Effective radiation exposure in missed cases of developmental dysplasia of the hip. <u>Arwel Poacher¹</u>, Aled Evans², Daniel Thomas², Daniel Crook¹, Clare Carpenter¹ ¹Noah's Ark Children's Hospital, Cardiff, United Kingdom, ²Cardiff Medical School, Cardiff, United Kingdom

Introduction:

- Developmental dysplasia of the hip (DDH) is a common condition that can be managed conservatively if diagnosed early.
- If a diagnosis of DDH is missed there is often a need for surgical intervention and radiographic evaluation.
- There is currently no evaluation of radiation exposure in a DDH population available

Method:

- 74 missed cases of DDH (presenting >6 months of age) were identified and prospectively monitored for the first 5 years
 of life between 2007 and 2017.
- The radiation dose was calculated at the time of radiological evaluation in Gym-cm2 for plain radiography, and



intraoperative radiation, computed tomography, was recorded as DLP and covered to mSv effective dose at the time of analysis.

These values were both recorded prospectively and re-validated by retrospective review. The effective dose (mSv) was
estimated according to ICRP103 criteria.

Results:

- The 74 children were exposed to 989 radiation examinations.
- Conventional radiographs represented 80.0% of examinations whereas computed tomography accounted for 85.5% of all cumulative exposure.
- The overall median cumulative effective dose was 15.9 mSv (range 8.62 42.5).
- Mean dose per year of 5.3mSv however this demonstrated significant weighting in earlier life (figure 3, p<0.01)
- The gonadal exposure was likely significantly higher, with estimated the average ovary received 23.2 mSv of effective exposure and average testicle 51.1mSv

Conclusion:

- This study has established a significant impact of a missed case of DDH on radiation exposure in the paediatric patient. High levels of radiation exposure in such a young person are cause for concern, especially in areas of such high radiation sensitivity.
- This study highlights an often underappreciated risk of potentially avoidable cancer-risk secondary to a missed case of DDH and reinforces the need for improved screening processes to avoid it.
- We have not modelled cancer risk as this is difficult to do with accuracy using the current models available, however, we suggest the need for epidemiological studies in those with missed cases of DDH to evaluate the impact of radiation exposure on cancer risk.

Radiation exposure by six-monthly intervals until 36 months of



References:

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