The IPSG is dedicated to improving the care of patients with Perthes disease. We seek to provide current, objective information to patients and their families as well as the medical community.

What is Perthes disease and who does it affect?

Perthes disease is a childhood hip disorder caused by a disruption of blood flow to the ball of the hip joint, or femoral head. The loss of blood flow produces the death of bone in the femoral head, which is referred to as “avascular necrosis.”

Perthes disease affects a wide age range of children but the most commonly ages 4-9. Boys are four times more likely affected than girls. Ten percent of patients will have Perthes in both hips.

What is Perthes disease and who does it affect?

In general, Perthes disease produces symptoms gradually. Pain and limping are two common symptoms. The limping is often worse with activity or at the end of the day and often improves with rest. Pain is usually not specific to the hip. More often, children experience thigh or knee pain, which can delay diagnosis. Parents may notice that the movement of the affected hip is more limited than the unaffected side.

How is Perthes diagnosed?

The diagnosis requires careful health history, physical examination, and X-rays. X-rays of the hips can show the changes in the femoral head due to the loss of blood flow such as flattening. As healing occurs, X-rays will show the new bone forming gradually in the femoral head. Once healed, x-rays can provide important information on the prognosis depending on the final shape of the femoral head.

Perthes has variable symptoms and is best evaluated by a pediatric orthopaedic surgeon. Learn more at perthesdisease.org.
Prognosis depends on the shape of the femoral head when the bone is mature. The goal of any treatment is a symmetric, rounded shape.

What is the prognosis?
In the short term, most patients will be able to return to full activities, including sports, with minimal symptoms once the femoral head has healed. The duration of healing can vary between two to four years, depending on the age of the patient and the severity of the disease. The long-term outlook depends on the shape of the femoral head and how it fits in the socket at adolescence. If the femoral head is flat or doesn't fit the socket well, the patient is at risk for arthritis and hip replacement as an adult.

What is the treatment?
The variable nature of Perthes requires varied treatments. There are nonsurgical options such as weight restriction, bracing, and casting. In more severe cases surgical treatment may be necessary which may include osteotomy or tendon release. These options are best discussed with a pediatric orthopaedic surgeon.

Why was the IPSG formed?
The International Perthes Study Group (IPSG) is a group of 45-plus pediatric orthopaedic surgeons and researchers with a common goal of advancing knowledge and care of patients with Perthes disease. The group’s mission is to develop and share objective, evidence-based information to patients, their families, and the medical community. Without your support, the IPSG’s efforts into research and providing education about Perthes disease would not be possible. Thank you for your help!

- more information
- find a surgeon
- participate in research
- share your story

perthesdisease.org