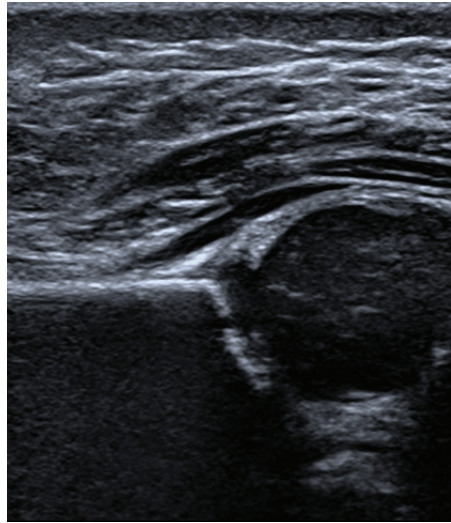
# Ultrasound Positioning

- Supine
- Hip flexed to 90°
- Probe parallel to ground for geometric measures and coverage:
  - Note chondro-osseous junction usually not seen with this positioning
- Probe at right angle to ground for axial views and stability measurements

# Ultrasound Quality

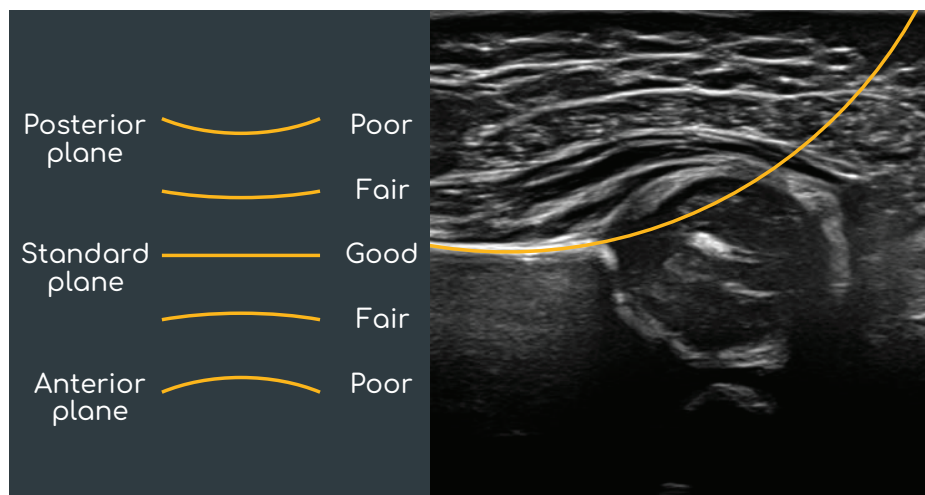
- Mid section acetabular roof
- Labrum
- Inferior limb of os ilium

# Ultrasound Checklist



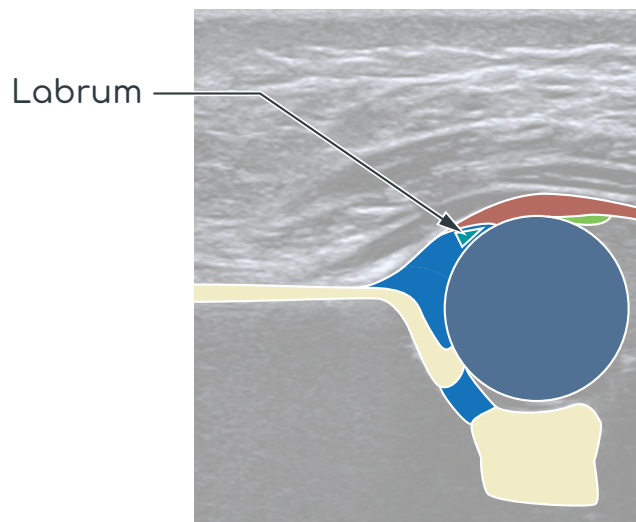
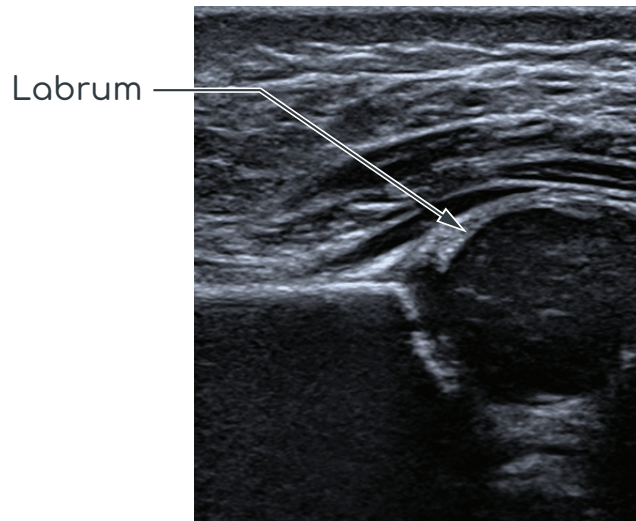
# Mid Section of Acetabular Roof

- The mid section is reached when, having identified the posterior plane, the plane rotates around the lower limb of the os ilium until it leaves the gluteal fossa. This easily identified concavity straightens
- The iliac silhouette above the bony rim is straight and parallel to the transducer (and the edge of the monitor)
- Posterior section — goes away from the transducer (iliac contour is concave and goes to the right on the monitor)
- Mid section — the iliac silhouette parallel to the transducer (parallel to the monitor)
- Anterior section — the iliac silhouette angles towards the transducer (iliac echo leans to the left on the monitor)
- The contour and the silhouette of the iliac bone are straight and parallel to the probe



