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Study Protocol Late Diagnosed Hip Dislocation

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Study Protocol – Report from the Swedish DDH Study

1. The Swedish DDH Study

The registry prospectively collects data on every child that is diagnosed with a hip dislocation later than 14 days from birth.

Data collection starts 2000-01-01 and includes children born from that date.

Data collected includes the patient's personal identification number, name, age at diagnosis, geographic location, radiographs and clinical follow-up.

All orthopaedic departments in Sweden have a designated contact person who is contacted yearly with a request to register any case that occurred during the year. Registration is encouraged to be immediate if a case is diagnosed.

Hospitals with subspecialized paediatric orthopaedic surgeons report every year, even if no child was diagnosed during the year.

Patients' parents are informed by the treating orthopaedic surgeon and give informed consent (verbal) prior to registration.

Exclusion criteria are: patients not born in Sweden, neuromuscular or teratogenic hip dislocation, and diagnosis before 14 days age but with a failure of primary treatment.

The registry was approved by the regional ethical review board in 1999 (LU 578-99). *

2. Study on late diagnosed hip dislocations in the birth cohort from 2000 through 2009

Analysis of all cases from The Swedish DDH Study born from 2000 through 2009.

Radiographs are classified according to the Tönnis classification. Missing radiographs are retrieved from the treating hospitals and included. A Tönnis grade of 3 or 4 is considered to be a high dislocation.

The number of live births in Sweden during the study period, stratified by year and sex, is used to calculate the incidence of hip dislocation. Data is obtained from Statistics Sweden. A Poisson regression analysis is performed to investigate whether the incidence of hip dislocation changed during the study period.

(Approved in 2014, 2014/736.) *

The Medical Birth Registry is accessed to obtain data on potential risk factors from the included patients and from randomly selected controls, matched by sex and year of birth, in a 1:10 ratio. Comparisons between cases and controls are performed. Odds ratios (crude and adjusted) are calculated.

(Approved in 2017, 2017/244.) *

* Complete applications in Swedish are available from the Regional Ethical Review Board, Lund University, Lund, Sweden.