Steps is the national charity working for all those whose lives are affected by childhood lower limb conditions

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We don't take walking for granted

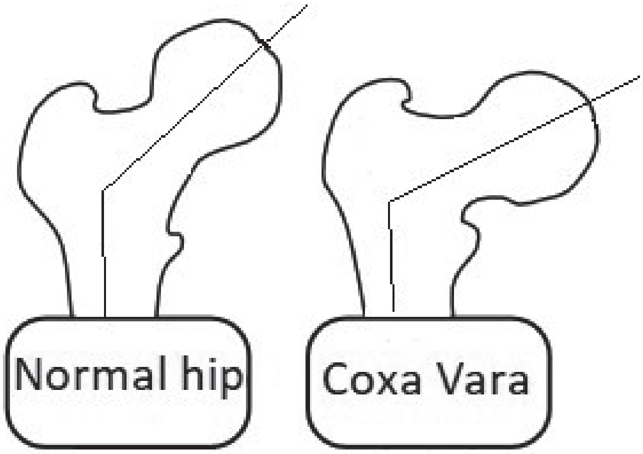
Fact Sheet

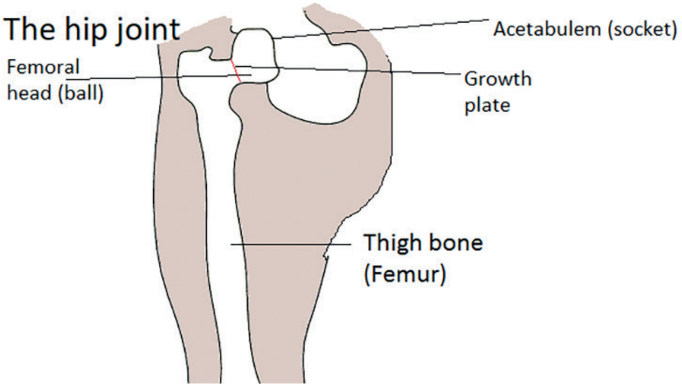
Coxa Vara

What is Coxa Vara?

Coxa Vara is a rare condition of the hip, affecting around 1 in 25,000 children, with either hip: boys and girls being equally affected.

It causes a reduction in the angle, (typically to less than 120°), at which the ball part of the joint (femoral head) and the shaft of the femur meet: this makes the leg appear shorter and can lead to a limp.





The condition can be congenital (present at birth) or a developmental problem which becomes apparent as a child grows.

The condition is often not apparent until a child is two or three years old. It is rare for coxa vara to be present at birth and in these cases, it is usually associated with other conditions, such as proximal focal femoral deficiency (PFFD), fibular hemimelia or other congenital problems.

The condition may cause the upper leg (femur) to turn outwards and there may be problems with the knee. Surgery to the hip and, sometimes, lengthening of the femur, are performed to improve movement of the joint, reduce any difference in leg length and reduce rotation in the upper leg.

Why does it happen?

It is not known, in most cases, why coxa vara happens.

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Helpline number 01925 750 271

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info@steps-charity.org.uk **The National Charity for Lower Limb Conditions** Registered Charity No. 1094343

Symptoms and Diagnosis

Symptoms of coxa vara may start when the child is walking, between the ages of two and six and, may include:

- pain in the leg and/or hip – (the condition can also be painless)
- a one-sided limp or 'waddling walk' that gets progressively worse;
- stiffness when trying to move the leg out to the side – for instance, into a 'frog-like' position and/or;
- a slight difference in leg length

Diagnosis is usually made using x-ray and treatment will depend on the severity of the condition.

Treatment

Mild cases may receive no treatment and follow up checks may be arranged to monitor the hip as it grows.

When surgery is needed, an osteotomy (shaping of the bone) may be performed to improve the hip joint.

Following hip surgery, a child may require some time in a 'hip spica' cast. Steps have produced a Parent's Guide - Hip Surgery and Spica Cast Care, which is available to either download or a printed copy can be requested.

When will treatment start?

The timing of surgery will depend on the age at which the child is diagnosed, the severity of the condition and on the treating centre. Sometimes, when a child is diagnosed very young, surgery is delayed until they are five or six. In other cases, a child may undergo surgery at around 18 months, depending on their individual circumstances.

How will this affect my child?

Mild and successfully treated cases will have little impact on a child into adulthood. Cases requiring treatment which are left undiagnosed/untreated may lead to problems with walking in later life and will increase the risk of osteoarthritis.

Sources of support

Our helpline 01925 750271 is open from 9am until 5pm on weekdays, for any questions you may have about practical support.

Medical enquiries will be passed to our panel of NHS consultants. Email info@steps-charity.org.uk with a specific request or fill in a contact form on our website www.steps-charity.org.uk.

The Steps closed Facebook Group is a friendly and safe way of discussing your worries, sharing tips and finding emotional support. Our Family Contact Service identifies someone else who has been through a similar situation and who's happy to talk about their experiences, on a one-to-one basis, to offer support.

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