# Labrum

- The acetabular labrum is triangular in cross-section and is on the inner side of the joint capsule. There is no adhesion between the joint capsule and the labrum and there is a small recess between them. The base of the labrum is fixed to the hyaline cartilage acetabular roof

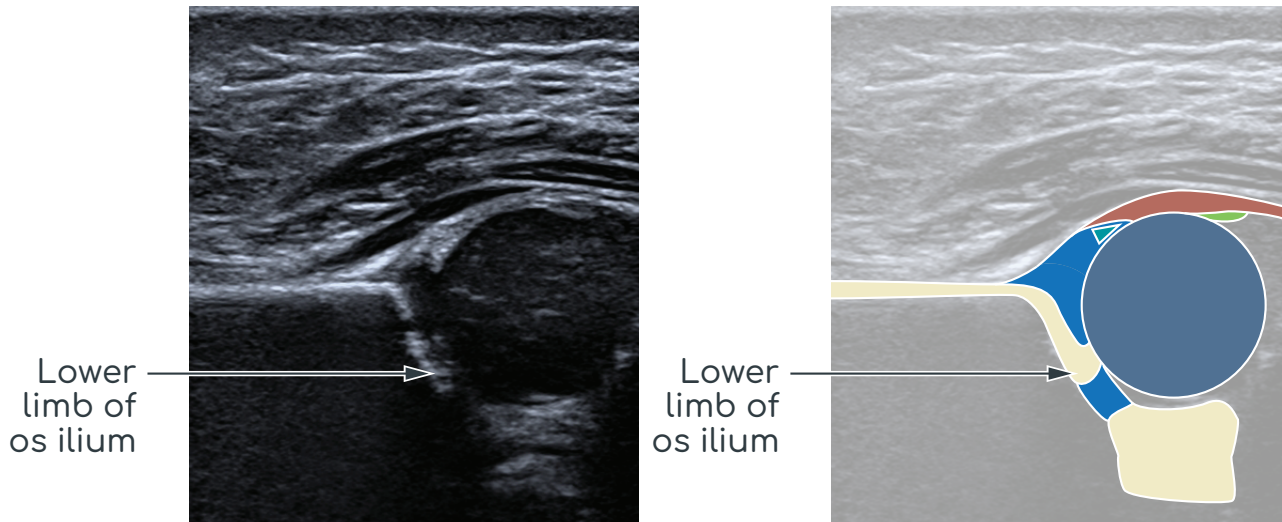


- This is represented by the triangular echogenic structure extending laterally from the cartilaginous acetabular rim and was recorded as:
  - a) well-defined;
  - b) blurred; or
  - c) could not be identified



# Lower Limb of Os Ilium

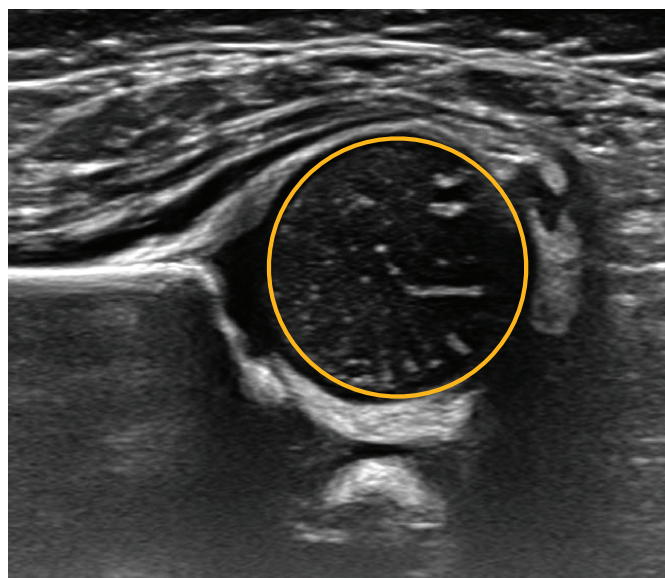
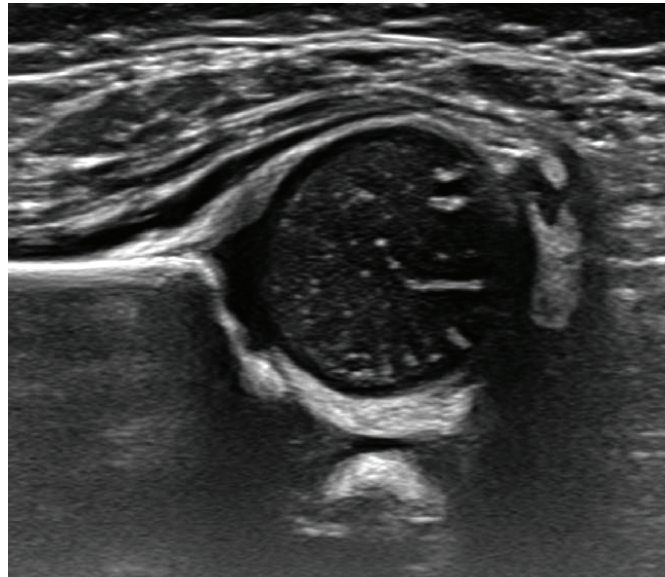
- The lower limb of the os ilium measures 1–3mm in size depending on the age of the baby



- The lower limb must be clearly identified. It is an essential marker of the correct sectional plane and must be clearly seen on the sonogram unless the hip is decentered
- Anatomically the lower limb of the os ilium is approximately half way between the anterior and posterior rims of the acetabulum and casts an acoustic shadow
- Caudal to the lower limb is the hypoechoic triradiate cartilage
- Caudal to this the bright echo of the ischial bone will be seen in some planes
- The lower limb of the os ilium is ultrasonically the center of the acetabulum
- The lower limb of the os ilium must be a clearly defined echo and must not be a faint or fading echo

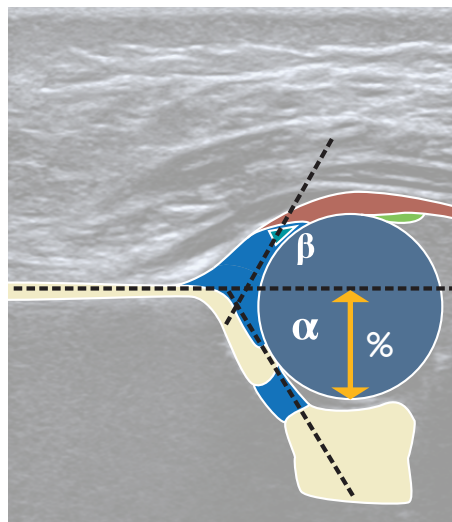
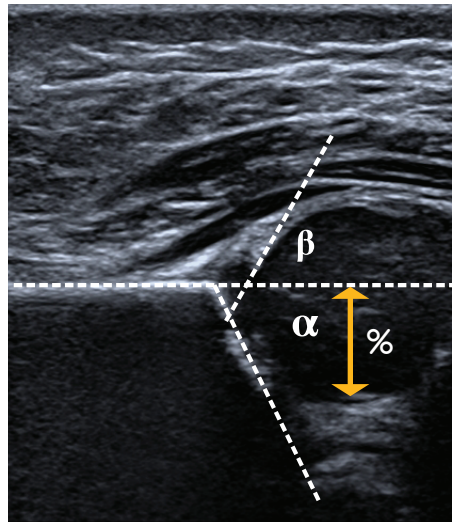
# Mid Section of Femoral Head

- The mid section of the femoral head refers to obtaining a truly circular cross section of the structure
- Oval femoral head indicates cranio-caudal tilt of ultrasound beam



# Measurements

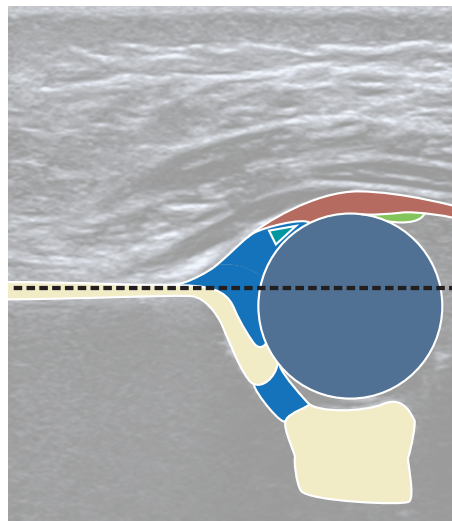
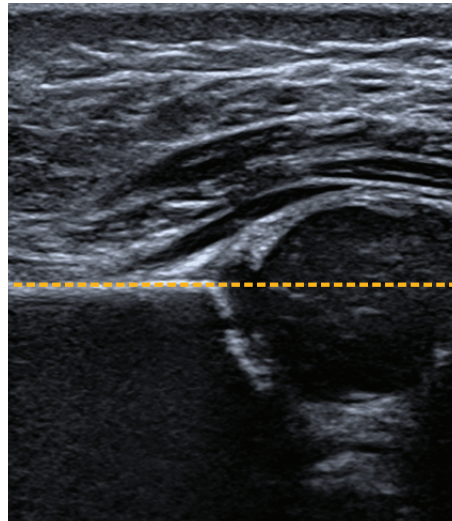
- Standard lines:
  - Alpha angle
  - Beta angle
  - Percentage femoral head coverage



# Standard Lines

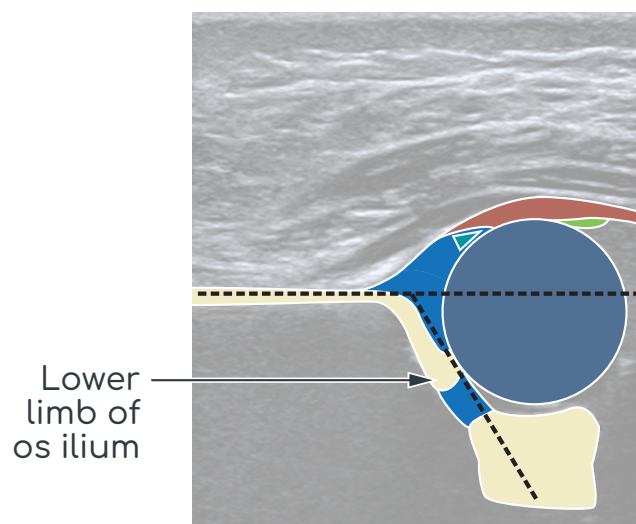
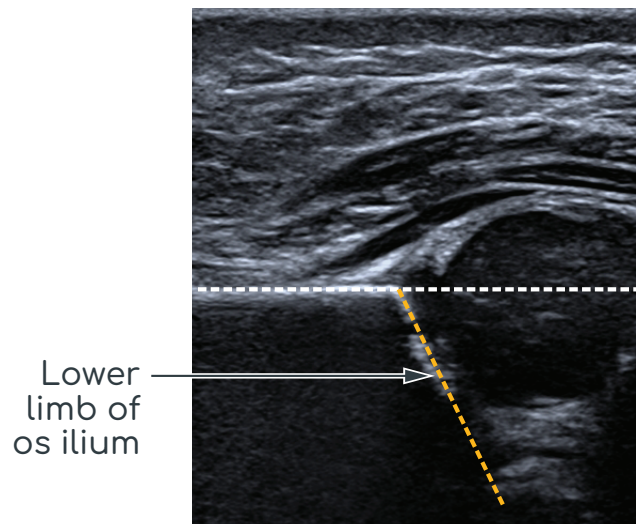
## Base Line

- The base line should be drawn from the point at which the proximal perichondrium becomes the periosteum of the ilium, caudally and parallel to the ilium itself



## Bony Roof

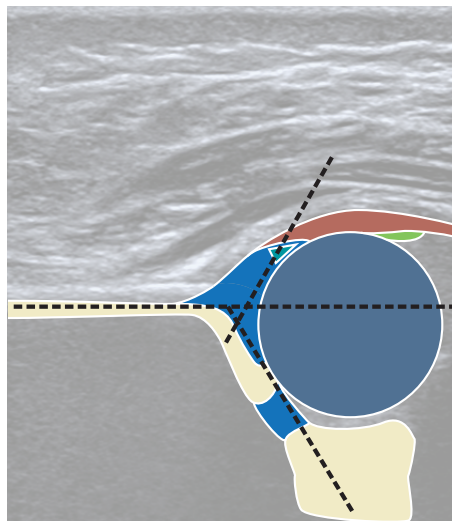
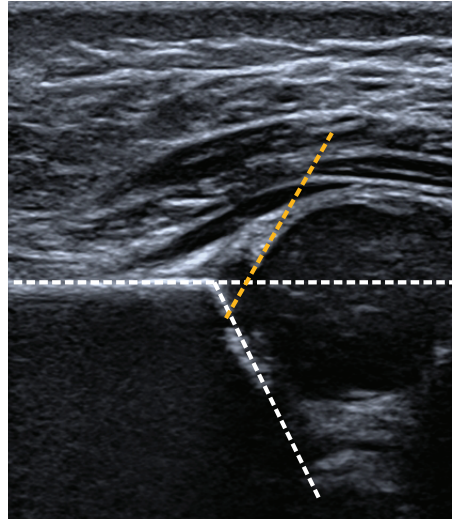
- The bony roof line is drawn from the inferior rim of the os ilium, tangentially to the bony roof



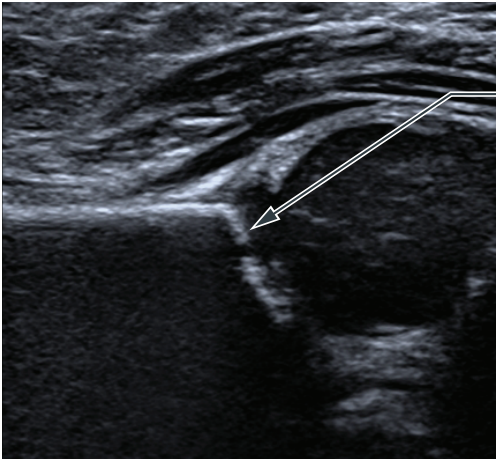


## Cartilage Roof Line

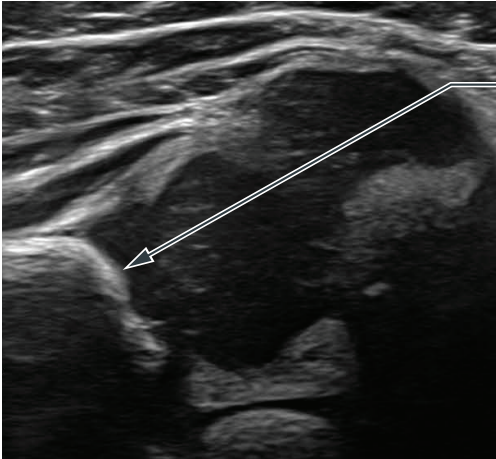
- The cartilage roof line connects the osseous rim (turning point from convexity to concavity) with the middle of the labrum



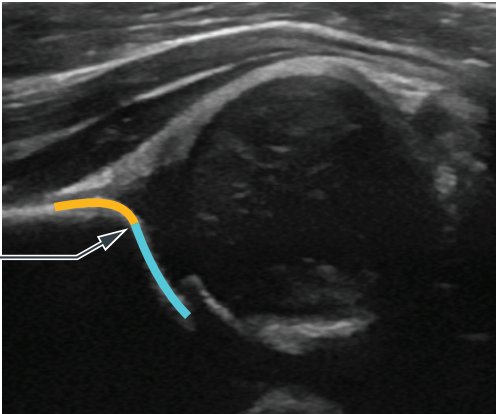
# Turning Point



Turning point



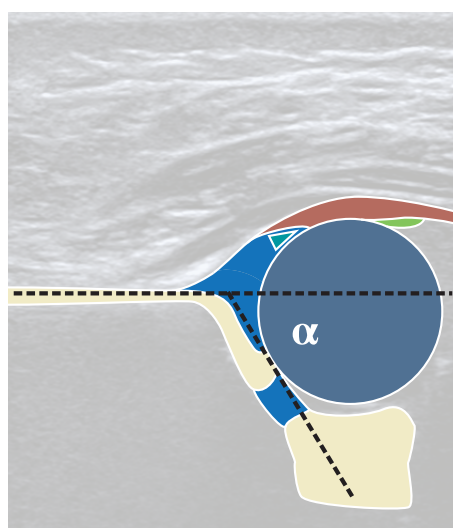
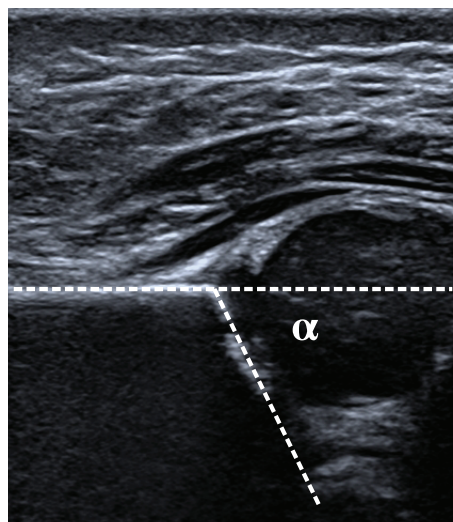
Turning point



Turning point concavity to convexity

# Alpha Angle

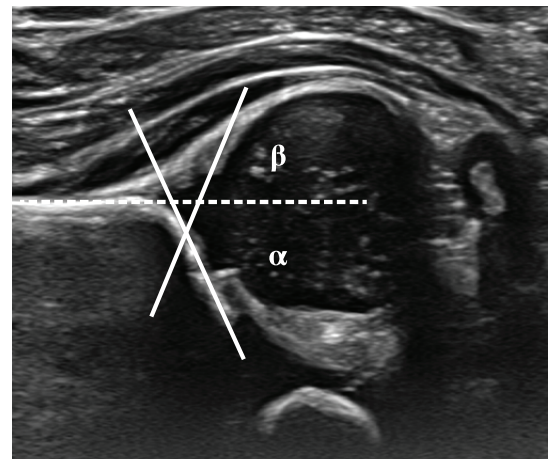
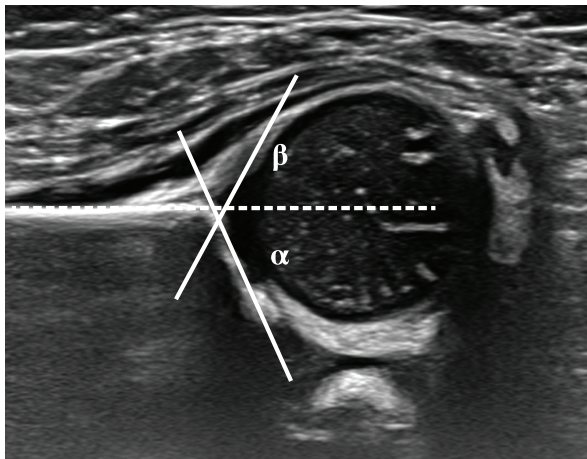
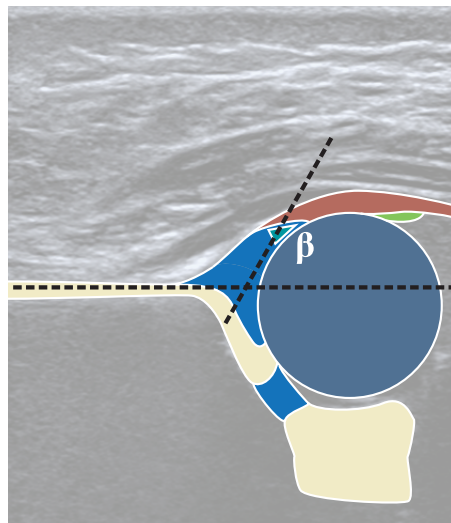
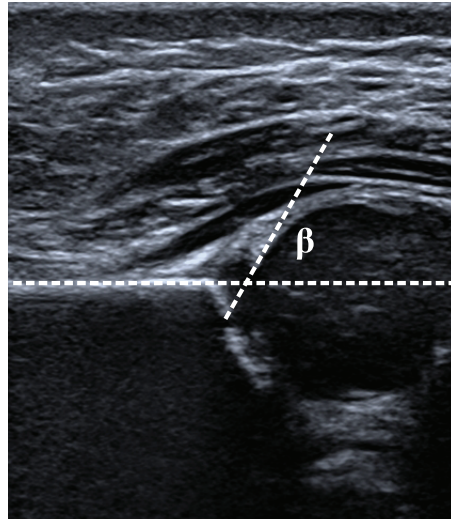
- The alpha angle is measured between the base line and the bony roof line and quantifies the bony acetabular roof





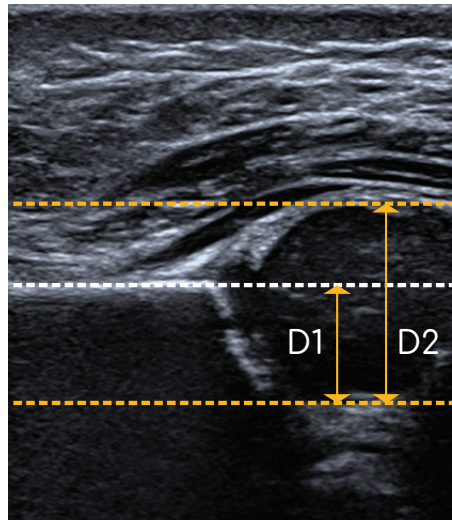
# Beta Angle

- The beta angle is the angle between the base line and the cartilage roof line, and quantifies the cartilaginous acetabular roof

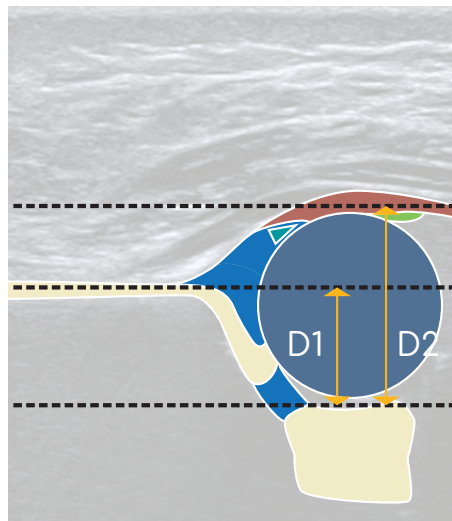


# Percentage Femoral Head Coverage

- The percentage femoral head coverage is measured in the mid axial plane of the hip as a percentage of the head under coverage of the bony acetabulum

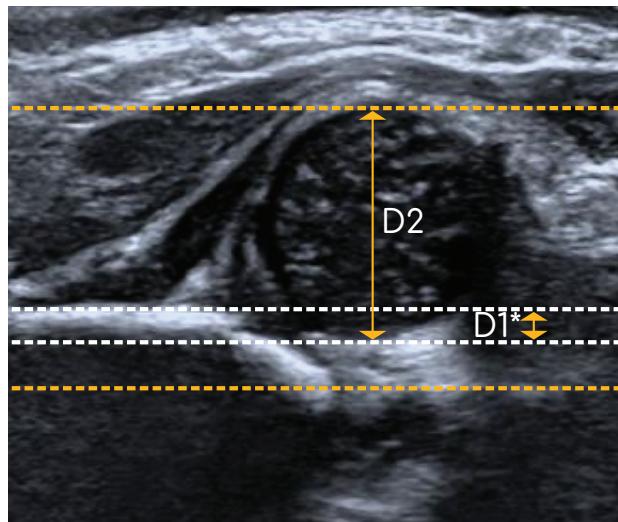


$D1/D2 \%$

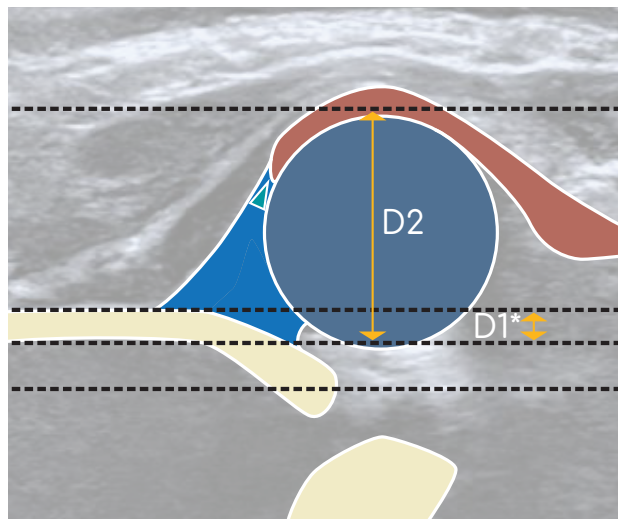


$D1/D2 \%$

- If the hip is subluxated or dislocated four lines are required to determine the percentage femoral head coverage

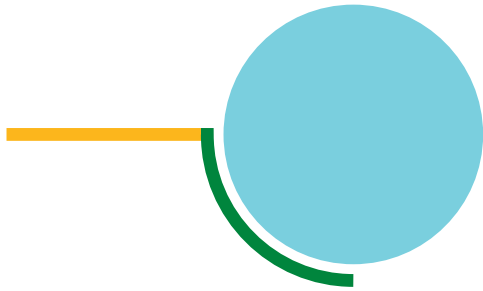


$D1^*/D2 \%$

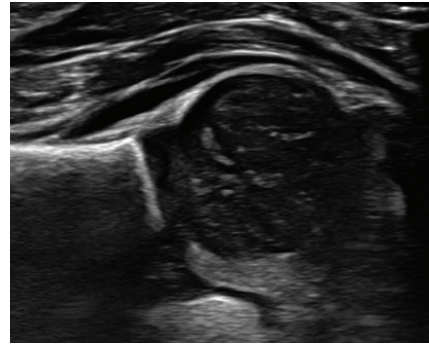


$D1^*/D2 \%$

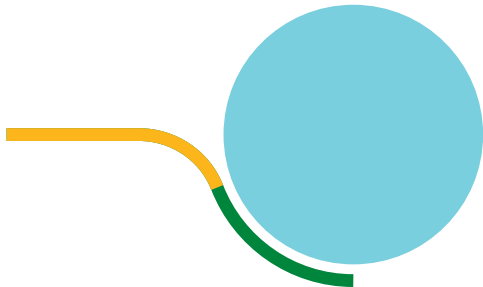
# Morphology: Bony Roof



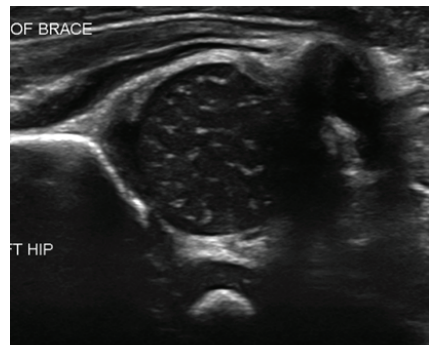
Bony roof good



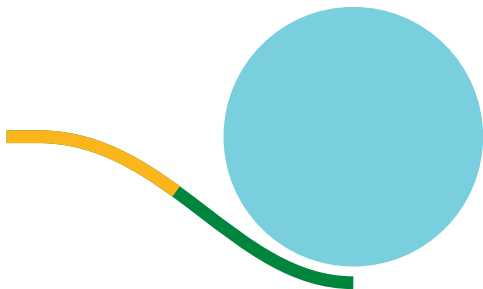
Bony roof good



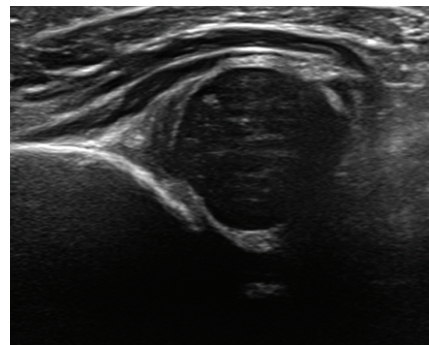
Bony roof deficient



Bony roof deficient



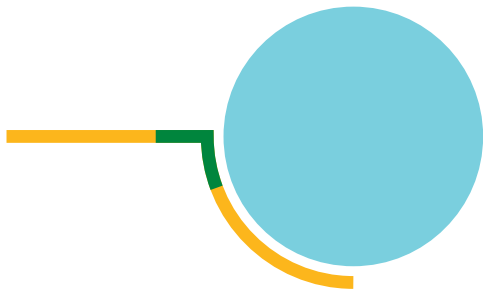
Bony roof poor



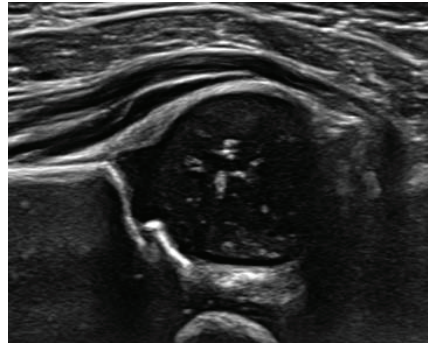
Bony roof poor



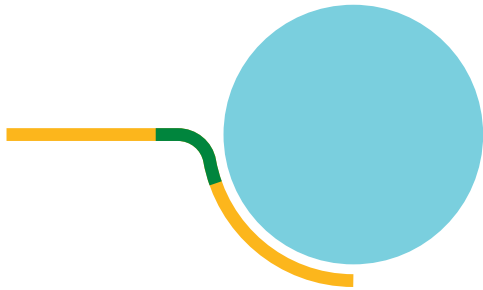
# Morphology: Bony Rim



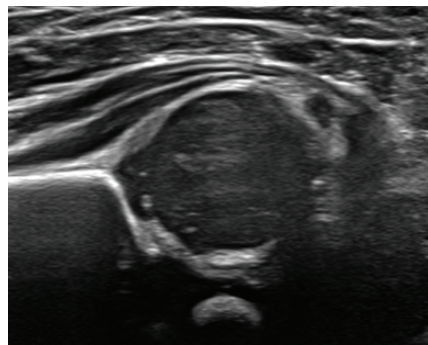
Bony rim sharp



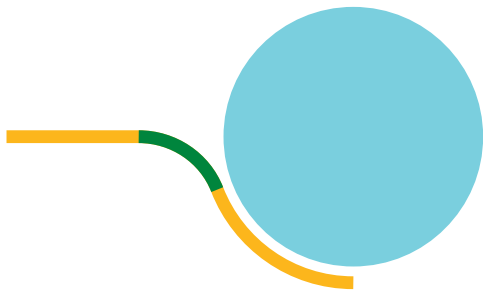
Bony rim sharp



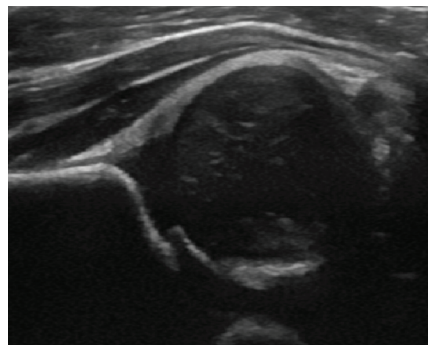
Bony rim blunt



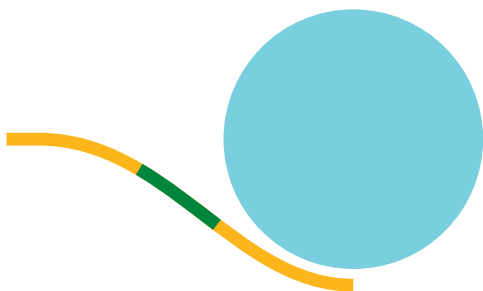
Bony rim blunt



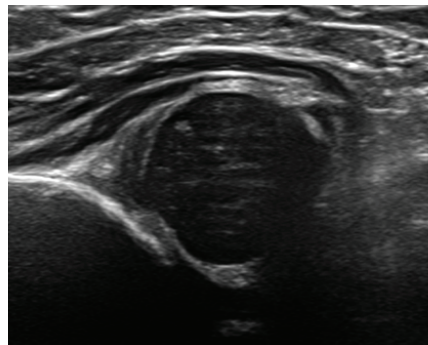
Bony rim rounded



Bony rim rounded

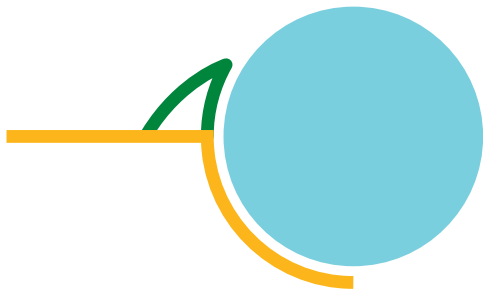


Bony rim flat

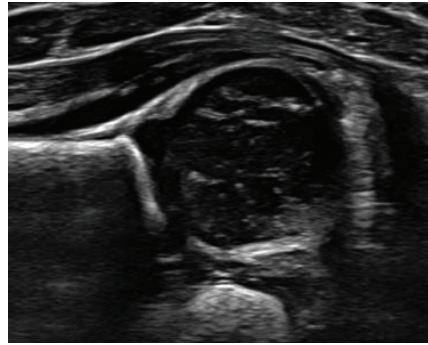


Bony rim flat

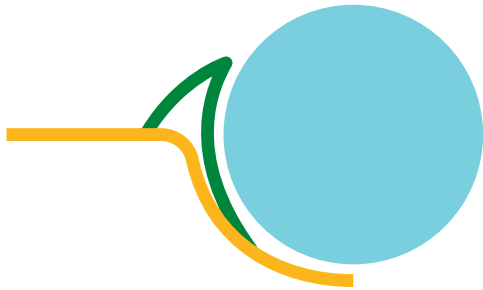
# Morphology: Cartilagenous Roof



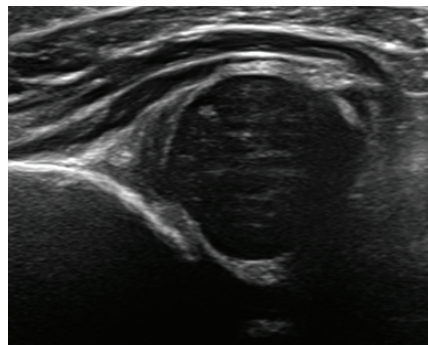
Narrow



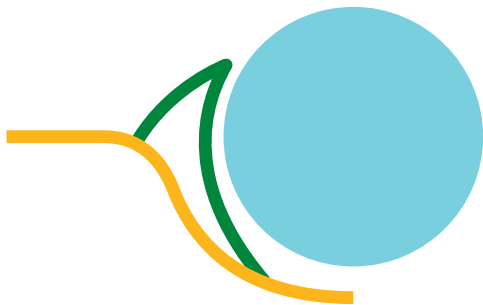
Narrow



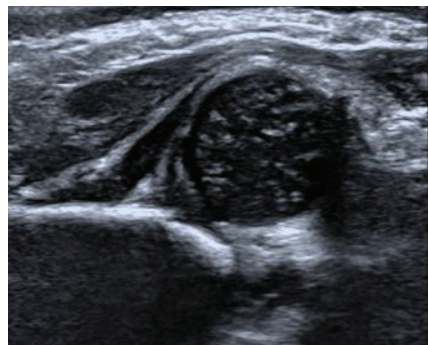
Broad undisplaced



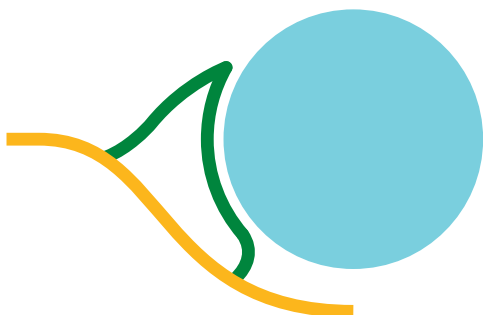
Broad undisplaced



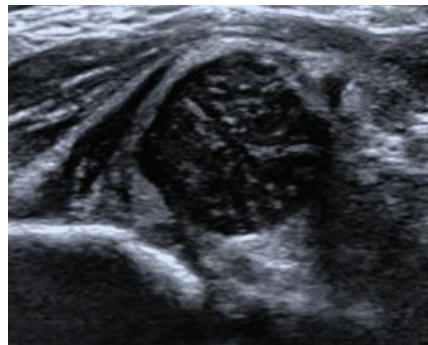
Broad displaced



Broad displaced



Interposed



Interposed

# Contact

Victorian hip dysplasia registry (VicHip)  
Murdoch Children's Research Institute  
50 Flemington Road, Parkville  
Victoria 3052 Australia  
[vichip@mcri.edu.au](mailto:vichip@mcri.edu.au)

# References

Graf, R., Mohajer, M. & Plattner, F. Hip sonography update. Quality-management, catastrophes — tips and tricks. *Med Ultrason* 15, 299–303 (2013).

Harcke, H. T. & Pruszczyński, B. Hip ultrasound for developmental dysplasia: the 50% rule. *Pediatr Radiol* 47, 817–821 (2017)